Addendum:
Interview Transcripts

Thesis Submitted in Partial Fulfilment for the Degree of Doctorate in Clinical Psychology at The University of Leicester

Katharine Cowen
Centre for Applied Psychology: Clinical Section

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July 2003
Interview 1: Therapist
Interview Date
17/8/99
Interview 1

I: The first I mean the first set of questions really is to set the context um, so first of all why do you think that people enter therapy?

P: Gosh, why do people enter therapy, I think primarily people enter therapy because they’re seeking help from some distress, help to alleviate distress um, but I think other factors come into play as well. I think people enter therapy sometimes because um it is suggested to them, they’re told it might help even if they are not sure themselves, or sure what it entails themselves, often it’s some sort of encouragement from someone else um, people who are training may for example seek therapy for those purposes and within that I think there’s often a wish for a greater understanding and awareness of themselves, so may not be particularly very distressed but its about understanding yourself more, knowing yourself better, so I think probably people enter therapy for those reasons as well, but I’d say primarily it’s about alleviating mental pain and distress.

I: You said that sometimes um it can be suggested to somebody by other people, what, I mean who might that be, who might those people be?

P: Um, a GP, a doctor, a friend, I guess any of the sort of frontline helpers like GPs or health visitors or people who, who, who would be coming into contact with someone who might be at a vulnerable time in their lives, a professional who someone might go to if they’re feeling... stressed, it might be um somebody in the workplace or a mentor, a trainer if you like, a supervisor if you, you’re looking for a sort of training therapy. I, I think it could be anybody who, who the person sort of trusts and looks up to in some sense or looks to for advice and guidance.

I: Um, why did you enter therapy?

P: Ostensibly on the outside I entered therapy because, I entered this period of therapy I should say, I’d had a brief period of therapy before the therapy I’m currently in at the moment, um and that was about um eight... about, no it was about nine or ten years ago, a brief period of therapy, and then um there’s the therapy I’m currently in, which has been ongoing for about three years, three-and-a-half years something like that, and I entered this therapy um because I was starting a training in psychodynamic psychotherapy and personal therapy was a requirement of that training. So that was my outward reason but I think that I, in another level, entered therapy to um tackle some issues for myself, some personal issues that were either causing distress or problems in life, so that’s why I sort of say ostensibly. I think it’s a good um excuse if you’re training to go and get yourself some therapy, but uh I think it’s, I, I, I’d, I find it hard to separate out a training therapy
from any other type of therapy because I think inevitably, it has a, a personal impact and
um will hopefully lead to personal change and growth um, but the sort of outward reason
because you need to do it for your training and you need it in order to become a better
therapist. But, but both those bits, yeah, I think they’re intertwined.

I: Right, I mean I guess um because we’re talking about this already um, briefly, I mean
do you think that a training therapy versus um kind of the client who would come to you
in kind of the normal type of way from a GP um, do you think that those different sort of
kinds of therapies would have an impact on the termination?
P: So, um would the termination be different are you, are you asking?
I: Yeah might you think that that would make a difference, whether you were in,
whether it was a training therapy or whether it was a personal therapy?
P: I suppose it could because I suppose your training therapy, I suppose when you
ended your training you might be thinking about ending your therapy, and you couldn’t
end it before or much before because of the need for the parallel requirements of doing
clinical work and personal therapy, um and um doing sort of academic components. So
the training that I’m doing has those three, three elements um, so I couldn’t finish my
personal therapy before the end of my training. I might start to think about ending it
as my training finished although it could be ongoing, whereas if one, if I was see-, if the
therapy were not a training therapy the ending may be more governed by questions of
whether I’d um achieved what I wanted to achieve in terms of my personal growth, or
alleviating the problems that I came with. So they might be more dominant factors um,
whereas in a training therapy you’re sort of tied in with your training. However, having
said that I don’t think it’s that simple, I’ve come to the end of my training, for example,
but I’ve not come to the end of my therapy because I don’t feel its timely at this point, so
although I’ve thought about it I’ve not ended the therapy.
I: Why do you think that people come for psychodynamic therapies as opposed to
other types of therapies?
P: In the health service I think it’s largely because...I think it, I think its, I think its,
there’s three things that come to mind, one of them is um because other people judge
them as being suitable for psychodynamic therapy. That may be the GP initially um,
subsequently it’s the assessor who sees them maybe in a team, maybe at the
psychotherapy department, but there’s judgements being made along the way about
whether this person is suitable. So whatever people have in their minds as the criteria that
apply to this person. So that’s, that’s one reason why they end up in psychodynamic
psychotherapy because of this judgement that’s deemed them as suitable for that
approach. The second reason I think is um that for some people they seek it out and
they would themselves place an emphasis on, on factors which may... um point them in the direction of psychodynamic psychotherapy. So they may for example, emphasise that they're wanting to explore difficulties rather than change behaviour, they may present in that way or they may come saying that they think their past events, past relationship patterns have an influence on present events and relationship patterns. So they may present themselves in such a way that, that's what, that they've made those links and those connections um. And the third reason I think is just pure chance to be quite honest, I think often it's just, it's where you are, who you speak to, what you happen to know, who your GP happens to be inclined towards... whether there's a service in your area, whether there's a service in the national health service in your area, but if there is a psychotherapy service, in many parts of the country there isn't, if you wanted psychodynamic psychotherapy you'd have to pay for it so it would depend on whether you could afford it. So, so there's a, I think there's, I think there's um a, a ugh rather a complexity of reasons why people go for that but it's probably to do with um your own understanding of your difficulties and how other people translate that... whether there's a service, whether you can afford it.

I: And was it the therapy that you've been receiving alongside the training, is that psychodynamic?
P: Yes, yes it has to be for the purposes of the training.
I: Right so would you, I mean what you've just said about why perhaps people go into psychodynamic therapies as opposed to other types of therapy, would you concur with that in terms of your therapy?
P: No I've missed something out, why I got into that, again on the surface, was because that's what I was told I needed to do for the course, you know they, they, I had to have psychodynamic psychotherapy, um, that was part, part of what you sign up to. But I guess the reason, one of the reasons why I did the course in the first place was because I'm interested in looking at things in a certain way and exploring things and making connections. So I might have been somebody who might have sought it out for myself somewhere else had I not done the training, I'm not sure but I might have done um. So no that for me, another factor, sort of a surface level factor was I needed to do that for the, I needed psychodynamic psychotherapy for the purposes of the training um... but I think I probably would also have been, I was, I, I'm also drawn to looking at and understanding um people, including myself, in that way. So I think that would be the type of therapy I'd seek plus I'm in a position where I'm able to articulate that to my doctor and I'd be able to say quite clearly what I wanted or I'd be able to, I'd be able to afford private therapy so, whereas other people aren't necessarily in the same position so those
Factors wouldn't apply to myself so.

I mean can you sort of um, is there a particular reason why you wouldn't have chosen other types of therapy, so besides the training requirements I mean would sort of therapies like cognitive or um, some of the humanistic approaches, I mean would they have held any kind of attraction for you in terms of your own personal therapy?

So if I wasn't doing the training for example or if there was no particular requirement about model?

mhm.

That's really interesting I... it's hard to answer from a position of being immersed in doing psychodynamic psychotherapy because in order to do it I have to believe in it, and if I believe in it I have to believe in it for myself as well, and that's the sort of model that makes sense to me at the moment, for other people and for myself it sort of makes sense.

Having said which I'm a bit of a, I'm a bit of a one for out of the psychodynamic therapy camp as I think a lot of psychologists probably are, because we're trained in a fairly broad range of models so... I think there's always been a bit of me that's sort of um, been uncertain about psychodynamic psychotherapy and when I think about that bit of me I think, I think yeah I could, I could um, I could go for cognitive therapy for some aspects of what I want to achieve, perhaps even behaviour therapy for some. I mean I'm a little bit, I feel a bit that they perhaps would not, I don't think they would be my um treatments of choice, sometimes they feel a little mechanistic or something, but I wouldn't dismiss them I think I'd, I think probably it would depend on the therapist, so if I, I think I, I could imagine a behaviour therapist who I really didn't get on with but I could imagine a behaviour therapist who I felt yeah, yeah, they might help with this particular problem.

Um, what's the particular model that you're training in, is it the same as the therapy or?

Within psychodynamic approaches?

Yeah.

Um, um slightly different, I suppose the training that I've been doing is fairly broad based but primarily um, driven by a, um a, an object relations perspective um and um an interpersonal sort of perspective. The therapy I have or my therapist's trained as a Jungian analyst um, although she, um I don't sort of see lots of evidence of that in the therapy, it's there, but it doesn't feel like a big mismatch put it that way. But yes I think there was a slightly different emphasis on my training than there was in my therapist's training.

Right, um how do you think people find the experience of therapy?

People um, are you asking me as a therapist or as a patient or?
143 I: Um, I mean you can answer it from both perspectives if you like but I guess as a therapist first of all and then I would go on to ask you as a client.

145 P: I think they find it as, as varied as there are people who enter therapy, I mean every, I think every person has a very different experience of, of therapy. I think perhaps common bits are that I imagine most people initially find it anxiety provoking, um I think most people um are hopeful, I think many people at some point are disappointed perhaps, but I imagine there's a commonality in starting off which is something around feeling apprehensive, unsure what to expect um, big hopes, anxieties, from there onwards I think it varies massively.

151 I: Mmm, how have you found the experience of therapy?

153 P: Generally or any particular respect?

154 I: I guess more generally at this point.

155 P: Umm... gosh, um... probably different from what I expected a bit, um... mostly positive um, sometimes disappointing, frustrating, um gosh that's, that's a sort of a where to start question, there's sort of loads there but in general terms um, yeah... disappointing at times, frustrating at times, interesting, informative you know being, being a patient has been very informative, having a therapist as a model has been very informative. When I do my own, when I'm a therapist I find that how my therapist behaves towards me influences how I am, so she serves as a model for me in that sense um, actually I think thinking about it now it's, I think it's harder for me to process because I feel very much in the middle of it, so it's probably not a good time for me to be able to answer that question and perhaps a while after I'd ended I might be better able to sit back and say oh this is how I found it, this was what it was like, I find myself stuck, stuck to answer that.

161 I: Um, do you think that people benefit from psychotherapy?

166 P: Yes, I think people do, um from what I know about outcome studies um, it's sort of questionable whether they benefit from psychodynamic psychotherapy more than other forms of therapy um, but depending upon what you read it's sometimes questionable as to whether they benefit more from it than doing nothing. But clearly some people do, maybe it's about selecting the right people for the right forms of therapy um, some people are going to benefit from it some people aren't, but trying to predict that seems like it might be useful but very hard, um whether or not I know there's a lot of work going on around that, gone, gone into trying to do that. But clearly, from my own experience and from the experience of colleagues people do benefit from it.

176 I: How, I mean how do you think that occurs or, um how do you think changes come about?

178 P: Um, probably in different ways for different people, but in psychodynamic
psychotherapy I suppose one of the ways in which I think change comes about is through the therapist and patient's relationship, so that the patient has an opportunity to experience the feelings that they might have in relation to other people, but unlike in their relationships with other people they have a chance to stop and think about those, to understand where they might come from, and to sort of work through them to use the psychotherapeutic term and, and to come out the other side realising that they can do things differently and, can change patterns. So through, through relating to another individual and allowing the same experiences and patterns to emerge, and by reflecting on them and having some sort of I guess feedback from the therapist, um or response from the therapist that helps them to change.

1: Do you feel that it's, and I'm going to assume here that you've benefited or changed as a result of your own therapy, and if so is it through those kinds of processes that you feel that has come about?

P: I think that therapists are, and I don't really know whether I'm talking specifically about myself or more generally, but I think therapists are very, are difficult patients. One of the ways in which I think change is achieved through this relationship is that I think it's achieved on an emotional level primarily, I think it's partly on an intellectual level, that's in there, I think people like to understand and think about things but I think they have to experience and feel it, and I think as therapists, or certainly speaking about myself as a therapist I, I'm quite good at the thinking and, um the sort of intellectual process, and I think I have a tendency to um to, in psychodynamic terms would be to use intellectualisation as a defence, sort of, to use that to protect um change achieving or being achieved on a more emotional level. So no I don't think I'm as, I don't think I have been as successful as some of my patients in achieving change in that way because of, partly because of this, I mean I think most of us live in a sort of um world where we sort of come to study and are working then in professions are quite good at this, thinking, and perhaps not so good at feeling sometimes or processing and understanding feelings, so um, so no I think probably for my own therapy I'm being slower to achieve change because of that but I'm hopeful, I'll keep going.

1: How do you think that ending is experienced by clients who've been in psychodynamic therapy?

P: Um, probably not a great deal different from clients who are in other forms of therapy, in some ways. I'm gonna keep saying this and you're going to hate me for it but it depends, it depends on the, on the client I think if you've, if you've, if the patient has not been very engaged, has been really sort of get on with it with the therapist, if they weren't really able to work on the relationship level the ending might be experienced um
with relatively little impact, it might be experienced with some frustration, 
disappointment, um it might be experienced with some relief. If the relationship was 
one which did go deeper than that then I think the ending could be quite deeply 
unsettling um, and I guess because psychodynamic psychotherapy tends to be longer than 
other forms of therapy often then there’s more chance of that deeper relationship 
developing perhaps, um or well I imagine if you’ve worked with a cognitive therapist for 
you know, maybe a year or more or on some really important issues then the ending 
could be quite difficult, it could feel quite, I guess it also depends on the outcome, you 
know, if you’re happy with what you’ve achieved you might feel ready to move on, if 
you’re not um you might not. I think the difference for psychodynamic psychotherapy 
is that the ending is probably more explicitly addressed and worked with, in the 
therapy. But in answer to your question it really varies.

I mean do you think from your experience ending is generally a good, bad or 
indifferent experience, from your experience as a therapist of the clients who’ve ended?

Well the endings that I’ve had with patients that have been planned, have been um 
generally positive even if, or have felt to me generally positive even if we hadn’t 
achieved everything that the person wanted to achieve, but because we’ve planned it and 
because we’ve acknowledged that not everything’s been achieved that they wanted to 
achieve, it’s felt, it’s sort of felt, generally speaking, good, um and I think for the majority 
of patients it’s felt good, although the elements of disappointment or whatever will 
probably still be in there, but that’s something to do with having planned it. Where I 
think the bad endings often come is when people don’t come back or when they drop 
out of therapy, so when the ending happens but it’s not been planned, um or when you 
do n’t see people. I have had one or two people who’ve, who we’ve planned an ending 
and they’ve clearly been very unhappy about their progress in therapy but that’s, that’s 
the exception rather than the, than the norm. Planned endings have generally felt 
reasonably good, unplanned endings have generally felt bad, to use rather black and 
white terms but mm.

So what do you think makes a good ending for clients?

I suppose from what I’ve said it’s something to do with planning it, um, knowing it’s 
coming, I mean although I’m, I’m just thinking I’m talking about when I say planned, 
planned-good, not planned-bad, that’s um me, that’s my feeling about them…but I 
suppose why unplanned endings are bad is because you, I just don’t know, I don’t know 
what the patient thinks, I’ve no idea, they just left, I assume they didn’t like it, I assume 
it was no good but who knows they might be feeling loads better as a result, they might 
be greatly relieved not to have to come and see me again and that that’s been useful, or
251 years on they might find something useful, I just don’t know so that’s probably why to
252 me its bad. But what makes a, so I suppose what makes a good ending is that we’ve had a
253 chance to think about it, think about what it means for that person, um recognise and
254 accept the feelings that that might arouse in the person, the patient, um... I suppose if the
255 outcome’s good then that makes it good also and I suppose from the patient’s point of
256 view that’s important.
257
258 P: That was a funny, that was a funny ending because it ended because my
259 therapist was moving, and I’d been in therapy about nine or ten months and I think I
260 would have stayed or would I? I think I would have stayed but she was moving and she
261 asked me if I wanted to move with her, it was somewhere where I could just about travel
262 to still, it was just about manageable, it was further it was more of a hassle but it was
263 manageable, um but I chose not to and I, again on the surface that was probably about the
264 travel, but I think it was also that I felt I wasn’t getting, I wasn’t really progressing as I
265 wanted to. So we had time for that ending it wasn’t a sort of abrupt ending, it could have
266 been worse um I think that would have been a worse scenario, um we had time to wind
267 down, but it was neither, it wasn’t particularly good either because I hadn’t achieved
268 particularly what I wanted to achieve.
269
270 P: Where I as a therapist am working with a patient and ending is raised?
271 I: Mmm, are the things that get talked about after that point different, are they quite
272 distinct?
273 P: The ending of the therapy gets talked about and what that would be like for the
274 person when they’re not coming anymore, how they feel about ending um, and what that
275 would mean for them in their current life but also what it may make
276 them think of, remind them of in their past life, um. Brief therapies I think, the models of
277 brief therapy, certain models of brief therapy have a particular, use the ending very much
287 in that way, they have a particular focus on the ending and um, the work is very much
288 around the notion of um, well this is sort of time limited, you only get a certain amount of
289 this but then that’s how life is, you only get a certain amount of time and, um there are
290 disappointments in endings and let downs so lets get on and deal with them. So they sort
291 of force some of the issues a bit more really um, it’s not a model I have worked in much
292 but I think, um that when a patient, especially who you’ve been working with for some
293 time is thinking about ending, it’s inevitably going to stir up some feelings which may
294 be um related to other endings in their lives…I don’t know whether anything, so I guess
295 there’s just more of a focus on that, on ending current and past, loss current, present and
296 past um. But otherwise I’m not sure, yes, no there is a different focus and how that will be
297 a moving on, they’re the sort of themes.

298 1: And the feelings that come up in the ending phase, um the client’s feelings, what do
299 you think they reflect?

300 P: They reflect their feelings about the present, about their relationship with you, with
301 me as the therapist, and I think they reflect their feelings about endings of relationships
302 more broadly in the recent past and current life situation and in the past, so I think they
303 reflect both of those elements.

304 1: I guess I mean I’m thinking of something that came up in the reading I’ve done is
305 that the client’s feelings, the idea of the client’s feelings reflecting, um, the fact that
306 they’re leaving the relationship with the therapist, but also leaving a relationship with a
307 symbolic parent figure, I mean is that something that would make sense to you?

308 P: I think, yeah certainly, when I said that I think it reflects um, endings in the past then
309 yes that would be, um, that would be one aspect of that, and I wonder if it’s more
310 acute for people where um, like I’m thinking of a patient that I have at the moment who’s
311 mother died when she was seven and um, I think there’s, and she’s really struggled with
312 ending relationships, she’d invested a lot in people in her adult life in relationships and
313 when they’re gone that’s been terrible for her, absolutely unbearable, um. So I think the
314 ending will be particularly significant for her, um, and in a sense I think I’m a symbolic
315 parent in more than, more than one way really, in the, in the ordinary way that
316 psychodynamic psychotherapists might understand a patient-therapist relationship but for
317 this woman perhaps in a more highly charged way, because she really was left by a parent
318 at quite a young age.

319 1: Can you remember what got talked about in your therapy when ending was raised?

320 P: No I can’t, um I remember her telling me she was leaving, I remember us discussing
321 whether I wanted to move with her um…no I can’t really remember that very clearly. In
322 my current therapy it’s been raised, ending has been raised, we have talked about that
although we've not set a date, planned it, but it has been talked about, um. At the moment I've not sort of noticed things changing in terms of what we've talked about, say, you know, no particular new themes but again that might be because I'm immersed in it and if I stood back in a, in a few years or something I might see something different happening.

In connection with kind of points at which it has been raised is there anything um, anything at that point that's been quite different or, any feelings that have been raised?

P: Um...I think for me, yeah, I think um, when have I, I think I've raised it when I've, I think I've raised it sometimes when I've felt maybe I've done all I can do at the moment, and that's been really mixed feelings because sometimes I think well I have done some things and that's been good and other times I think well I've not done nearly as much as I hoped to do, so that's been really frustrating, um...but yeah but I, I think ending's difficult for me for the reason that I said before, which is about how I think as therapists we sometimes don't get emotionally engaged in it, and in that sense there's a way in which, there's a way in which I've not really arrived at therapy yet. So talking about ending is premature really even though I've been in it for a long time, I think I'm only part in, I'm aware that there's only part of me that's in there so, so thinking about ending I think is premature.

Do you think clients sometimes feel like that?

P: Oh yes, yes, definitely...definitely, I think there's a, the client that I spoke about a minute ago who's mother died when she was young, she's had um, she goes through periods of not being engaged very much with me at all it feels like, and other periods of intense engagement with me where she'll really, I think her needs for me to be there and to help her are so overwhelming, like she does in these relationships with other people, they become everything to her, her whole life. Currently she's in quite a period of disengagement with me and I think she probably does it to protect herself from the sort of overwhelming feelings that would arise otherwise. So she's someone who comes and goes a bit in therapy psychologically, I mean she turns up every week, but she, she's not really, some of the time she's not really there...I'm not sure how much of that's her and how much of it's, some of it's perhaps I think about me and where I'm at but some of it I think is about her um, yeah, I think she keeps her distance from me at the moment to protect herself and I think if she were more engaged ending would be terrible.

Has ending already been raised with her?

P: Mmm, yeah it has.

Do you think her lack of engagement is in any way connected to the fact that ending has been raised?

P: It was happening before that point and then it wasn't and then it's come back again
since then, and I had sort of connected it in my mind and I talked about it in supervision as being, as the lack of engagement being connected with the question mark about ending. She, she’d said for example that some time ago that she understood, don’t know where she understood this from, but she understood that therapy, that she could have a maximum of five years and then it would end and she said this a while ago, we’re now coming up to our five years um, so I wondered what was in her mind about the ending, and as I’ve tried to address, address that with her and to sort of speak with her about what she thinks about ending, does she imagine that it will stop soon um, she’s become a little, it’s changed our relationship a bit, she’s become a bit more engaged. So yes I think it has been to do with ending, and although she’ll say um “I’m not bothered, I don’t really think about things”, her behaviour suggests that um, that ending would be very significant for her. For example when I had a break, when I’m not around, she often either harms herself or doesn’t come to see me for a number of weeks before or after the break as if she, as if she’s acting out some of her anger about me abandoning her for that time either on herself or towards me. So I think ending would be very important for her and I think it is to do with this, yeah, I think this lack of engagement is to do with that happening, I guess I’m trying to talk about that with her at the moment.

1: Did you say that there’s a five-year limit to her therapy?

P: She thought there was a five-year limit, I had never put a limit on it but she had an idea, she knows a lot of other people who are in therapy, I don’t know where she got it from but she had an idea that there was a five year limit... which in some ways is not so far from the truth, I guess a lot of therapists would say that’s probably about maximum but I’d not put a limit on this, although I’ve thought a lot about what that might be like for her and whether that creates quite a lot of uncertainty.

1: Have you, I mean have you any ideas about when or how you’ll make the decision about when it’ll be right for her to end?

P: That’s a really good question which I keep asking myself and talking about in supervision really, it’s a question that taxes me um, I suppose I’m, I suppose I sort of hope that it will, we’ll reach the decision together, that somehow it will feel right and I think previously with patients um, the wish to end has primarily come from them but it’s also made sense. So the good endings, the planned endings, it’s probably come partly from them and it’s made sense to me and we’ve sort of talked about it and set a date and um, so I’d sort of see it as a joint process but I don’t have a, I just don’t have a date in my mind with this, this person and I don’t know and things are changing positively for her at the moment it seems but she’s also struggling with that and it seems, having talked about it again recently in supervision, it seems the wrong time to sort of say right well we’ll end
395 on such-and-such a date because things are just changing but they’re very precarious. So
396 I feel like we’ll carry on and as I say try, I’ve tried to say to her that um... I, to let her
397 know that I don’t have a date in mind for ending, that she may have her five year idea but
398 I don’t have a date, but that yes at some point we will end, so to try and keep it on the
399 agenda without it being a moving threat that prevents any further work.
400 I: You just said that um often it’s kind of the client that will raise it and often that kind
401 of fits in with what you’ve been feeling, is it ever the case that you kind of raise it first?
402 P: Yeah, yeah, with this patient I raised it first I mean when I, when I um, yeah when I
403 first raised it with her she said that she didn’t want to talk about it, and then she said
404 that, she had this idea that there was a five year limit and it did, that made it all, it did
405 feel like it was quite important the fact that she wouldn’t talk about it and, um. I suppose
406 I’d rarely sort-of push it because I’d want to, I’d want to try and, I might raise it and I’d
407 want to sort of think about what that was like for people.
408 I: Has anyone ever been surprised when you’ve raised it, when you’ve raised ending?
409 P: I don’t know it was surprise, I think she didn’t like it, this patient, I guess she didn’t
410 like it, um, was annoyed with me for raising it, I think it, as I say activated quite a lot for
411 her um... I suggested ending to a patient once where he was seeking um an alternative
412 form of therapy and I said I thought it was, he asked me what I, what I thought about this
413 and I said that having psychodynamic therapy alongside another form of therapy would
414 um not be ideal and that if he wanted to go and try cognitive behaviour therapy I thought
415 we should bring our work to a close, and he could try it and he could still come back to
416 me, um but having them running concurrently didn’t feel like the best idea. So that was,
417 that was an instance where I suppose suggested an ending in a way or put it to him that
418 he could make a choice about that. But I don’t often, I don’t often suggest endings, a
419 lot of my patients seem to go on for quite a long time, the psychodynamic work does go
420 on for quite a long time so there’s probably not been that many, um, but the ones I can
421 think of in the past have been, have felt more of a sort of joint agreement.
422 I: Do you feel more comfortable with that?
423 P: Yeah, yeah, I think so, yeah I think that would fit with my way of working that it’s a
424 joint agreement, but I think therapists should also be able to say, um... if we have to end
425 this, if in their judgement that is the best thing to do either because they feel that there’s
426 nothing further that they can do for the patient, um, for another sort of sound reason, if
427 they’re unable to work with the patient anymore, it may be that they need to refer them on
428 but I think the therapist should be able to say, clearly, if they think that they’re not going
429 to be able to help the patient any further then they should say that um... but generally
430 speaking, yeah, I’d hope it would be a joint decision.
I: Do you think there are any sort of processes of avoidance that go on, avoidance of bringing it up or kind of discussing ending and could that perhaps explain why sometimes therapies go on for a long time?
P: Oh yes I think there probably is avoidance on both the part of the therapist and the patient um, I think a patient if they feel they can be helped further, if they’ve settled into something rather comfortable, if they’ve um, if they’ve developed an attachment or a dependence that would be quite within sort of an ordinary range really um, given that they may have been seeing this therapist for several years, they’re not really going to want to change the status quo in some cases. But I think a good therapy would be one where you can, um, where the patient hopefully feels ready to move on, sad maybe and a loss but ready, ready to move on. So I think in a way that’s part of the therapists job to help the patient to get to a position where they do feel ready to move on. From a therapists point of view I’m sure avoidance can take place also, I’m sure it’s quite comfortable sometimes when you’re seeing the same people week in and week out. But yeah I think as a therapist you need to have these issues in mind and when working in a climate where there’s waiting lists, there’s a lot of people seeking help I think it would be unethical to see people indefinitely if you couldn’t justify why you were doing it.
I: What do you think ending is like for therapists?
P: Speaking of my own experience, everything from a big relief to very sad um...you know there’s patients who’ve not come back and I’ve been quite glad they’ve not come back because I’ve found them quite difficult to work with um, or perhaps that’s probably why they didn’t come back because they, some may know that, um there’s been other patients, I’m thinking of one woman in particular, who I um...feel we worked, I feel we worked quite well together um and I liked her, she was a likeable person and I felt really, really sad when she ended and we had a review about a year later, and um things weren’t very bad for her, she was okay and um...and I still felt really sad saying goodbye. Mostly it’s a sort of, you know, for me it’s quite a sad experience but...because you do get to know somebody very well as a person um, and you know you’re not going to see them again um, highly unlikely to. But it can be, you can also, there’s sort of a funny feeling because it’s like tinged with a sense of, if the ending’s been good there’s a sense of achievement that you’ve helped people to try and reach the stage to move on.
I: Do you think therapists of other, of, you know, who practice other models might say something different or do you think they might feel the same about endings?
P: I think probably the same range of feelings I think on the same sort-of range, perhaps some, perhaps they get to know patients in less depth so perhaps it’s less sad, painful
whatever um, that’s maybe too strong a word, but less sad. But then I guess some, I guess some behaviour therapists and cognitive therapists get to know their patients quite well too, um, so I’d imagine the same range. Perhaps it’s just the sort of depth of the work and the length of the therapy that means as a dynamic therapist you get to know patients a bit more, at least you’d get to know their internal world more um... yeah.

What do you think clients experience at the time of ending?

Well thinking back to the patient who I enjoyed working with who I liked and felt sad when it ended, I remember her describing, or me picking up, I can’t remember, feelings of um of apprehension about going, carrying on without coming to see me every week and I think they’re quite common feelings, feelings of um ‘oh gosh what’s it gonna be like, how am I gonna cope, what if it all goes wrong, what if I have bad days, what if the same things start to re-emerge’. So that’s, I can think of several patients where endings have raised those sorts of issues, worry about the future um, but for this patient there was also um a sense that she was ready to move on, she was pleased at what she’d achieved um... um yeah I think that’s not as infrequent either that people feel positive about moving on, like a new start, the start of something new, um, sometimes people express sadness and other people express gratitude.

Can you remember any of those feelings in your own therapy when it ended?

No, because I don’t think I had engaged sufficiently in that period of time, and it’s not just about that period of time, I think some people would have engaged normally in that period of time, but it was relatively short and I don’t think I personally had engaged enough to experience much of that, perhaps mildly, perhaps I was, because I think I was a little bit frustrated that I’d not achieved what I wanted to, that was probably my main feeling and I think that’s probably present for many patients when they leave, I’d hoped that it would all be different whereas it’s not all different it’s only a bit different or whatever, I think that’s a common feeling and I certainly felt that. But no they weren’t strong feelings for me, I can imagine I might feel them more for this therapist and I notice that when my therapist current therapist is away on leave for a long period of time that’ll have an effect on me now, so I guess for me that’s a little bit of an insight into what it’s like.

Does that make you feel concerned about ending?

Yeah, Yeah, I suppose so, yeah, my hope would be that there’d be room in the...
therapy before I end that I um understand some of these feelings better and um be in a
better position to cope with it when the ending happens, that will be my hope... but yes I
think I’m concerned.

1: We have already talked a little bit about this but would you say that the ending of
therapy relates to previous endings and or separations in the client’s life?

P: Oh very much so, yeah, yeah um...yes I suppose I, I suppose I see very early
relations as laying down a sort of template um, and then later childhood relationships
sort of adjust that template slightly um, but I think people do come into their adult
relationships including their relationship with a therapist with that template so um, how
they relate to you including how they experience the ending is going to be informed by
that. So yes I think past endings, losses are central.

1: Do you think that the ending of therapy is a distinct process in any way um as
opposed to the other endings as well?

P: I was just thinking of something which might relate to that... I think the past
relationships are important but I think how they, what happens in the therapy is also going
to inform the ending, and that’s going to be informed by the template that they bring to
some extent, what happens in therapy, what they um project onto you or how they
deal with that um, that’s all going to be informed by past relationships and the ending is
part of that, it’s going to be part of it um, but I think it’s the ending in therapy is
particularly different, significant, whatever because um, well like a parental relationship
it’s a relationship where you um are looking to someone for help and guidance in some
form so, um... but it’s going to have a similarity I think to other relationships. What was
your actual question I’ve lost.

1: Um whether because I guess we’d sort of established that um the ending of therapy
does relate to other endings, but I was wondering if the ending of therapy is also a distinct
process as well, distinct from other endings.

P: I suppose it’s informed by other endings but yes it is distinct um, in that it’s a
peculiar kind of relationship...um, where somebody has come to seek some help for
something and that in itself will, and how that goes...will inform how the ending is
experienced...yeah I suppose all endings are going to be distinct even if they’re similar or
if they have a theme that’s run through, there’s going to be something about those two
people and their relationship that makes the ending a bit different.

1: Do you think it makes sense to clients to kind of consider previous endings, previous
separations at the time when therapy is ending?

P: I think if you’ve had a reasonably successful therapy it does, um because they think
and understand um current issues in those terms a bit more um. I think the key thing is
whether it makes sense on an emotional level rather than just on an intellectual level, um, I think that’s not always the case, I think most people could, you know, you sort of hear accounts by a lot of people about how past relationships influence the present but I think there’s a difference between being able to say that and being able to think ‘oh yeah that’s just the feeling I had then!’ and, ‘oh I see what’s happening here!’ um, so it’s different, whether it makes sense on an emotional level I don’t know but I think if the therapy’s been reasonably good then it probably does.

In relation to previous endings or previous separations what kind of things get talked about when facing the ending of therapy?

Well for example with the patient who’s mother died when she was young I imagine that will feature as we, more perhaps, as we come to our ending um, but perhaps before that I imagine how some of her other relationships have ended will come to the, will be talked about more and her feelings about how those relationships ended. So for example she’s felt very let down by people she’s invested an awful lot in, that’s been her pattern in relationships um, so I imagine we’ll talk about those people, those patterns. I imagine we’ll talk about her mother, I imagine we might even talk about before her mother died and how um...perhaps she, how she felt let down and abandoned before then...yeah, in the case of this particular patient I think that would be relevant.

How would you account for those kind of things coming up, those kinds of things getting talked about in that stage of therapy?

Well some of it will be to some extent introduced by me in that I will make an interpretation that will link something about her relationship with me to a relationship earlier in life, so I might make that sort of a, a link so it would be accounted for by me making an interpretation in that case, um. I guess again if therapy has gone well there may be links the patient may make themselves, they recognise an earlier feeling and they begin to make the interpretation themselves, a discovery themselves.

Was there anything in the ending of your therapy or in the coming ending of this therapy which has raised links to previous endings or previous separations?

With the past therapy I can’t think of anything um...in my current therapy I certainly have talked about separations or endings um...either endings that have happened or endings that I’ve struggled with, but they sort of feel like they’ve been themes anyway throughout the therapy that they’re not particularly restricted to the ending phase, they might not even be in the ending phase but they’re not restricted to since ending has been raised, which it has been raised probably a few times in the past year or so. So again I can’t think that that’s changed, I think I’ve been talking about losses, difficulty in losses, separation since the start of the therapy. I think it’s quite
a theme that runs through for a lot of people I think that's where brief therapy has, and models of brief therapy have um sort of got it sussed really in that they do, that they recognise that, they recognise that separation and loss are the big thing and is likely to be a big thing for everyone in some ways, some sense, and they use that, um, they use the ending of therapy to focus on that. But it's been there sort of throughout, those themes have probably been in there throughout my therapy rather than just lately or just since endings' been raised.

Do you think those kinds of issues will come more sharply into focus as you near the end?

Perhaps, yeah perhaps, yeah, yes that's a good point actually I've not, I've not, strangely I've not really thought about it like that to myself but I think, yeah given that I find breaks quite unsettling I'd imagine that maybe they would. Yeah I didn't, my last therapy's not a good example because as I say I didn't feel we got engaged enough for those issues to be raised and the ending was sort of a funny ending because of her moving, but yeah probably I'd expect those things to be more around as we end.

When do you think that clients should know when their therapy will end?

Can I just go back, sorry can I just go back to that, you've just made me think that um... that there is a way which I feel that a lot of the work is done in the ending period and might be for me for example in my therapy and might be for the patient who I've just been describing who's mum died, I think a lot of the work, I've sort of got a sense that a lot of the work might be done in the end of therapy and again that's an advantage of brief therapies because in a way they get straight to that, they just have a period of therapy that's all about ending and you can see the or I can see the attraction of that right from the outset you know it's going to end um, and that relates a bit to your next question really that for those therapies right from the outset you know it's going to end and you know sort of when in those models um. But the down side of that is I'm not sure you'd have the chance to build up the relationship so that the ending actually mattered so much, um that would be the bit I'm uncertain about and for my therapy and for the therapy of the patient I've described we've had a long period of time to develop the relationship, so I think the ending will have a different significance because of that length of relationship and depth of relationship than if I'd only met with someone for twenty sessions. It might raise some of the same things but I think the length of time to build it up is important. So you asked when I thought patients should know.

Yeah, I mean maybe just to kind of add to what you've just said in relation to this question um, I mean, I guess you know the woman you've been seeing who lost her mother really it's been a long period of therapy where there was no kind of defined
ending, but do you think that if you’d have had the same period of therapy but known at
the beginning when it was going to end, do you think that would have made a difference
or?

P: I think it might, I suppose I think it might have done because I suppose there’s part
of me that thinks that people work to the time they’ve got, I mean I know that about other
things in my life, I know if I’ve got to write an important document for work and I’ve got
three weeks to do it in it’ll take me three weeks, if I’ve got an afternoon to do it in it’ll
take me an afternoon, okay it may be different but often not that much different,
surprisingly not that much, you know, so um, the same with assignments I’ve done for
courses, you know, things stretched to fill the time available, and I believe it about therapy

I suppose as well so um. So I think there’s a lot to be said about having a time limit but
there’s also a feeling of, you know, you never quite know and, you know, wanting to see
where things go and being, you know, if things feel right to end it end it if they don’t
don’t, so for me it’s quite a tension really, I rarely do time-limited therapy, rarely, I
usually do open-ended therapy but I’m thinking a lot more now what it would be like to
do time-limited therapy, I’m thinking of starting up some supervisions looking at what
particularly works in that approach where we’d have to set a date on the end, and I can
see there are a lot of advantages to it...what I suppose I can’t see sometimes is this um,
although I do it myself, is this well we’ll meet for six weeks or eight weeks, ten weeks
and then we’ll review it and I used to do that a lot myself and I supervise people who do it
a lot, but I, there’s a bit of me thinks, because I often then do review and extend it, I’ve
often thought why not just have open-ended, what is the advantage of having that, but
maybe that’s some sort of compromise between the two, either trying to sort of set a time
limit um but then it, and hope that what needs to be done will be done in that time, but I
think if people know it’s extendable then that’s not really a time limit, so I think it’s
neither here nor there, it doesn’t, it neither sets a boundary on things nor leaves it open,
it’s some rather messy compromise.

1: What do you think clients might say about which approach is more preferable, do you
think clients would prefer to have an ending date from the very beginning or do you think
they would prefer to have that negotiated later on?

P: I think they prefer more negotiation, I think they might even like the six sessions and
review it type model because I think it gives the illusion of some clarity, but I think it is
an illusion really because really you don’t know where you are with that and you know it
can go on if, perhaps it can go on, perhaps it can’t, who’s decision is it, it’s all a bit,
whereas I think if you set a date and you’ve said that that is the ending date then I think
that they dislike it in some respects, or some patients would dislike it in some ways
because, or on the surface would dislike it, it feels like you’re not completely in control about this and what happens if you’re worse at the end of your twelve, sixteen, twenty sessions. So I think on the surface as a patient you can feel quite, um...troubled by that, but I think it does also define something very clearly and you know where you are within that and I think unconsciously you can work within that. So I think a patient would say that they preferred a more open, more flexible, more negotiated arrangement. As a therapist I have really mixed feelings and I tend to do that, I tend to go with the more open, flexible approach but I’ve sometimes thought that a time-limited one might be useful.

1: Has your therapy been an open-ended one?

P: Yes, on both occasions.

1: Who initially raised the idea of ending, was it you or was it your therapist?

P: Me I think, I think it was me...or was it, do you know I really can’t remember but it’s been along the lines of me saying things like um, “sometimes I wonder how long I’ll be coming here for”, and my therapist saying, on one occasion she said something like um, “Yes, I’ve wondered how long you’ll be coming here for too”, and um part of me thinks tell me then, tell me how long I’ll be coming for but I also know, know she um doesn’t work in that way where we’ll have, necessarily have a date. Or maybe she’s said to me when I’ve talked about my training ending, maybe she’s said to me something like, “does that mean you’re thinking about therapy ending?”. So she’s raised it pretty much as perhaps might raise it as a therapist which is um, rather than offering a view on it myself as a therapist or herself as a therapist by offering a, suggesting a date, she’s raised it more to explore what I’m thinking about it.

1: Supposing that the therapist more often raises ending, why do you think therapists might suggest ending?

P: If a therapist were, as a therapist, because I think probably they don’t raise endings in psychodynamic psychotherapy or I think probably that it’s either the patient or it’s more of a sort of shared thing along the lines I was just describing with the therapist saying, ‘wondering if you...’, but I think it’s probably often the patient, if it is the therapist why might they, is that the question?

1: Well I guess given that you’ve answered it that way maybe I should ask um, why do you think clients suggest it at the point that they do or what kind of brings them to that point?

P: If the client’s feeling...things that are hard to define really like feeling ready to move on um, feeling they’ve done what they wanted to or as much as they want to, feeling um fed up with the therapy like they’ve had enough of it really, um that they’re
not getting any further, so it could be sort of a combination of more positive and more
frustrating sort of reasons and I suppose likewise with therapists really um. I suppose, I
think a good therapist should say if they feel clearly that they can’t continue to work, they
have nothing further to offer this patient, but I suppose most therapists would always
hope that they did have something to offer and would struggle to work, you know, quite
admirably, and often when you look back you think well maybe that wasn’t the best thing
to have done but I think people would sort of battle on with it. So I think mostly that if
therapists were to suggest the ending it would be about a belief that they’d done what
they could with the patient, that they’d discussed, that they, I’d hope, that they’d have
sort of thought about it in supervision and they’d have considered it and decided that
they’d, um yeah, done either what needed to be done or what could be done at the
moment. Occasionally I think it would be because they’re fed up with the client and they
want to get rid of them, but that would also be a, or just fed up and frustrated and I guess
they’re more likely to be situations where there’s not good supervision around or perhaps
with very difficult clients or therapists who are sort of a bad match in some way, but yeah
there must be situations where you just want, you just could really feel you need to end.

I guess another thing that I’d like to ask you while we’re on that area is we’ve talked
a little bit about reaching the decision to end together, do you think there is such a thing
as mutual endings in therapy?

I think they’re sort of tricky yeah, I mean I can think of one or two where I feel it’s
been a fairly mutual ending and that’s probably gone something along the lines of patient
saying, ‘I’ve been wondering about how much longer I’d be coming here for’, and me
saying um, asking them to say a bit more about that and they might have said that they
feel they’ve done what they want to do. We sort of have this ongoing conversation about
it then maybe that week and the next week and eventually I might have said, ‘well you
know perhaps you want to set a date... give us some time to think a bit more about it, to
see how it feels now you’ve decided to end’, and they’ve set a date and, so there have
been a few that have sort of felt, yeah, felt reasonably mutual but I suppose somebody’s
got to suggest it and it doesn’t always feel right to both, no, no not always.

Do you or what do you think clients experience after therapy has ended?
Well that’s like the other question, I just think it’s so variable what they experience
um, if the therapy’s gone well I imagine they feel a sense of loss um, perhaps sadness,
perhaps some continued apprehension and worry but with it enough strength to, a sense
of having some strength to carry on and to face the future, to feel like they can go forward
in life by themselves um... a bit, sort of a bit like that feeling, yeah. I’m thinking about
the parental analogy a bit like a feeling when you leave home and you’re feeling, you’re a
bit scared but you probably feel you’re ready to do it, you’re probably feeling you’re old
enough and it’s about time, um a separation that might happen, a good separation that
might happen from parents for example, you know, it wasn’t that they kicked you out or
you’ve run away, it was that you’ve, you know, you’ve got to eighteen, nineteen or
whatever it might be and felt, ‘well I’m probably just about ready’, and parents are a bit
anxious but they think, ‘well you know I’ll cope’, so it’s sort of, that’s the analogy really,
imagine those sorts of feelings in both therapist and patient. If it’s gone less well, um,
again sort of there might be more anger comes through, frustration might have led to
anger and denigration of the therapist, or idealisation of the therapist, in some ways that’s
a, may not be a particularly successful outcome, I’d hope that the patient would be able to
take in enough good from it to sustain them, you know to sort of hold on to the good
therapist in a way to sustain them but um to recognise that it wasn’t all perfect either, but,
you know, it was good enough to help them on their way.

Do you think, I mean I guess some of what you were saying there might suggest that
there’s an idea about clients internalising, whether it be the therapist or the therapy, is
that what you were meaning?
P: Yes, yes definitely, I think that’s probably something that I’ve not stressed
sufficiently in a way throughout this but, I think that’s a very important component of
ending, an internalisation of um a good therapist, a good therapy, and I think that can
happen in other models but they don’t necessarily talk about it like that, but to go away
with a sense of being given something good that maybe they haven’t had before or maybe
they had but it got lost somehow or whatever, got destroyed somehow, but being able to
go away with a sense of something good is a very, would be a very crucial component to
a successful ending. [changed tape]

So I guess we were just talking about what clients take with them after therapy has
ended, do you think some of that happened for you after your first therapy ended?
P: Um, did it?, I really don’t know about that first therapy I suppose it’s sort of, as I say
felt too short and that I wasn’t really in it enough, um, I think it’s happening more in this
one, when I mentioned about being, when I do therapy I sort of have my therapist on my
shoulder a bit thinking oh yeah, she’d do that or she’d say that, so I think that’s an
example of an internalisation in my work setting, you know I, I don’t exactly become her
but there’s parts of me that are from her um, and I guess I can see it could happen in other
or is happening in other respects.

Do you think that clients ever have images of their therapist or dialogues with their
therapist?
P: Mmm, yes, yes I do, I think there’s all different ways in which you internalise
somebody um, I certainly think of or visualise my therapist at times, I know patients report they’ve been wanting to speak to me at times of difficulty, sometimes, um.

Sometimes a patient sort of identifies with you a bit and a patient of mine went through this phase of wanting to do counselling or do therapy herself um... I’ve known patients who’ve sort of had their hair cut similar to their therapist, those sort of ways in which you take on bits of your therapist I think.

So it sounds like it can be kind of an identification and an internalisation.

Yes and I suppose they’re, I suppose they can be processes that join together in a way, that you can identify with someone and then you become, that’s a way of them becoming part, part of yourself... and that can be in a number of ways almost quite literally and um, but the main thing is that psychologically you’ve been able to internalise the therapist and you can draw on, on them or something they have given you as a resource.

Is that do you think one of the ways in which clients continue to benefit, supposing they do, after therapy has ended?

Yes, that they continue to draw on something the therapist has given them but perhaps even more importantly that that becomes part of themselves, so it’s a development of some aspect of themselves and it’s integrated into something in themselves you know so, so it’s not like an image of the therapist anymore but it’s just part of who they are, um and that I think would be one of the surest ways of someone continuing to benefit if whatever they’d got had become part of them.

Do you think that therapists benefit after a therapist-client relationship has ended?

Oh yes, particularly if it’s ended well because I think as therapists we’re drawn into, think for a couple of reasons, I think as therapists we’re treating patients but we’re sort of treating ourselves in a way, um, and I, so I think that if you have a successful therapy with a patient then that’s um useful, well I think it is, ending with a patient you’re learning things about yourself um, you’re attempting to sort of cure yourself in a way as well um, but I think purely also from the point of view of a sort of a, as a more narcissistic gratification you’re getting in achieving something, you’re thinking, ‘I helped the person to do this’, and just purely from the point of view of job satisfaction. I think there’s many ways in which therapists benefit, I think possibly therapists sometimes benefit more than patients from the work they do, yeah.

How do you think endings are prepared for in therapy?

By me or by others generally?

Well by therapists and clients.

Therapists, good psychodynamic therapists have endings in mind, they’re not afraid
791 to address it, um, they try and explore with the patient what that means, what that would
792 be like etceteras... they expect that it will have an impact and they try to predict and
793 understand what that impact might be, so that's often how therapists might
794 prepare. Clients I guess prepare with the help of the therapist doing those sorts of
795 things, but I can imagine there'd be all sorts of ways of preparation, you might sort of
796 distance yourself a bit as a client towards the end, or as a therapist, but particularly as a
797 patient you might start to detach a little bit um, which I guess would be a sort of fairly
798 understandable way of preparing for an ending if you know it's going to happen, a bit
799 of the sort of anticipatory grieving um, hopefully building up some other resources in
800 their life making sure that there are people, um, that they can go to. So I guess setting
801 things in place in their outside world, whether that's new relationships or embarking on a
802 new course or a job, or consolidating what they have already, you know, there's
803 something about getting things in place in the outside world.
804 I: Do you think clients feel prepared for ending?
805 P: Again, good psychodynamic therapists would say that they work in order that their
806 patient is prepared um, but I'm not sure, again like this anticipatory grief, you know, you
807 might know somebody's going um but when it actually happens no-one quite prepares
808 you for the feelings that are there, they could be all sorts of things from relief that it's
809 finally over to a loss that you didn't predict to nothing to all sorts. So yes in theory they
810 do prepare but you can't prepare for what it's actually like and that would be very
811 different from one person to the next.
812 I: Would you relate that to your experience as a client?
813 P: I didn't prepare adequately for my last ending it was rather quick um, had I done so
814 I'm not sure it would have made a difference. This time it feels like it's important to
815 prepare well but I recognise that there's going to be the element of the unexpected in it,
816 probably, no matter how well I prepare, I don't know, and that's part of the sort of
817 scariness of it you just don't know. Being, being scared or apprehensive I think would be
818 a, a feature really for me, I'd imagine for others as well, how am I going to cope, will
819 things actually be any different, what if I feel I need therapy again, those sorts of
820 questions.
821 I: Do you think that therapists feel prepared for ending?
822 P: Probably more-so than the client, they've done this before with other patients, they
823 have their sort of intellectual framework to fall back onto, to understand things, probably
824 more-so than the patient, I'd have thought though by that time the patient may have some
825 of that also, um, they perhaps know a bit more about what they might feel because of it
826 happening with other patients before, but I think in the same way they're going to um
Perhaps be taken by surprise also... did you ask whether they do prepare?

Well whether therapists can generally, would feel prepared when it comes to ending.

I think the hardest ones are when you don’t know that the person’s going to end when it’s unexpected or unpredicted, I think they’re the hardest endings because you’re left very uncertain and sometimes you’re left relieved but you just don’t know, you can only speculate as to what went on for that person.

Just as a final question really to kind of think about from the client’s perspective um, I mean supposing that in a therapy um, you know, all the kind of preparations have been done that may have been possible, is it possible to be fully prepared?

No, that’s what I think I meant by the element of the unexpected, the um, you never know quite what you’re going to actually experience... no I don’t think it is possible, I think it’s a step into the unknown.

Would you, I mean would you see it like that as well from the perspective of your own therapy um when it comes to ending?

Yeah, yeah, yeah, I’m just reminded of a friend who used to like reading rune stones and I always used to draw this one which used to make us laugh endlessly, which was about leaping empty handed into the void, actually I can’t remember if it was me or if it was her who used to draw it, but that’s what it used to say, it used to say something about leap empty handed into the void and it just, it just came to mind when you um were talking about being prepared for the ending of therapy, that there is a sense in which you’re just stepping off into a, into a sort of open space if not quite a void but an open space. But I suppose the difference is that you’d hope that people were not empty handed, that they had something with them that they’d taken from the therapy that they can sort of hold on to. But yeah it’s a step into the unknown but if you’ve been through a period of therapy, particularly a long period, to see who you are the other side of it, I mean just asking am I the same person as when you went in, is everything exactly the same, in which case that’ll have feelings with it, what was it all about then and what was the point or have you changed and they say in what way and that’s quite scary I think, even if it’s for the good.

That’s all the questions I have and I was wondering if you have anything that you wanted to add or anything that you feel that I’ve missed.

Nothing that I feel that you’ve missed um, no I thought it was thought-provoking for me and I’ve found some of the questions difficult to answer um, some of the more broader ranging questions I’ve found difficult to answer um, maybe because I haven’t got a clearly developed view about some of the quite broad issues, they feel quite complex to me um, and the questions about my own therapy were, I feel that in a few years if I stood
I might be able to answer them differently than at the moment but it's certainly thought-provoking and interesting.

I: Thank-you very much for your time.
Interview 2: Therapist
Interview Date
20/8/99
Interview 2

I: I mean the first few minutes we will just spend really setting the context um, so why do you think people enter therapy?

P: Why do I think they enter it?, oh god a whole host of reasons I suppose sometimes because somebody’s um suggested that they do and sometimes I suppose because they’ve come to some kind of realisation themselves about that er, maybe kind of more or less willingly er I suppose even if, even if it’s their own decision, um, and I suppose it’s simpler because I think people come to try and um find out something or other about themselves or resolve something or other about themselves of which they are unsure. It may of course have been labelled, some kind of, you know in some kind of pathological way or it may not have, it varies.

I: Do you think people always come voluntarily?

P: No, no I don’t, um I think that at least to begin with, certainly at assessment, people are often, when you explore it, er it’s quite clear that they’re coming for somebody else. In my experience people don’t continue coming unless they are coming for themselves or voluntarily but they might begin therapy feeling that they need to do this for so and so. Um, yeah so I suppose ultimately no, but I certainly think that people can be in therapy involuntarily.

I: Right, and your reasons for entering therapy?

P: My own?

I: Yeah.

P: I think my own were probably I suppose a mixture really of a requirement in order to support the work and the training I was doing, er but certainly er, um a willingness, a voluntariness I’d include in that, so um, I suppose if I hadn’t then I wouldn’t have wanted to do this kind of training because I knew that that was a part of it um but yeah, I, I think they’re voluntary.

I: So are you, are you still in therapy or have you finished therapy?

P: Yeah, I am still in my therapy yeah um that’s continuing for the time being.

I: And is that the same model that you practice with clients?

P: Yeah, well as far as I can make out yeah. I think broadly yeah, yeah it is.

I: And what, I mean is that a particular kind of psychoanalytic or psychodynamic model or?

P: Um I couldn’t tell you actually you’d have to ask my therapist but I suspect he probably couldn’t tell you either, but broadly yes it would be under a, a, um a psychodynamic umbrella um, yeah psychoanalytic, I think.

I: So why do you think that people enter psychodynamic therapy as opposed to other types of therapies?

P: Um, well again I don’t know how much in the health service that, that’s kind of a possible choice really I mean I think people arrive here in this department and sometimes er their
P: Um, well again I don't know how much in the health service that, that's kind of a possible choice really I mean I think people arrive here in this department and sometimes er their referrer who really should often know better because they know us, will say something like, "oh I think this person's depressed and might do with a bit of cognitive therapy, we'd like you to have a look them", and um, so in that sense you don't really know how much of that the individual themselves has been a party to but um... so yes I'm kind of losing the thread of what, you're asking what, what would make somebody choose this form of therapy rather than another?

I: Yeah, yeah.

P: Well I suppose ultimately they do, I mean in assessment I try and give people, you know, a flavour in the assessment of what, what therapy would be like. I suppose ultimately because they think it, they feel reasonably assured that this is something that might actually help them and might make them feel better about themselves, and something that they, they can do though I suppose they might be a bit unsure about that. But I think that, you know, very early on in those stages of people coming in to therapy, you know, they're very vulnerable so if you really said, "look this is going to work", the chances are they'd probably be inclined to believe you unless there are various other reasons that they find it very difficult to believe what people tell them, which I suppose could be the case. I don't know how much of an informed decision it is, I think it probably should be more informed, but largely it's because somebody's told them this will be good for them and then at assessment somebody kind of rubber stamps that, you know, if I'm the assessor, "yes I do think that this form of therapy can help you, is it the kind of thing that you think you want?", um and they'll say "well I don't really know what it's about do I?", and I'll say, "well in some senses I think you're right, you know, I can only give you a limited idea about what it might be about but", you know we'd say something about focusing on what actually goes on between you and your therapist and thinking about how that relates to why you've come here and other related, blah, blah, blah. But that's a terribly conscious kind of discussion and I don't know really that, you know, how meaningful that is particularly when probably both of you have other things that your mind's concerned with at the time so. So I don't know how to answer your question I am afraid.

I: I mean do you find yourself kind of feeling that certain people are perhaps more suited um for other kinds of therapeutic approaches rather than the one that you practice?

P: Oh yeah, yeah certainly er um, yeah I think there, there have to be some kind of reasonably clear criteria I suppose about that which would be ability of somebody to make use of an interpretation, to be able to reflect on their experience, and if somebody's particularly looking for I suppose, if they want something to do, they want a structure, a way
of approaching that problem then I do tend to think and refer along to more cognitive or
behavioural therapies or it seems to be what they want. Obviously I'm also familiar with, you
know, various research and so forth so let's say if somebody had obsessive compulsive
symptoms I would be thinking well with a kind of, well tried and tested approaches within
other um frameworks. However, er psychodynamic work can also be of great use to folk, I
think it really depends how much, what they're wanting help with and understanding what,
how these things developed, or if they're saying look I need some help in controlling these
symptoms and very anxious about that, I'd be more inclined to I think refer them initially for
some cognitive work to see if that helps. There are other people where I've thought well it
would be nice actually to refer them on but I really think it would be a waste of time, er I
think what they need is a much longer term therapy from a dynamic point of view because
this goes back a long way and is probably, the behaviour is more an expression of an
underlying personality or difficulty I suppose, that would be how I'd think about it, and then
I'll probably regret that three years later thinking I wish I'd referred them
elsewhere{laughing}.

I: So what about your reasons for entering psychoanalytic therapy as opposed to other
types of therapies?
P: Um, well that's very simply answered, I always thought I'd like a Jungian analyst and
that's the kind of therapy I was interested in and I don't know that that's a particularly
informed thing just an intuitive one, but I felt that kind of that it was a broader church, um.
However, the training that I ended up plomping for myself was um a psychoanalytic one and
therefore it seemed to make sense to have a psychoanalytic therapy, I could of I suppose
actually gone, you know, made efforts, you know, it wouldn't have been impossible but I
have to say that in the last five years when I've gone off and read Jung um I've found that it,
perhaps less so in the last year or so but early on it just confused me, so um. But why
psychoanalytic, I don't know really whether it mattered that much or not um, at the time I
think what I wanted was something that I felt would inform and support my clinical work,
perhaps what was more important was that it was somebody who works in the NHS actually
I think um...but maybe in the years to come I'd be interested in some Jungian therapy I think
um, compare and contrast.

I: How do you think people find the experience of therapy?
P: Um, hard work I think, um...with me I suppose you're asking obviously based on um,
yeah I think largely hard work, mostly um eventually, sometimes it takes a lot longer than
others there's a sense that this has been worthwhile, occasionally there's been a clear sense
this hasn't been worthwhile and um, on just one or two occasions, you know, people being. I
suppose making me feel bad about that as though this is something we shouldn't have done.
I don't know that I've ended up, you know, um after much kind of reflection in various places being entirely convinced about that, there's a sense that whatever had happened it would have been a bad experience, um however, having had that kind of experience I'm more, I'd be more cautious I think or wanting to make that very clear to somebody that one outcome might be that this'll be yet another experience of feeling that somebody's been messing about with them and it hasn't helped and er, so yeah I think that's been, been helpful, um. But um hopefully there are other things that people also feel that, that, that there is a space that they're learning to use in a productive way, there's somebody there to listen to them, to try and understand them but of course often will not be able to or, you know, make a mistake um.

I think it's probably fair to say that at some point or other people can get quite anxious about the confidentiality of it, of the space kind of who it's for and where things go um and that's something that I think is understandable and needs, you know, kind of shoring up um but ultimately, you know, either somebody does come to feel that they can trust in you and the whole process or not really and I think there are certain things that I can do as a therapist to facilitate that, to try and understand why it's hard for somebody to, but ultimately um I don't think you can make somebody believe or come to therapy or anything unless they, they themselves are convinced of it at some level or other.

I: And the people who, who perhaps you find don't trust in you or who feel they've had a bad experience, how would you account for that?
P: Well, um I think it's terribly complicated because part of me would want to um kind of, would be aware of my need to be defensive about it and say well its nothing to do with me being a crap therapist it's because of, you know, this is a transference after all. However, having said I mean on, as I said the one or two occasions where I've kind of gone into this I think I've been aware that um, it might be all too easy also to bash oneself over the head about it and er, kind of looking in particularly where there's been other experiences you can relate it to, maybe even other therapies, then you can begin to see a pattern developing and so I think I would be tempted to say something like, well one might have expected this to happen, perhaps I could have been more aware of it but unfortunately I wasn't, whether or not that would have actually led to a different outcome I don't know. I have to say that in one of those situations I did actually um work very hard to enable this person to, er because it was deemed that I was, you know, not the good therapist, for them to see somebody else and er exactly the same thing did eventually happen. Now in some sense I felt disappointed because I felt the model, psychoanalytic therapy could help this person but at another level I know personally that I suppose there was a sense of, I think vindication is the wrong word, thinking ah well that does help make some sense of it that you know I wasn't, I wasn't such
an awful, crap therapist um and er, and maybe there is something about a pattern there. But I
do think that having said all of that, that there are various things that can certainly make
things easier and it is to do with, there are some patients who I think I find it easier to work
with and who seem to find it easier to work with me than others, it doesn’t necessarily mean
that um you can’t have a productive experience but it does seem to me that um, that’s very
important and thinking about my own personal therapy the kind of horror of some kind of
um awful blank screen, you know, analysts who really wouldn’t deviate at all, I wouldn’t be
able to kind of you know get anything out of and um, thankfully that wasn’t the case, now
that’s probably you know a fantasy in my mind anyway but um, I’m quite sure that the
person that my therapist is, is quite important, there are some things that I daresay that I
haven’t be able to talk about, perhaps won’t, er with him that I might have with somebody
else um, but I think I kind of accept that or I’ve come to accept that. So I’m not sure if that
quite answers your question but I think that it says it’s very complicated.

I: I mean I know it’s quite a simplistic sort of dichotomy the kind of thing we have talked a
little bit about, you know, people who feel that therapy has been, you know, not such a good
experience for them and others who, you know, it’s been worthwhile for, do those kind of
feelings reflect in the termination, in the ending of therapy?
P: Yes, I think, I think you know having a patient kind of saying, “you’re damaging me”,
and storming out of your room and, “I am never coming back to see you again”, is very
different from, you know, a planned ending obviously, um. I suppose others it’s been more
possible to, with less extreme cases, say well, you know, to still work towards an ending and
try and make some understanding of what’s gone on, um equally, um, er there are also times
when people don’t want to end therapy and um, and yet they’ve had a good experience of it
and um, again I suppose that, that’s inevitable and understandable. After all you’ve spent all
this time getting involved or close to somebody sometimes at great kind of expense
emotionally and if you’re private then I suppose financially, and only to be told eventually
that, you know, you’ve got to part and um, you know, I, I think, I personally think that’s very
difficult and I find that difficult too um, but unavoidable, you know, the whole point really is
that very often in those cases that’s precisely the area of work, the termination phase, that
perhaps is the most critical for something or other to get worked through whereas for
somebody else it’s, it’s kind of learning to develop a working alliance with you and to learn
to trust you. So the broad dichotomy stands but within that, yes, I think that there, there are
obviously some situations, I suppose you might say there’s a rather sadistic pleasure in the
patient stomping out saying, “you bastard you’ve damaged me”, um, yeah but for them
something is kind of vindicated and justified, but from my point of view there’s a sadness
that we’ve not been able to think about that and work something through um, yeah.
I: Do you think that people um benefit or change as a result of therapy?

P: (laughing) Oh yes, um well... it all depends obviously how you measure change and whether you are actually aiming for change, I suppose in the Health Service I find it hard to ignore the idea that I’m supposed to be helping people to make some kind of changes, um often though the kind of changes they want to make and the kind that actually take place or even that say at assessment I would see as realistic, they’re quite different, um... some people don’t change no, um, and they want to and I suppose, you know, I, I’d often get drawn into feeling that change would be a good thing and I’d like to be able to help them make those changes, but we don’t and there’s much disappointment about that um. But you know if the full stop came there, er, then I suppose it would be a very unsatisfactory thing that no change happened but hopefully, and in most cases it doesn’t so we haven’t been able to make all the changes you wanted Mr and Mrs So and So, whatever it is, um so where does that leave us?, and then er, that’s what I mean about I don’t think therapy’s just about change it might be more about accepting no change or accepting how things, you know, obviously the, the past can’t be rewritten etceteras, etceteras, but also there are limits perhaps on how much the, the future can be changed for some people. But broadly, um, if I think about my own practice I think yeah, I think the majority of people um, leave with some sense that something useful has happened and that at some level or other something has changed, sometimes it’s very easy to pinpoint, you know, they don’t feel as depressed or they’re back at work or they’ve resolved the particular um, er anxieties they had about whatever area of themselves or their relationships er. Other times I think it is much harder, you know, that people you know, while they’re still feeling that actually they’re a bit depressed but they’re much better able to cope with it, there’s not the sense that, that they or I have um, or hopefully their referrer, that they’re gonna be as likely next time to, you know, try and kill themselves or whatever it is. So in that sense again change has taken place, um, it has been in a minority where the change has been worse I suppose I should say that, I think hopefully that you pick that up at assessment or early on when that’s happening and er and, and do something about that which I suppose would be ending that therapy and thinking what else would be appropriate for somebody um, yeah.

I: Do you feel that you’ve changed as a result of your therapy?

P: What doing it or receiving it?

I: Receiving it.

P: Um, well I’ve been thinking about that this week actually um, there was something I had to write about post qualification training and I found myself thinking that the personal therapy was a pretty essential ingredient, comparing it to clinical training. What I said in that is you’d have to ask the people around me, I think um and that, that’s one of the things in
outcome measures I think we, we don’t do enough although it’s not always easy to do it. Of
course I want to believe that in some ways I have changed and in other ways I haven’t, in the
sense that um, you know, I don’t think I, I wanted all that it’s possible to have, a huge
personality change and I don’t think I was particularly seeking that but I think I was trying to
understand various things about myself in my therapy um and some of them I think do,
others I have to say continue to mystify me and I think always will do, um. So, er, in a way it
would have been fun to have done some pre and post measures and a few others besides on
myself, formally, I suppose informally they’re there in terms of, you know, various kind of
markers in my personal life and my professional life. I certainly think that um, I think I know
myself er, don’t know if better but kind of um in a different way, I think I’ve got different
um, kind of different frames or lenses kind of to look at myself which, which means that I
might catch a bit more than I would of and some of those would be kind of recognizing how
distorting they can be in whatever direction, and that I think has been very helpful both, you
know, personally and professionally, um if that constitutes change, well yeah I think it does,
then yeah I’d say I’ve changed. But I, I doubt really that um people who’ve known me for
years would say, “oh Christ you know that therapy’s really changed you”, which is I think
the fantasy people have isn’t it when you enter something, I think I had it actually, you
know, even though I thought I should know better, I kept coming up and, still do
occasionally, and kind of thinking oh well you know, I should be over this and I should be,
this should be sorted, everyone should, you know, everyone should notice this and tell me,
but if they do they haven’t.

I: Maybe this is a, a more difficult question but do you think you’ve changed
as a result of being a therapist?

P: Um...well I, I don’t know, I was going to ask you why, you know but I shouldn’t
be asking you should I, why should it be more difficult really to answer?, I mean, I
think the two are inextricably linked really one’s own experience of therapy and
doing it but um, I suppose at the moment I would say that because I’m continuing in
personal therapy but at some point I suppose I’ll, I will be practicing and not in therapy,
but I imagine I’ll return to it actually, at some point. But um yeah I think an
unqualified yes, I think that um practising therapy has changed me um, again probably
not in, in ways that are easily discernable to others but um I’d be very worried if it hadn’t
really, I mean if you can sit and work with people and listen to all the various things
that go through their mind or have happened to them and it not somehow have an impact on
you that’s going to alter how you think and feel then I don’t think I, I think I should stop
really what I am doing. So no matter how many times you’ve heard, you know, somebody
telling you about being sexually abused or, you know, feeling, you know, in the pits of
despair er if, if that can’t make me feel something er and perhaps feel something a little bit
different each time then um, then yes I think something is going wrong really. But I don’t
know, I’m trying to think could I specify how… I think, I think you know, it would be the
classic thing that kind of that um the more experience you have it just seems to me the less
that you can take for granted really about people and how they’ll respond and what they’ll
make of it, and um, which makes it difficult when you’re asked to go and teach or train or,
you know,
write something to kind of consolidate things because there are things that you know I
suppose you can kind of draw, draw from your experience that, that kind of put a frame
round it, make more sense of things but it would all, I’d always want to qualify
it and say well yes I, you know, I know that one might expect such and such to
happen with this kind of a patient but I’d always want to in my mind and, you know,
in the therapy leave room for something different to happen, um otherwise it’s like you
know, you are feeding somebody along a channel, this is how your therapy’s supposed to
go and um, of course that’s what patients often expect, you know, am I doing it right, is
this what’s supposed to happen and um, I think I give up more and more of that sense
of this is what’s supposed to happen I think um, I think obviously there’s something
there, some kind of expectation, but that, that’s gone or going, and I think that’s a good
thing. But definitely yeah, I think er the doing of it has, has changed and I like that and I am
grateful for that, I think it’s been helpful, long may it continue.

I: How do you think that clients um experience the ending of therapy?

P: Oh well in every way, shape and form um… for some er I suppose er, you know,
there may be elements of a relief but mostly mixed I suppose, um, you know, at one level
there’s a sense of, ah well um, you know, I’ve got somewhere and er I can look back now
and think of what’s been achieved and presumably if my therapist thinks that we’re ready to
end then he must think that I’ve, you know, achieved such and such, um, and it is, it is very
much a double edged sword, if you say to somebody I think it’s about time we thought about
finishing at one level there’s, you don’t want to see me any more, at another level there’s
ooh, ooh, you think that actually I’ve got somewhere. Equally when somebody says, “oh I
think, I think I’d like to end”, and you start to say, “well I’m not sure about that”, then that
also can have something both positive and negative about it. So, yeah, masses of feelings and
very mixed ones and, and um I suppose, I suppose some people, yeah that would be an
interesting one, do some people kind of not feel anything um, or, you know, hide very much
what they feel. But you know I think some people play it up and some people play it down
and er and I try and you know counter-balance that in my role if somebody’s kind of, you
know, feeling that this really is going to be the end of, you know, their world and everything
and I'll want to be thinking with them, you know, about why it feels like that and what other viewpoints there might be, and equally if somebody's really saying, "well I don't think it'll make any difference", then I'll be saying, "well, you know, fair enough but isn't that interesting you've been coming for five years, you know, and you're not even going to notice". So um...yes I, you know, I don't know how to meaningfully answer that other than saying in a whole host of ways and that would include positive and negative and probably the more mixed it is, the healthier it is I think, the more that it's kind of unidirectional the more I'd be thinking ah well um there's something here that we, we're missing, that we're unable to look at, albeit together, you know, not to just blame the patient but together we can't look at and um that's a shame, you know, one might suspect that might be difficult for this person, you know, when asked to think well what's been a good ending and that was how I thought about it, I was thinking well this person couldn't quite let go or this person was just, you know, wanted to deny that it had any meaning to them at all whereas um you know this other group of, of folk seem to be able to feel, you know, what seems to me a reasonable mix of emotions about it, that it's not the end of the world, but yes, of course, you know, I'm gonna miss you in some way or other but I'll get over it.

I: So what, I mean maybe to get, be a bit more specific about that, what do you think or what factors, what influences, make for a good ending for clients?
P: Well um, if you're having the time to, having the time to, to think about it and process it, sufficiently, and I don't have any magical figure for that but um it'll be different for everyone, but yeah, enough time. Um I suppose in the therapist a therapist who isn't afraid um to think either about the good or the bad aspects of that, and in, in the patient a willingness to do the same um...yes, there you are that was a brief one I mean, you know, if you want more ask me but I think yeah, I think I have explained what I mean by that.

I: Would that be different for therapists, as a therapist what what makes for a good ending with a client from a therapist's perspective?
P: Um, oh sorry I suppose I was giving you really my version of that, um...well I Suppose, yeah I'd say the same for both what I've just said really but um I guess emotionally um...you know, thinking about it as being both a kind of a patient and a therapist myself, yeah it's nice if somebody leaves and they're grateful in some level, not in some fawning way, but they can see they've got something good and they're able to express their gratitude to you. That to me is a happy ending, you know, and that, that makes me feel good um there are other times when, you know, I don't feel good inside but I can see that it's been a good enough ending for the patient, you know, technically
as it were. I think probably um, as a patient thinking about it, it’s, it’s important to
leave feeling that, feeling the same really that, that there’s something good that you’ve got
from your experience, something good for the patient to take away and also
maybe feeling that in some way or other they’ve touched the therapist and that um,
that the therapist has been able to acknowledge that with them, not necessarily, you know,
explicitly, verbally, but at some level there’s a sense of something’s been
exchanged between you that’s been meaningful and it’s had an impact and it’s been
taken notice of, you know, um even, you know, with the one or two negative things
I think that, that would be something I’d hold onto that um, you know, wanting the
patient to know that yeah, you know, I’ve got the message, I’ve heard what they’ve
said, and you know, I shall, I shall think about that as to whether I am a bullying this
or a that er. But, yes, I think the sense of being able to take something away and, yeah,
being able to say that as a patient and for them to hear it and not be all embarrassed and,
you know, kind of oh, um, its quite alright, I think is meaningful.
I: You mentioned um, clients that sometimes leave who you know, for them
it seems like a good enough ending, for you maybe you’re not so sure or, how would
you account for that?
P: Um, I think probably mostly to do with my own pathology really, um, I, I’d think
um... I’d probably go away or be left thinking well why does it matter so much to me
that, you know, so and so couldn’t actually um, acknowledge that they were leaving
with something in tact um, something kind of positive, if you see what I mean, in tact that
they could take away and look at and say, “yes I’ve got this”, um and I think well, you
know, why do I need that, um other than yeah I think, you know, it’s that everyone likes to
feel appreciated you know, from time to time. But, you know, I think the majority of times I
don’t, I don’t expect that and, and it doesn’t happen um but there’s enough, I’ve got enough
kind of robustness in myself to think, you know, I know that, you know, that was a good
enough piece of work that we did and, um can think of various reasons why the patient may
not have felt able to say such and such. But yeah just occasionally I suppose there’s,
there’s um, there’s that or it may just be that, you know, I’m gonna miss not seeing
that person, and somehow or other I didn’t feel that either they or perhaps, perhaps I
had been able to er convey that in, in some sense that would be helpful, you know, not
kind of, you know, sort of we’re both left in tears or something but that um, you know,
that somehow we haven’t been asked to say something in that maybe that would have
been, that would have been good. As to why, well that, you know, there could be many
reasons I suppose why, but yeah I think I’d always include myself in that frame and think
well I guess I couldn’t for other reasons or I guess I’m feeling this because its, you know,
probably er something to do with me or as much to do with me as the patient. And yeah I
suppose sometimes I'll be thinking well, you know, when I really think about it this is
something the patient's deposited in me, you know, that was their, their parting gift so I'll
have to find a way of, you know, stashing that somewhere or other.

I: What about I mean I know, pardon the sort of simplistic dichotomy but what about bad
endings, what, what kind of makes for a bad ending for clients?
P: Well urn, I suppose leaving empty handed um... leaving, obviously a bad ending would
be leaving feeling you know, the worst for wear, damaged in some way um... I mean, I don't,
you know, yeah, I think those things, I mean I don't think leaving therapy angry as it were,
or pissed off, you know, that it's come to an end is necessarily a bad thing although, you
know, obviously it doesn't feel very nice but, one or two situations I've been thinking well,
you know, further down the line I think this will all slot into place and make sense in some
way um... I don't know, I was thinking if a patient leaves feeling that you know, again they
haven't really been able to make contact with the therapist in some way, get through to them,
be understood, these would all be I guess bad things um, how avoidable they are I suppose
would be another question for some people but um, yeah, I think that, that's my perception
of the kind of things that the patient would feel.

I: And as a therapist what, what would be a bad ending or what would make for a bad
ending for a therapist?
P: Um, well certainly the same, you know, if I really, if I did honestly think God I've
damaged this person er or whether they've got absolutely nothing from it um, that
would be bad, I mean I'd then probably have to go and, you know, process in various places,
supervision, personal therapy as to, you know, how accurate that was, kind of a view. But
um... and then yeah come to some kind of er, you know, a viewpoint. But, you know, I think
you've got to allow for the fact that some people do leave therapy, you know, the worst for
wear, that is evidently possible and that you, you know, being aware of that I think is
important and avoiding it as far as possible is important but sometimes you can't and
sometimes you know, you don't see things and, you know, learning from
that is the most important thing. Um, a bad ending, I suppose it would be much worse if, if
there was nothing that could be done, for example you know, the case that I was bringing
into question, at least I could, they were going somewhere else to think about this and I felt
you know, although personally bruised etc, I was thinking well I've taken care of the
patient's needs, they're going to be able to rant and rave about what a crap therapist I was,
they'll be able to think about that and work through it, I've got somewhere where I can go
and do that um, so its not so bad, you know, we'll survive this, whereas I think if somebody
literally did leave and um that wasn’t the case, that would feel bad. Bad endings, another one
would be if a
patient kills themselves, that’s a bad ending as far as I’m concerned, it’s often obviously
gonna be a premature ending too, it might not be I suppose, you know, you
might end with a patient and then they kill themselves um, yeah I don’t see how, how one
couldn’t feel that, although I suppose there are one or two patients who um working with
their wish to be dead I can be more convinced that, that somebody might actually be happier,
um, but that’s, I’d say that’s a special circumstance really I see that that’s different.
I: You mentioned people who don’t sort of derive any benefit or I mean is
that um, I mean is that, is that what you believe that there are some people who don’t
actually take anything from therapy or?
P: I think it’s good to think that that’s a possibility um, I suppose yeah, ultimately, you
know, there must be something that somebody’s going to get from the experience even if it’s
just a reinforcement that, you know, psychotherapists are crap or you know the health care
professions can’t help me or whatever it is, they’ve got something from it, whether or not
it’s, it’s debatable I suppose you know, as to whether that’s a useful thing, but um. Yeah I
think you know, I mean you know, everything is possible and the more aware that I am as a
therapist of that then the more helpful that, that’s likely to be in what we are trying to do um,
it’s not that I’m you know I’m aiming for that but er, er yes I think that’s possible.
I: Um has ending been raised in you therapy?
P: Yes it has um, as we’ve said I’m still in therapy and yeah it has been raised and um,
raised but not finalised I suppose you know.
I: Do you have a date set for that?
P: No, no.
I: Right.
P: Sorry yeah that’s what I meant by not finalised, no, um, no I’d say we’re, its, its now on
the agenda um yeah.
I: Has that kind of changed the process of therapy since it’s been raised?
P: Um, well yes I think, I think so yeah I mean in, in a way it’s all relative isn’t it I’d say
it’s early days although its probably been mentioned for months um, at least not years yet,
not years. I think so, yeah I think it does because um, there is, there’s much more in my mind
um, and I therefore suppose his that um, you know, what’s left to be done, what more er do I
need to be doing, er if there are various things that I had hoped to talk about, you know, er
it’s time to start kind of thinking right well I’m not going to be getting to the bottom of that
one or resolving that issue or, um, you know, I’ve gone as far as I can for now anyway with
that or this um. I think that is different because whereas in an, in an open ended therapy
anyway which I think is what we're mainly thinking about is, um, ah well, you know, some
time, at some point we'll get round to this or that, um. So I think it does, um, in terms of the
content of what we're talking about, emotionally yes I think it also, it basically differs
because um...you know, its just the age-old thing that intellectually you can think about oh
well I won't always be coming here or, you know, being able to sit here and talk and what
will that be like but its, its quite distant and remote. I think now beginning to think about it
makes a difference, I think actually having a date will really bring that into, into, I'm not
quite ready for that yet but um, yes my sense is er, er as a patient that, that er this, this, this is
making a difference um and er I think quite a helpful one actually. But I think I would want
to add, I think because I've had quite a lot of say in that you see, I think if he had said to me,
you know, a few years ago 'right well you know we've got to think about ending it' I think
I'd probably be saying something rather different, you know, it's on the agenda because I've
been putting it there, not my therapist, um...and he seems to be noticing that I'm putting it
there and not kind of arguing about it so um...yeah I think that makes a difference really.

I: Right and in, in your urn as a therapist in your therapies with clients um once ending
gets raised, do you find that things change as well?

P: Yeah I think probably all, all of the same really I'd say um, I think it does tend to focus
you both in a different way um, it, you know, similarly about well what is it that, you know,
it might start to kind of notice the things that we haven't talked about more and, and er start
to wonder whether or not we're ever going to etc, etc, um...and yes the same I'd, I mean I do
think it, it, I find it difficult raising ending when the patient won't but I'm aware that, you
know, somebody's got to and er and it's gonna be, gonna be me in this case um...and I
suppose in terms of how much time I might tend to um to think differently according to that
if the patient raises it then I, I, I might be thinking, you know, I'll reflect and decide well you
know, this seems to be pretty reasonable to me. If, if for example I know that there's gonna
be a lot of who-ha about it then I'd probably be more inclined to give it some time but I'd be
even more kind of determined that we will set a date even if it's six months, nine months,
whatever, even a year hence or something I think I'd be more like that, whereas if somebody
else raises it I'd be more inclined to say okay well when, when are you thinking, when
should we think about and um you know, if they said 'oh well next week' obviously I'd take
issue with it but um I think I'd be more flexible about it um, well yeah I think yeah it makes
a difference who raises it, to answer that question.

I: In terms of content, you know, after the point where ending is raised, are there certain
themes that kind of start to arise or?

P: Um, right you mean kind of jar-, I can talk jargon now can I? I mean in terms of
dependence yes, um in terms of, you know, issues of loss and so forth yes, in terms of
people's um ability to express or not gratitude, yeah I think these are kind of recurrent themes. I suppose there's, there's kind of, you know, there's those across therapies and then there, there's kind of recurrent things within that are, that come up or I'd be looking for in a termination. So ah, um, well, given what we've, you know, come to understand about how you dealt with the loss of your father or, you know, um, you know, your stillborn child or whatever, one, you know, its not surprising that, that this will, I was thinking about a kind of broader existential kind of thing about um...you know, passing is, can be, such sweet sorrow kind of thing and the inevitable disappointments, disillusionment, dissatisfactions of everything I think in life that, you know, you've got to kind of come to terms with. So that would definitely be another thing across all therapies and, and I suppose yeah being constantly fascinated by how, how we all deal with that, you know, both the commonalties and the differences really, yeah.

I:  What kinds of feelings come up um in the later stages of therapy?
P:  For me or the client?
I:  The client.
P:  Um well you know the whole range, well you know sadness and anger and um sometimes you know bitterness and disappointment on the negative side um...though, you know, qualified negative, you know, they're necessary. On the positive yeah I think um equally I think sadness can be a positive thing because a sense of giving up something good and something helpful um, I think sometimes people do feel really good about themselves you know when they leave, that they've managed to see something through they, when perhaps they thought they wouldn't, um and um, you know, yes I think also feeling good in being able to say goodbye, I don't need this in the way that I used to perhaps or um or so on, so um...oh yeah the whole range, the whole range, that isn't what you want is it?, but um.

I:  What do you think the client's feelings um at ending reflect or prior to ending?
P:  Well obviously I would say this, I mean I do think that it, it brings back very early experiences of er, of attachment, dependency and loss and um that these get reawakened um at, you know, more or less conscious levels and I suppose we may, you know, choose to tap into those, to work with those more or less according to kind of, well I suppose what the patient needs or um...or wants or can tolerate you know, so um, pretty, you know, pretty strong stuff I think. Likewise for the therapist, I think it, it raises all of those things and um, you know, I think, frankly I'd say I don't find endings very easy um...I don't know that, I mean I think I've got some ideas about why that is um, er, I don't think I'm terrible at them but I don't find them easy, um, and sometimes I think that, that can, you know, that fits very well with what's going on for the patient and other times I think probably it doesn't and I have to kind of watch out for that, you know, that er, you know, it's important that the
patient needs me to be, you know, to be able to handle this and to be good at it but um, you know, I do my best so.

I: Do you think that clients begin to think differently once um once ending’s been raised?
P: Um as opposed to what we were talking about how they feel?
I: Yeah.
P: Um yeah I suppose so, yeah. I think implicit in what I was saying is yeah they start to construe er how they’re using therapy maybe a bit differently, um, I think also I suppose inevitably this kind of realisation that they’re going to be on their own, I mean that’s a feeling isn’t it but it must also have a kind of associated cognitive process to it, so the thought might lead to the feeling of being terrified, or the thought might lead to, you know, oh great I’ll be able to go it alone or whatever. And yes I suppose it might also quite often lead to a different appreciation both, you know, in terms of thinking and feeling about something or other that’s actually being contained in the therapy, you know, it can bring things to life quite a lot I think, um, you know. If it were, obviously it isn’t, if it were possible to have a therapy without an ending, it would, it would be a worse thing, you know, something would definitely be missing, obviously, it’s a necessary part, you know, a beginning and an end, you can’t, can’t not have them, people might try and avoid them, it might, well it has, I’ve had one or two where they haven’t come, you know, they’ve just not come and I’ve found myself thinking this patient doesn’t want to end or um wants a particular kind of ending that in a way isn’t an ending because we’ve not said goodbye, I mean obviously it is an ending but we’ve not said goodbye.
I: Do you think therapists try to avoid endings?
P: Um...yes, yes, very, very long term therapies are a good avoidance aren’t they, I mean ultimately you can’t but you can certainly, yeah, put it off and that’s avoidance isn’t it um...I mean you can’t in the sense that, you know, eventually either you leave your job or the patient, you know, moves away or dies um, and er, you know, I think that, that’s very much part of the territory, you can’t avoid endings but we, its quite useful to notice how we attempt to deal with them, avoid them. But yeah, I think therapists can and do, hopefully um, you know, through supervision and discussion with colleagues and things, that, that could be thought about and noticed and done something about. But um, you know, we, we’re all human too aren’t we so we get attached to people and that’s, that’s normal, you get close to people and you don’t want to say goodbye. Hopefully you’re able to notice when you’re continuing to meet for more your own needs than the patient’s, but as long as you’re aware that you do actually see people for your own needs anyway then I think you’re more likely to be able to notice that. Its when people kind of say, ‘oh I’m only here for my patients’, then I think oh, bullshit, but yeah I think so, we can avoid it.
I: Okay. Um do you think that er ending I mean for therapists who practice different forms of therapy, for example cognitive-behavioural, do you think they have a different experience of ending with clients?

P: Um well, I suppose that's another research project and I think that you'll have to ask them um. Well I suppose the best way to answer is to try and think about when I've worked elsewhere in other settings, other models and things, and um the first distinction is I suppose er, although that wouldn't always be the case, my experience has been that there's always been a much clearer sense of length of therapy, of the time-limited nature of the venture so that's one difference I suppose. I don't think doing cognitive behaviour therapy stops you getting attached to people so I don't think that the avoidance thing wouldn't be a relevant thing there, I think that's universal. I suppose it is more akin to, you know, a time limited dynamic intervention um where, where you do state right well we're gonna meet for this length of time, this is the date we're going to finish. I think um, I think if, if there is that similarity then that, that does change your thinking a bit because it's kind of in the frame much more, I mean I suppose it should be anyway but I don't know it's quite nice having an unlimited therapy not having to think about it for a while. But, um yes to come back to cognitive-behavioural or other models, I think you just think about it differently and I suppose the difference between a short-term dynamic and a short-term or whatever time limit cognitive behavioural is, that maybe you'd want to be paying much more attention to that, thinking that it's significant rather than the ending is about have we reached our targets and er and how do we all feel about that. I mean there is that too but, you know, perhaps it is much more we'll go through our checklist, have we done our homework, have we done this and this and um, you know, whilst I think it'll probably be doing an injustice to colleagues who work in different fields to say that they don't talk about some of these things, I suspect that they do, they maybe don't think about them in quite the same way or perhaps place as much importance on it. It would be interesting to know whether that matters or not, you know, both to them and particularly to patients I think. It's not difficult to imagine somebody who was in a cognitive-behavioural therapy who perhaps it would, all of the things that we've been saying, it would be critical to them that when they left they could say thank you, you know, whether that's symbolically with a gift or, you know, whatever and that if, if the therapist weren't tuned in and of course this equally could apply to most of dynamic therapists but one would hope they'd be more tuned into it, but that if a cognitive-behavioural therapist didn't then it might not completely undo the work that was done but leave a bitter taste or that something had been missed you know somehow so um. I think the theory, the model would lend you to thinking about it in a different way although in some ways it's more explicit it's explicit in a particular way I think and doesn't particularly look at
other things, um, but since as far as I'm aware most other therapists are human beings too I suspect that all the things that we’ve been talking about equally apply at some level.

I: Do you think that the ending of therapy relates to other endings and or separations in the client’s life?

P: Um yes, and I think in a way we touched on that didn’t we yeah, yeah I think it does definitely…how consciously that is known and worked with will vary but um I would always think that at some level it does, sometimes it’s very clear and sometimes it isn’t at all clear um, either to you or to the patient, might not be known about but er I’d always be, my experience is and my thinking has become that this would always be the case at some level or other.

I: Do you think that clients I mean, do you as a therapist do you kind of raise um issues around previous losses, previous separations um you know when sort of approaching the termination and do clients find that relevant if that’s the case?

P: Um well some do and some don’t you know I think that um…I just think that for some people it’s hugely important and the links are terribly meaningful and for others it’s kind of ooh well that’s quite interesting, and my thinking about that would be that um maybe that’s true, maybe it isn’t a particularly helpful link um for such and such a person or maybe it is true the other, the more traditional view being that the patient can’t tolerate this for some reason, it’s too anxiety provoking or whatever, to think about it in these ways may lead to denial or avoidance or play it down. To which I would probably comment on, you know, if I felt that I’d probably say that but I wouldn’t stop them doing it, I’d just draw their attention to it that that might be going on. But certainly yes I mean I think that um it’s the case that sometimes a link will be made and, or a comment made that isn’t really seen as very helpful and it wouldn’t stop me making it on one or two other occasions but I wouldn’t try and kind of beat it into the head of the patient, to think that’s the only useful way of thinking about ending. After all if you spend too much time on these kind of historical, genetic interpretations then you’re in danger of missing the here and now experience of actually, you know, we’ve come to an end and we’re saying goodbye so um, you know, I, I’d be cautious about becoming too heavily interpretative.

I: And in your own therapy would you see that as a relevant thing to be talking about?

P: Yeah I think I would um, but exactly the same if that’s all my therapist was bashing on about I’d get pretty pissed off with him I think and I’d accuse him of avoidance yeah so um. Yeah obviously to me it would be something I would expect and probably want to think about, and do, but um…I’d be upset if that eclipsed the emotional experience of saying goodbye, you know, that real experience. I’d be aware that this must mean something else but I’d be kind of thinking well, you know, we can do something about that now um, but
probably I could also do some of that thinking afterwards but for now I'm here saying goodbye and er, er I want to leave a space for that.

I: Does that kind of, does that idea kind of make therapy a distinct process in any way, the ending of therapy?

P: How do you mean exactly?

I: That, I mean you were saying about the importance of saying goodbye and kind of focusing on the here and now as opposed to sort of maybe previous relationship endings.

P: Does it make this form of therapy or therapy as opposed to other good-byes?

I: The ending of therapy as opposed to other good-byes.

P: Yeah I think it does because I think you are explicitly saying the whole point, in particular for me, the whole point of being here is that we are going to try and focus on what's going on here and think about how it links elsewhere, notice the process of what's going on rather than just kind of the content. At the same time, you know, not getting so lost in the process that you forget what the content is so um. Yeah, I think it probably is, I mean I guess there are always the ending of personal relationships, marriages, divorce, all of this, yes of course it does but um often its, er well its not that. There are different kinds of painful experiences I think, and um, you know, it, it, much as one might, might wish to be able to talk with an ex partner about what's going on, my experience is that that isn't always possible er and, and in a way we haven't necessarily got an agreed, agreement between us that that's what we need to do, er whereas in therapy I think we have. So um, and, you know, as a therapist try and clarify that, you know, at the beginning of therapy about what, you know, what we're trying to do and would remind us throughout therapy, you know, the process of us trying to come together and the difficulty of that is focused on and also the process of disentanglement being focused on, so yeah I think it is distinct in that way.

I: Do you think that um that clients should know when they are going to end or do you think that it's better, preferable really for clients to have an open ended experience?

P: Um... well I suppose in an ideal world then I suppose one could offer everyone unlimited therapy. Would that be a good thing, for everyone?... I dunno, I don't know actually, I suppose because we don't live in one I don't think like that. On the whole I am always, um I am always looking out for in an assessment for some kind of focus and if there is one as to whether or not a time limited intervention might be useful, a more useful framework really. In other words saying, let's say that there were very clear issues around loss within it and very little else that the patient either was wanting to draw attention to or wanting to think about um then I think I, I might be happy you know more inclined to say well I think actually what would be most useful would be um for us to think about meeting for a specified period of time, well sometimes it might be as short as, as say six months or
something but more likely I suppose a year, eighteen months, and having that frame would be quite useful. But I'm also aware of what I said earlier which is my own experience has been of unlimited and that's been crucial for me kind of thing so um... yeah I suppose my inclination would be to say that I think there, there might always be for some folk um the feeling or the situation where, where maybe that wouldn't be what they would want um, and I think by unlimited I don't mean that it goes on forever but more that you don't specify it but you start off saying we'll see how we go, we'll see how long it takes and together we'll come to some decision about it, um is very different from this is what you've got and we are off! So um, but I think yes for some patients maybe that is helpful that it would just feel like a massive kind of abyss really to be flung into and um, and at that front it wouldn't be at all helpful and certainly wouldn't help you do the task that you've both kind of agreed you're gonna do or attempt so um.

I: Do you think it makes a difference to the process of termination knowing kind of at the beginning of therapy when you're going to end or not knowing and it kind of going on?

P: Yes, yes I think so, again you know for both, I mean perhaps as a therapist you're always aware that therapy's going to end, well I mean you both, you think about it in a different way because um, because you have to because you've got a caseload and you've got to think about ah well you know what have I got, is this the short term slot or whatever it is. I think it's much easier um although as we've said therapists can also get drawn into it in an unlimited therapy, not to think about it. Technically, yeah, right from the word go um it's in my mind, I'm more likely to be saying that to the patient whereas I'll feel less of an onus to, oh I still might, you know, remind them that of course at some point we won't be meeting, um whereas in a time limited therapy er, er there's a kind of difference of technique I suppose but also a feeling I think too, you know, right well this person is going to be in my life and I'm gonna be in theirs for this length of time and um, yes I think it does alter, alter the therapy and also alter the ending because its like well we've been here before, yes we're here now we knew we were always going to be and we've been talking about it for a long time, whereas in an unlimited we've always known we're going to but we haven't really talked about it as much.

Whether that makes it easier or not I don't know um, I suppose in some ways it is, in other ways maybe you know it could become a bit oh not bloody ending again, you know, when are you gonna stop going on about it.

I: Who, I mean I know we touched on this earlier as well I mean who do you think raises the issue of ending more often?

P: Um... in my therapies the patient, but um I think that I'm er, I think not surprisingly that as I'm kind of entering that phase of my own therapy, um I'm finding myself thinking about
it, feeling about it slightly differently as a therapist. I'm more inclined to think right I think
it's time we ended, I think it's time I said something about this, I think it's time or, you
know, I think I'm colluding with avoiding it. So I think that there is a shift going on inside
me about that um, and I suppose really um, my ideal would be really for the patient to raise
it. Why, because I think then there's a sense of um, of ownership of it and then having
reached a point and um so on and so forth. But certainly I can think of people where they've
raised it far too early I think and I've kept on saying kind of no um, so it's not always that
it's a good thing but um. Yeah, I think probably my patients do more than I do but then the
majority of my work is time unlimited so in a way I'm listening for something either explicit
or implicit that I then might pick up and say, "well you know it almost sounds like you've
been talking more and more about things, you know, what it would be like without your
therapy or, you know, in this way or that", or, "this dream seems to suggest such and such",
whatever it is and then um. So I suppose you could debate who's raised it, it's in the material
and maybe I've picked it out but generally I'd always want to try and link it to something.
But yes sometimes, you know, it'll just be, you know, I've got to raise this because we've
been meeting now for X amount of time and it really is time for us to think about it, I think
it's noticeable that we haven't, and it feels like you're not going to so I must, and then some,
you know, thinking and exploring about why it's been so hard to think about. So um, yeah
I'll um, I have to kind of cast my mind back but I think yeah on the whole probably its more
the patient than me and mostly I'd be, I'd be happy with that, I'd be saying well you know
that's how it should be, that's good. But um the other side of that coin would be um yeah
well maybe there, there's been one or two situations um where, where maybe I should have,
could have, said something sooner um, and there's always the implicit ah I'm grateful my
patient's doing that, that's one way of a therapist avoiding termination, {laughing}you can't
win you see.

I: Um what kind of things do you think would lead the client to raise ending?
P: Um well er they feel better, they feel worse, they feel stuck um they feel that they've
gone as far as they can, they've done enough, really I think any of those.

I: And if the therapist were to raise it?
P: Well I hope that um as a therapist I wouldn't raise ending because I felt we were stuck
um...though I might, you know, be tempted to, um yeah I think otherwise probably similar
things I think, yeah, I think we, we've, we've done enough, I think we've gone as far as we
can um. Sometimes yeah I think, you know, I've reached the end of what usefully I can give
to this person and um, you know, it may well be that at another point in time somebody else
can help them, more, um but that for now this is, this is the end of the road I think. Yeah I
think that, um as I said yeah...I'm trying to think if there's ever been an occasion where I've
really, like I've actually kind of used the words yes this is damaging the patient er, but I think more kind of it doesn't really feel as though this is what you want does it and bringing to, you know, things to an end there, and yes, you know, that kind of, when that's met with some relief in the patient that's often then, you know, obviously led to an ending and I think a satisfactory one.

I: I guess mutual endings get talked about in literature, how, I mean how do you think those kind of endings come about?
P: Well I think with, you know, much talk and thought really, you know, I think they are a process. I mean I don't think you do just suddenly go ping I think this, you think that um, so I'd want to kind of query what people mean by it, um, but I suppose it would be where in the end you can reach some kind of agreement that you are going to end because otherwise I suppose you won't um, and that, that, that, I think that normally does take time. So like I say the patient might say something and I'll say, "oh well I haven't actually been thinking about that, well let's think about that and we'll revisit it or whatever", um or vice versa I'll say um...I mean you know kind of in an unscientific way I do think there is an intuitive kind of agreement that goes on too where, er it's like you know if you could have little thought bubbles then they kind of would say um, 'I think we can think about this now, can't we', and we do um, I suppose that would be my best definition of it um...yeah. But er, but I suppose mutual could include something which would be much more coercive, a persuading of the therapist its time to end or a persuading of the patient, people might want to include that, I wouldn't, I wouldn't see that as mutual, I'd see that as something different.

I: Which is why I think some people have argued in the literature that there isn't such a thing really as mutual endings um. I'm aware of the time.
P: Have you got much more?
I: Um, there are two more sections to cover.
P: Do you want to arrange another time?
I: If that would okay with you?
P: It's fine with me, I mean I think otherwise we're gonna rush through something aren't we and I mean I'm aware of the time and you are too and if it's a reasonable breaking point I suggest we terminate now for now, press pause and then find another time and complete this.
I: Let's do that then yeah. So is there anything you want to add at this point?
P: No I think except to say its very enjoyable and thought provoking I think, you know, quite um, you know they're quite searching questions really aren't they but um, yeah I think these are important things to reflect about and certainly important things to be written about you know, for others to think about, not just you know in this particular model of working
but others, so yeah I'd genuinely be interested to know what a behaviour therapist would have to say about these things.

I: Yeah, yeah me too but the literature’s devoid of anything written by kind of other, I mean there’s some sort of um literature from transactional analysis and things like that but nothing really from cognitive or behavioural or you know about termination, endings.

P: It’s interesting isn’t it because my sense is that the cognitive behaviourist tradition is saying oh we’re not, and some psychodynamic therapists saying oh we’re not so different, we use different language, core schema, you know, unconscious processes, all these that they’re not so dissimilar, and in some ways I go along with that that yes you know we, you know we, there are similar areas but I do think they’re conceived of and worked with in very, very different ways um, so in some ways I’m surprised therefore with this kind of coming together and the kind of integrationist feel that, that perhaps people from cognitive behavioural traditions aren’t writing a bit about it or they may well be talking about it but not writing about it um but there’s only one way to find out to go and talk to them.

I: Yeah I’ll save that I think for in another year’s time.

2nd Meeting.

I: Um, what do you think that clients experience after therapy has ended?

P: Um, I wish I knew really, I think that um that’s one area that we fall down on, research wise, is not trying to ask more about what the process of therapy has been like afterwards, um I mean here locally. I don’t know, I mean I think it must depend as we were saying last time on er how the therapy’s gone um, the general relationship I suppose that we’ve developed and um, and how, how things have come to an end. So I suppose sometimes it’s going to be a sense of, you know, end of an era, time to move on or something, um, something quite sad, something quite positive involved in that but occasionally, very occasionally something, you know, much stronger in terms of feeling, you know, very much like something’s ended too soon or um massive relief I suppose. But I mean in general my sense is that, that it, its something significant in people’s lives um and the rest is kind of more what, what we’ve talked about in advance as to what we think might happen as to um, you know, not meeting on Monday at 2 O’clock or whatever it is, what that’s going to be like and not having somebody there kind of in the background might be like, but um, the answer really is I don’t know.

I: Might you think that um, even you know, if there’s no physical contact anymore between therapist and client, might you think that that relationship carries on in some way?

P: Well yeah I’m sure that it does um, I mean sometimes you might know of that because um, perhaps less in this setting but um in the other setting I work, in GU, often patients
who I see for therapy there and I will hear about, I might even occasionally see them in
the waiting room which is very different from here, that’s a medical setting. Um here, what
happens, oh once in a while somebody will send a card or something, you know, once a year
at Christmas or at the end of their therapy um you know and I, I find that in many ways nice
but also you have to give some thought as to quite how to respond to that. So I think um
what I would tend to do is kind of acknowledge that, the receipt of that um, and er, certainly
the first year um I can’t remember now I’m thinking of a particular case whether it was
two or three years that I in the end decided that I wasn’t going to acknowledge it, you know,
it was enough I thought to know that I was still here um, but difficult because you know in a
way it’s, what’s that about, you know and I suppose I took it to be just a kind of hello I’m
still, I’m still here also you know carrying on and so forth um, yeah, but um, sorry what was
the, what was the question?
   1: Um, whether you felt that the, even though there’s no kind of physical meeting whether
you thought that the relationship carried on in some way.
   P: Oh yeah, right so yes there’s that kind of evidence if you like, a small amount of
evidence. I suppose from a theoretical point of view you’d be hoping for some kind of
internalisation of that relationship to take place um, and for someone to be able to sustain
that, to own that, to kind of have some identification with, so in that sense it would although
you wouldn’t necessarily know very much about that um. Yeah but from my point of view I
think er, you know, doing this, you know, I’m sitting here thinking of various people and um
they do, you know, they have had an impact in, you know, different ways I suppose. So um
that, that’s some other evidence I suppose from my point of view combined with something
there for me, and I imagine there might well be with some of my patients too, I’d hope so,
somewhere, um something to draw on, and I definitely go along with a view that, you know,
the end of therapy is you know is not, not really the end it’s just, it’s the beginning of
something else, and um, um, but you know much learning, much change, etc, perhaps even
more goes on afterwards, after the experience of therapy.
   1: You’ve mentioned internalisation um and that you would hope that the client might
internalise that relationship um, have you had any evidence of that before you’ve ended
contact with clients, you know is there anything that they’ve said that indicates that?
   P: Yeah, “I knew you were going to say that”, that kind of a thing or “I bet you’re gonna
say this” or um, or people actually saying, you know, er maybe over a break or something
that, you know, they were struggling a bit and they, you know, they imagined they were
talking or what, what kind of way would they be thinking about it, talking about it if I was
there and so on and so forth, that kind of thing. Which always seems, you know, and you
know, unless it, unless it’s to some kind of ridiculous degree where, you know, they kind of
very concretely relied on you and there’s lots and lots of contact in between sessions or that kind of thing. But otherwise I think, you know, as therapy goes on I’ll see that as a very, as a very positive and useful thing. When I think about my own experience in you know other ways not just therapy that, you know, that’s what I’m left with, you know, what would so and so think or say about this when you’re faced with something. When you do have a response to something if you really try and trace it back it often does come back to something, training experiences again I think, you know, that’s like a similar parallel I think of um. So it’s not that, you know, you’re doing, you know, it’s not like brain washing is it, it’s more that you have um the safety I suppose of, of some kind of, you know, space in which to kind of think through something, you know, not necessarily just thinking but kind of feeling in a way I suppose. Yeah I think that, I think I’d say I’ve had reasonable evidence for that, I’d certainly look for that you know when coming to an end.

I: Is that something that’s happening for you in the process of your therapy as well?
P: Um, yes I think that, yeah that, that, that has been true definitely um... yeah, yeah I think that er there’s a similar sense of um either what, what would he say or um, it’s hard to put into words actually. I suppose just a sense of I know something about that or you know, don’t feel so um, there’s something familiar about it um and if there isn’t then perhaps less feeling freaked out and more curious about it or something, you know that’s terribly kind of idealistic, I’m sure there must be situations where its kind of er. I guess the difference is that I am still in therapy so I was thinking about this last time if I had of finished my therapy what would I be saying, I most probably wouldn’t be saying anything too much different other than I’d have, I would be able to tell you more about the experience of not having somebody there, which is again perhaps why it’s quite difficult for me to say well what do I know about my patients, I don’t other than, you know, hypothesising that, um because, because I suppose I know that if, lets take a similar situation in a break or something, that I, I can still go and talk about something if I choose, I might not and it might pass or I might in a way kind of give an epilogue to something, er the feeling it’s been kind of been dealt with or thought through or whatever um, so yeah it’s a bit hard in a way to fully answer that but um.

I: Do you ever have follow up with clients?
P: Um, well here I’ve offered it um to a handful of people um, mainly people who are in time limited um rather than long term. Why, well um kind of researchy type, not formal but research type questions in my mind and wondering if, you know I discuss with the patients whether or not this would be helpful or not um and one never replied at all, another um didn’t reply but had said that they probably wouldn’t um and then, I’m trying to think whether there’s been anyone else here actually, the other side of my job is that there’s those kind of constant indirect follow-ups so um. But I think the most accurate answer would be to
say that generally no I don’t um, I don’t know if you’re going to ask anymore about that but no particularly clear thinking about that other than time and so forth, I mean as I say I think probably its something that I think we should do a little bit more but its quite hard to think how to do it, I wonder if its better really, this kind of thing, somebody doing it who isn’t the therapist.

I: And how, I guess sort of not really following up clients, so how does that relate then to the experience of termination?

P: Well it makes it clearer, it’s goodbye and I suppose that, that, I mean in this department probably we’re not that untypical of other psychotherapy departments, the prevailing winds, although I don’t think they’d be universally shared, the prevailing winds would be that’s how it should be um. Yeah I mean I think obviously as a psychologist you have a vested interest don’t you in these things so if I’m ever approached, if I had been approached lets say and if I were now or I think I’d probably go ahead with it um... but it would be different in some way, part of me wouldn’t want to do it, part of me would only be doing it because I think I ought to because I have to do research and you want to help people out etc, etc and it might be interesting, and another part will think well I don’t know if I want to kind of dissect this too much um, it would be interesting to see what responses you get actually so. But from a research point of view it makes more sense but from a relationship point of view in a way it makes less sense, I think kind of meeting again is, isn’t easy. There’s one patient at the moment actually who was in a short-term therapy who didn’t respond, who’s ended up coming back for group therapy and um the sense was from the assessor, who wasn’t me when this person came back, was that therapy had helped her identify when she needed more help so in that sense it had been constructive. From my point of view I knew it was a, it was not a, it wasn’t a therapy that had ended very well I thought, you know, it had ended but again um it, it wouldn’t have been someone who I’d have said I think this would be a good person to go and ask that, there’s obviously something unresolved there and er occasionally I see this person as you do, you know, around here, and it still feels a bit strange really, I’m sure she thinks I don’t know who she is or I’m just kind of ignoring her and er, I suppose, well, I’ve kind of taken the lead from her really, but in some ways I feel as though you know I don’t exist for her, which is perhaps how she feels really. So that would be a huge relief in a way to sit down and talk about it, for me, but you know we’re not talking about my needs here so I don’t, I don’t quite know what it means really um, anyway I think I’ve wandered off actually.

I: Do you think that clients continue to benefit after therapy has ended?

P: Well I hope so but then I would say that wouldn’t I but er, I hope so um... I don’t see any reason why not really, I mean I don’t see, I don’t see why not, I mean I think that’s one of
the things that research, literature kind of gets a bit in my mind confused about, is that you’re looking for all the change to happen in this one space and I don’t think really that human experience or life is like that. There’s very few kind of wow, oh, you know, kind of experiences, its more kind of slower long-term processes, its often then harder retrospectively even to kind of pin point things like that really. So yes I, I, I think so, I mean I suppose I’d see you’re providing, you know, you’re attempting to provide the right conditions for somebody to, for something to occur in the therapeutic relationship and um, er something, whatever, definitely does occur, it may not be what either of you have expected and then it ends and um, the way in which it ends hopefully is also thought about just as everything else is and it would be my expectation and hope that, yeah, people will continue to benefit, um, in the kind of ways we’ve been talking about um, and having something to reflect back on, something inside themselves, you know, ego strength whatever you want to call it um, yep.

I: What do you think the vehicle for that change would be?

P: Well, I don’t know I mean who knows, I mean it might well be um, you know, some kind of outside event I suppose but um again I would hope that there’d be something kind of inside the person that they felt they could draw on from their therapy, or, you know, I mean it might be much more indirect, that their therapy somehow enabled them to, you know, struggle on in a relationship or something, or actually managed to get themselves into a more mutually satisfying relationship um and, and through that they’re able to um, you know, cope or make whatever changes or, you know. I mean it all depends how, how you and the person would prefer to kind of benefit I suppose um, getting on with their lives, achieving the things they want to, surviving the necessary traumas and tribulations of life um.

I: Do you think, I mean assuming that a client has had a bad ending um, do you think that they would still continue to benefit I mean would that be, do you think that might be different or?

P: Well I think so um, I think there would still be something to be drawn on, I don’t know if it would feel in quite the same way um... I mean, I suppose the little window of insight that I have is to do with one of the patients I mentioned last time who ended up being seen by a colleague. My sense although, you know, it was only once that therapy itself had come to an end that um felt able to talk er, you know, as colleagues really about it. It was quite clear that what had taken place was useful experience in terms of kind of further evidence of how things can be, how things can go and how they can go wrong I suppose um, yeah, if you kind of transpose that outside, I suppose somebody left therapy very angry, it’s all a load of crap and, you know, then maybe that wouldn’t be possible to take place, on the other hand it might. They might, you know, be in some other kind of friendship or, you know, personal
relationship or whatever description whereby something did shed light or er and they then reflected back. I mean the bottom line is that, you know, if you believe that, that past experience of whatever nature is useful for further learning then why wouldn't therapy, I can't see why it can't be, however good or bad.

I: How are endings prepared for in therapy?
P: How are they prepared for? um...um I'm thrown because I thought we, I talked about, we talked about this but um is this in, you mean actually together?

I: Yeah, I mean I guess whatever comes to mind.
P: Lots of er, either lots of talk or lots of avoidance of it I suppose um...I think it depends I suppose on the way you work and how somebody wants to think about it but hopefully by a lot of um...a lot of anticipation of difficulties and er kind of pre, pre-thinking, pre-feeling. I suppose sometimes, you know, cueing into that um, in advance, um sometimes a kind of stealing perhaps, sometimes a cooling of the relationship um. I mean it all depends really whether you're in the mode of asking me as to what am I doing or what would we be doing or, or what happens between you and I suppose I'd be, I think it's more interesting to think about what kind of naturally happens really rather than what technically is going on, and er that's how I would see it. I think it's a gradual, kind of disengaging um...in, in various and different ways, kind of emotionally and intellectually and physically in terms of coming here, you know. I think that, that's quite a strong thing too actually the place people come, it's kind of important so, you know, people do kind of talk about, you know, I won't be coming here anymore and they may often be telling the secretaries about it and so forth. I think there's a gradual kind of build up um of, of anticipation really about it, there can be yes much avoidance of it too, as we talked about last time on both sides, but hopefully that, that will be addressed or that's picked up um. At the very least a kind of acknowledgement that it, it's very difficult to think and talk about it er together and, but its, you know, its gonna happen its, you grasp something really sad, a touch of reality in the whole, in the experience of that.

I: Do you think that clients and therapists approach the ending of therapy differently?
P: Well in a way of necessity I suppose they must because um it, it must mean something different I mean this is, this is your own therapy, this is, this is another patient, it may be a patient you particularly felt fond of or felt very, you know, pleased with the outcome or very, you know, er dispassionate about it or whatever um. But it would be different I think in a sense its not, its something personal but its not really yours, its theirs but you were personally engaged in it. So you're a part of it but you don't, you'll not own it in the same way, this is your therapy so if you choose to come, you know, very late or this or that then its up to you but if its my therapy then that's up to me too and um, but that wouldn't be to say
that I would kind of, you know, not include my therapist in it. So in that sense um I think yeah because of necessity you'll always feel differently about it, I think the fear is, you know, saying the patient wouldn't harm the therapist is that, you know, don't really, its not going to mean as much to me as it does to them, and in some ways that's true but that's not to say that it doesn't register or that it isn't quite meaningful in all kinds of ways but they'll, I suppose be as much to do with me as them, and vice versa really.

I: Do you think that clients feel prepared for the ending of therapy?
P: Um, well you'd have to ask them, hopefully I mean, again, I mean can only say because I think its quite hard to generalise, you know, some people clearly don't even though from my point of view I feel we've been talking about it for ages and ages um but, you know, talking about it, imagining it, kind of trying to feel it um isn't always so easy, you know, and in some senses I am sure for some people it might not really hit them until afterwards um, and the shame is that we don't really know very much about that unless of course they come back um.

I: Perhaps what I should have asked is do you think its possible for clients to feel prepared, is it ever possible?
P: Oh right um... well you know its very clichéd I suppose but I, I think it is true that um, and its something I'd know about I suppose, you know, would be can you, equally can you prepare somebody for death, either their own or somebody else's, and I think the answer's yes, there's lots of things that you can do but that doesn't necessarily um take away the pain of it nor should it. So I think, you know, preparation should be more about like, like allowing someone to kind of taste all the kind of flavours and ingredients of, of a full, you know, five course meal or something as opposed to feel that, you know, they just can't, you know, they can only stomach the starter and the main course or something um... I think that's the most useful way I would think about it that, you know, that people have a sense that well whatever it is going to be like or isn't like that, you know, that they, they, they can cope with it um or um they have a sense that er that its inevitable, its necessary, its not something to understand or to avoid but it can't be avoided and um in some senses er its very painful but um it may be that you don't want to deal with it in that way, and obviously you know that's fine too but um, you know we are all going to die at some point, people who are close to us are going to die and no matter how much we think about it, prepare for it um I don't think... well you don't know do you, you don't know if you'd have been better off having thought and prepared about it or not. I suppose I must believe that um, that something or other's useful but I don't believe in, in, in a cut and dried kind of I'm prepared, sorted um therefore can cope with this or that and, and would say the same I think to any patient.
I: And as a therapist, I mean do you, do you feel that you, you're prepared for the ending of therapeutic relationships?

P: Um well its happening all the time really um, though in this setting not as frequently as, you know, say a primary care setting um but I do think the intensity of relationships is very different. That's not to say that you can't have an intense relationship in, you know, other settings or shorter term work but, you know, I think its less often the case than more often the case um. So yeah I think in some senses um I do feel mostly prepared and I have various places in which to think about it, process it, etc, but it's often the way that um, you know, you're, you're surprised you know by the extent to which you're feeling upset by, or missing, or missing in advance or whatever it is um. Or, you know, I suppose occasionally there's a sense of relief, you know, that you haven't really noticed or thought about but um...I think that, you know, the, the difference is when somebody kind of ends therapy on you and just stops coming that's when, when, what you're not prepared for but then that, that is a termination but its not a planned termination. So I think there is a big difference between planned and unplanned I think, and then there's much kind of, you know, for me soul searching, thinking, exploring, trying to understand, make sense of and then at some point I suppose I kind of realise almost the futility of that, which is well the patient has gone er it's quite useful to maybe record some of that on the file if they ever kind of reappear, um might be common obviously to have some communication with the referrer and then its over you know really, its time to move on I suppose I think um, but it, yeah, normally the measure of um, of how unprepared I am is how difficult it is to deal with.

I: Um, well that's all the questions so um is there anything that you wanted to add or anything that you feel we haven't talked about that would be important?

P: Um...well I, I dunno I don't think so really I mean I'll be very interested to hear what you, what you come out with really I think er...yeah it is, it is like to me asking er asking about things which we don't really know so that's been the difficult thing sometimes when you've been asking me it, its all kind of what I hope or imagine rather than what I actually know um, and as I say I suppose the other thing has been the, has been I wonder how it would have been different if it had been talking, you see if we'd just been talking about one person then it would have been more, it would be easier to answer some of the those questions but then of course it would be very narrow, we'd just be talking about one person obviously but of course it would differ if we were talking about somebody else so I think, I think it makes sense anyhow but in some ways that, that's made it quite difficult to try and meaningfully generalise I suppose about things um. I don't, you know it, it's, it's made me think quite a lot about yes my, my, not just my own, own endings in therapy but my own endings with patients actually, I don't know how much is or isn't invested with me in it and
whether that's good or a bad sign um, mmm, what made you want to focus on termination if I can ask that?

I: Originally, oh gosh er, I came up with the idea before I took my year out so it's almost sort of three years ago now that I thought about it but um, I guess, I guess it came from just um, a general sort of um, generally feeling kind of drawn to working sort of psychodynamically with clients and, and then I suppose from, from kind of things that I’d read, feeling that the ending of therapy was really important and I suppose part of that as well came from my own experiences with clients, but definitely more so this year because I took on a long term placement and I’ve seen people for nine, you know nine, ten months and you know I’m realising now for myself how important it is and, and how, and this has kind of come alive, you know, whilst I’ve been living the experience as well as a therapist and um. But I think, I think I probably more generally have an interest in endings, globally, beginnings and endings and maybe, maybe sort of some of it unconsciously is related to what you were talking about, death and things like that but.

P: Well you can’t avoid them can you beginnings and endings.

I: Very true.

P: Well, I wish you luck with that I think it’s very interesting, I think most people would be interested in just the discussions around the research and er what kind of things came out of it um, because I certainly, you know, I think it, it would be a useful way of provoking thought and discussion.

I: Thanks very much.

P: You’re welcome, good luck with it.
Interview 3: Client
Interview Date
10/9/99
I: So the first part of the interview is really to set the context, to get you thinking back to what it was like to be in therapy um so, why do you think that people enter therapy, for what reasons?

P: Yes er, partly, particularly for me, I'm not quite sure about other people, but it was a question of um being powerless to change my circumstances, my feelings on my own, you know, it was definitely a, a course of action of last resort for me um, particularly as I er, I had always been a little disparaging of talking cures really. I, I thought in general, its a very big um way of looking at things, but I thought that basic ways of changing things were essentially political rather than those related to the circumstances, that, that's since changed very slightly although I do still er basically believe that politics is the way to get things done as it were, and things like psychology and sociology and other ologies are essentially about er helping people to cope with given sets of circumstances. That, that isn't always the case but its, its enough of the case for me to have drawn that sort of conclusion. So I think what I'm saying in a very roundabout way is that, although I felt powerless to do anything, you know, I'd been in a state of depression on and off for a number of years and er it was for me a counselling for despair really, a last resort, I needed some help, my consultant psychiatrist had said that maybe er therapy would er be helpful er, I felt very negative about it at first but after the, you know, going through the experience of therapy that, that sort of tempered a little and er, you know, I can honestly say that therapy was for me quite helpful. It didn't er, it, it wasn't about the business of pressing the right buttons and getting a, you know, a sort of a given outcome but it certainly has helped me to er, to recognise link ups between things in my own life er contemporarily and er my childhood in particular, things that I, I wouldn't have recognised I don't think without therapy.

I: Did the psychiatrist suggest a particular form of therapy or did they give you options?

P: Well um the way its organised in, at the Derby end of things um, seems to be, I don't know whether this is widespread or not and I may even have this wrong, but I get the impression that they er, on, on having a, an initial interview they will ordinarily offer you group therapy, I assume because its less time consuming related to perhaps a better use of a therapist's time to be guiding, you know, a group of eight or whatever it was. And I er, you know, with that sort of background was offered a group psychotherapy first, I went to it for about, it must have been just over three months and then said that was all I was going, I just didn't feel it was useful at all really um, but, you know, my experience was that the group tended to be hijacked by a fairly powerful group of them and er, um those of us who were a little shyer and more reserved it was very difficult to actually contribute anything it seemed to me so I said that I would pack it up, and it was as a result of that that they said would you like to consider individual therapy, which I did, and, you know, I thought that maybe it could be helpful to me given my er, misgivings about things and er so that's what I did for about um, I can't remember exactly but it must have been um, over three, three years with, with an individual therapist.
I: Were you aware what, what particular kind of model that therapy was?

P: Not really, I mean I had some sort of a very slight understanding of the different models but um, to be truthful although I had some understanding about psychology and er some very limited understanding about sociology and so on um, its always been fairly impenetrable for me, I find it difficult, I could never have read psychology at University it would have blown my mind that, I think its, I just find it so difficult really to, to get at what, what's meant by it, so although I say I have some sort of textbook understanding of things simply because I was a, a Vicar for eight years so I had to have some very basic understanding of psychological and sociological concepts, I've always found it very difficult to get in to try and understand what's meant, which is one of the reasons that I, I didn't really er spend a lot of time thinking about what model was being used because I knew that it would probably be beyond me really, to the extent that I wouldn't be able to make, you know, good use of it I don't think.

I: I guess, I mean from my knowledge of psychodynamic models, which is the therapeutic approach used by the therapists in Derby um, simply stated, a lot of the work is based around feelings and making links between, you know, kind of your relationships now and relationships in the past um so why, why do you think that people might be drawn or might go for that kind of therapy?

P: Um, had I known that before it wouldn't have made any difference to my saying yes or no to therapy, I would have probably, well almost certainly gone straight forward with it as I say because I'd heard the word psychodynamic but never knew quite what it meant really because as I say its all fairly impenetrable for me um, you asked why would someone go particularly for that form of therapy?

I: Mm.

P: I, I suppose I could say from my own point of view, though it wouldn't have affected things at the outset it certainly was true of the result of um therapy, was the fact that um, it, it became crystal clear to me that, you know, it really was a moment of conversion if you like, it became crystal clear to me at some stage along the process that what had happened in my childhood, bad things in my childhood, that there was a sense in which they were mirrored in some way, the fit wasn't quite there but there was enough of a fit to say that there was a fit there um between as I say what I went through as a child and my, as I came to see it the results of that in my current relationships and things. So um, for example it, its easy for me to see now, I don't quite know if this is related in quite a straightforward way but there is a relationship there, but I was badly abused as a child and er, not by my parents but by, you know, a friend of the family and er, the feelings around at that time, I remember for example I said to my, I told my Mum about it, I didn't, not straight away because I didn't quite know that I understood what was happening to me, I was only a little boy um, you know, it didn't disgust me or anything like that I just know that I didn't, I knew that I didn't like it, I
wanted it to stop so I said to my Mum, ‘this guy’s doing this to me’, and she said um, ‘don’t be silly’, and the feeling of powerlessness then, there is an echo of that I think in my, in my adult life, in a couple of areas really. One, the feeling of powerlessness, powerlessness to do anything about what I was feeling, certainly on my own, and secondly a general feeling that my intellectual life had unwound as it were and had dropped to pieces um, and I was not able it seemed to me to do anything about it, you know, I, I was brought up in a fairly rigorous, religious home, my parents were not bad, they were not bad people at all but there was that sort of ethos around things and as that began to change during University and beyond it was for me a sense of powerlessness that er, you know, things were changing that I had no, no idea where they were going, so I think the business of the feeling of powerlessness is, is an important one for me.

I: Do you um, how do you think that people find the experience of therapy?

P: I think for some people it can be literally life-saving um, I would say that its not quite that for me but it, it has been much more helpful than I could have dreamt it would be. As I say I felt fairly negative like that, about things like that, but in terms of relating things in my childhood to things that were happening as an adult it was absolutely first rate and um completely helpful really um...my wife’s seeing a therapist at the moment, she sort of, we had a really bad, bad time really years ago and things, our twenty-one-year-old son died just before Christmas and er, you know, she’s absolutely, well as we all are really, absolutely shattered by the experience and er, I, I know that she’s not finding therapy that, that helpful really and I’ve said to her when I pick her up, you know, “how are things going, do you feel you’re making any progress at all?”, and she, she just doesn’t really but, you know, I, I at that stage was beginning to feel that there were some results, good results coming from the time we were committing to it um, I suppose people will feel differently about it, I suppose, it just depends exactly what set of circumstances have brought them to therapy.

I: Yeah, do you, I mean I guess we’ve touched on this already but do you think that people benefit from psychotherapy then?

P: I think that people can and I’m living proof of that really um, and because psychotherapy’s been helpful to me of course it can be helpful for, for other people, not for everyone I don’t suppose, I think there will be people, perhaps people who um, are more in despair than I was, er, there are people, you know, people I understand, people in forms of, you know, really evil forms of depression can be in a situation where they’ve lost control with reality, I’ve had some experience of that but not during psychotherapy, you know. In fact I was thinking about it during the psychotherapy process, you know, how would I manage things if I went again to one of these sort of pieces of time where I seem to lose touch with reality really and my, my behaviour was based on delusion. For people like that I’m not sure that psychotherapy can be that helpful, I think that there are things, I think the question of feelings is a very important one um, but I think there has to, you know, it seems to me, I may be wrong, but it seems to me that there, there’s some sort of intellectual
framework within which the therapeutic relationship develops and so on and so forth. There is a question of, of understanding as well, as I say I know that feelings are important but so are thoughts and, and er other emotions it seems to me.

I: Um okay, I'll move onto the first area um, how do you think that the ending of therapy is experienced by clients who have been in the particular type of therapy that you were in?

P: I can only say that for me it was something of an anti climax really um, as I say I’d come from an initial position of being very, not hostile, I was never hostile but I very much had the opinion that I, that it was probably going to be a waste of time but, you know, I thought that I had to try it as I say at the time I was powerless to do anything else um. From that feeling of, you know, some difficulty, theoretically, I came to a position of being well of finding things quite, quite helpful, not necessarily week by week but over a certain span of time things were obviously being helpful for me. When it came down to the end um, this is no, this is no-one’s fault I’m certainly not pointing the finger at my therapist but it seemed that, that no steps were taken really, this is probably more my fault than anybody else’s, but no steps were being taken to sort of tie up loose ends. I don’t know whether that’s possible or not but I think that it might have been helpful to me to have done a little more of that. My therapist said several weeks before we, we knew about three months in advance that I was going to finish with therapy because I’d been in it longer than the normal span. I asked at the start what’s the normal span of time and he said sort of twelve to eighteen months and er I’d ended up with about, it was at least three years although it was probably a little bit more, so there was this sense of energy that we’d got to bring things to a conclusion and er, all I can say is that I did find it something of an anti climax really, a feeling that, that business hadn’t quite been finished somewhere. Having said that I was more than happy to finish therapy in most ways but as I say just that feeling that um there were one or two things outstanding really.

I: Do you have any ideas about how that could have been improved?

P: I’m not sure that I have really um, as I say I don’t have a very good understanding of the social sciences and I’m not quite sure I know how things could have been made better...perhaps, and as I say my therapist asked, “how would you like to use the next three months”, or whatever it was and after thinking about it for a week or two I said that I thought that it, that as we’d spent a lot of the time sort of dissecting bits of experience it would be nice to put things together in a, in a sort of over-arching framework if possible and I’m not giving, I’m not giving the blame to my therapist, its certainly not his fault, but there was just a feeling that that hadn’t been done really and um I was still left, some of my problems I realise now were intellectual ones, you know, I’d sort of been mesmerised by Nietzsche and people like that where I, I had to completely turn my back on the, on the viewpoints that had formed me if you like and so to cut a long story short I became very, very depressed about the impossibility of changing the sets of, bits of my life if you like. I came to disbelieve in the idea that there was any meaning, for some people that’s enlightening, for me it
became very scary, I mean given that I’d been brought up as a Christian with a fairly firm image of
God and so on and as I say eventually I went off to be a vicar in the Church of England and found
that I was sort of speaking week by week about things that I just didn’t believe in any more. So there
was for me this sense of fear about the big questions and fear about the fact that I hadn’t got a
coherent picture of the way things are in the world. That’s scary mostly because the, you know, the
framework that had been useful for me up until my late teens was actually now, you know,
completely thrown out of the window.

I: So do you perhaps feel then that kind of more of a focus on the intellectual side of things might
have been more beneficial for you?
P: Yeah it might, I, I’m not entirely sure about that um, I, I’ve always been aware, well mostly been
aware that er, that when it comes to thoughts and, you know, movement of the intellect I’ve been
reasonably good, what I haven’t been good at is that area of life which has to do with feelings. One
of the things that my therapist used to say from time to time was that he, he was trying to enable it,
give me a platform if you like from which I could begin to relate to how I was feeling about things
rather than what I was thinking about things. I’m not entirely sure that it would have been any better
for me if things were focused more on the intellectual side of things um, as I say I think when I, I
find that rather easier than um, you know, things to do with how I’m feeling and so on.

I: What do you think makes the ending of therapy a good experience?
P: There was for me a feeling of um slight tedium really, I’d been going along every Monday
morning for er as it turned out around about three years and, you know, there was a bit of me that
was a bit fed up to be truthful and I know I could have opted out at any time but I wanted to bring
things, you know, I didn’t want to do anything which would sort of undo the good work that had
been done. Perhaps that sounds a bit negative but um, you know, its true nonetheless that I, I was
fairly glad to be out of it, as it were.

I: What, I mean I guess it sounds like there was some kind of good points to your ending and some
not so good points.
P: Yes, I think that’s true, yes.

I: Um, I mean what, what do you think would make the ending of therapy a bad experience?
P: I, I’ve known, I don’t know whether its in this health authority or, or which it would be but er I
um, I know of a young woman who was in a very serious depression and after a little while they
offered her a course of therapy which was not open ended like mine and I know that for her the fact
that she had to finish fairly abruptly, you know, sort of crucified her really, it was a terrible situation.
So I, I don’t know whether this is the sort of thing you’re concerned with but I, I would have always
said that open-ended contracts are far better, it enables you to um, to take things at er, you know,
what pace is suitable really um, there wouldn’t be this feeling that gosh, you know, two weeks time
I’ve got to have finished this.
I: Would you say there are any advantages to kind of having a fixed time limit?

P: I think to some extent it depends how you are really, I, I, you know, if you’re seriously depressed
like I have been and as others like me have been um there’s not very much to be said I don’t think
for fixed contracts. If people are not psychotically ill, if there’s, if they’re not quite as ill as to be
losing a grip on reality then maybe the case could be made perhaps for a fixed term contract, you
know, ten sessions or whatever. I think it really does depend on the nature of the patient’s or the
client’s illness. The fear of course is that bad decisions can be made, you know, everybody’s fallible
and um, you know, I know of people as I say, the young woman I um, you know, wrong decisions
are made sadly and although one could wish that they weren’t but they are.

I: Do you think it, I mean I guess you have the example of the young woman that you know as well
but do you think that being in open ended therapy as opposed to a fixed time limit makes a
difference to how the ending is experienced?

P: I’m, I’m pretty sure it would change the whole dynamics of the process um, I don’t know, I have
no experience of that but um my guess is that the ending is vulnerable to er, to a bad way of doing
things as anything else and er... I’m sure that endings can be affected by a wrong choice in the early
stages.

I: Um, how do you think the ending of therapy is experienced by therapists?

P: I often find myself asking myself what my therapist was going through himself and how difficult
it must be to in some senses be focusing on other people’s problems, not just mine, but goodness
knows how many clients my therapist saw, and he became something of a superman figure for me. I
liked him initially, right from the outset I liked the bloke and er, it, the relationship I felt was a good
one um I just wondered, this perhaps says more about me than it does about my therapist, but I just
wondered whether he felt a sense of relief that I was no longer there, it seemed that 1, it seemed that
through the years that I’d given him such a hard time, this is what I feel and he never ever said
anything at all about these sorts of things but I just wondered whether he thought, well had some
sense of relief to have finished with that. The other thing I felt was perhaps missing and that is the
question of what’s happened to his clients afterwards, you know, I think its been, its a few months
since I finished with him and um in his letter with your note about this process he, you know, he just
sort of said well I hope things are going well. I think if I was doing that sort of work that I’d be
absolutely gutted if I didn’t find out what was happening to a person, I’m not sure that’s good, you
know, you psychologists will be better able to say that I’m sure but er it just seemed to me that
closure wasn’t quite closure really when things could actually be up in the air at the end of therapy.

I: So do you think a follow-up meeting would have been better?

P: Yes I think so, I think, although there’s nothing formal, there’s no formal procedure about this it
seems to me that, you know, I could, when things have settled down for me properly, I can write to
him and let him know maybe that there is a case to be made for having something a little more
formal. I think perhaps both client and therapist would gain from that, I think.
I: Bearing in mind that you‘ve ended therapy and there isn‘t any follow up arranged, what was it
like to be contacted by your therapist out of the blue?
P: To say that I was excited is probably to exaggerate a little um, given all that I‘ve said about my
understanding of therapy and my the place it has in my life it was, I, I felt in a sense valued that
er, you know, my experience, what we‘d gone through in psychotherapy might be of use for
somebody else and that feeling, that feeling of being able to do something to help is a very strong
one for me, its one of the issues that drew me to the ministry and the church in the first place, so yes
my overwhelming feelings were of a positive nature really, you know, nice to hear from him again
anyway, even nicer to be thought of in relation to a project like this, so it was good really, good.
I: Did it kind of make any difference to the way you look back on your therapy and the process of
therapy?
P: I‘m not sure that its made me think anything different um, I found myself for a few days trying to
think about things in a more structured way than I had been for a number of weeks, I don‘t think I
felt differently about anything though, not really.
I: After ending gets raised in therapy, what do you think gets talked about after that point?
P: With whom, I‘m sorry I‘m not...?
I: If, I mean I guess it depends in, in different therapies different people can raise the endings first
of all so I guess sometimes the client will raise that they want to end and sometimes the therapist
will raise it, but once its been raised in the therapy and its kind of a possibility, what, what do you
think then gets talked about between client and therapist?
P: I guess it just depends what the focus of therapy has been, you know, looking back over my own
experience of therapy several, several key issues, not very many just a handful but several key issues
have been the focus of, er, of, of the therapy. So for example when I first went the key focus for me
in the initial stages was the fact that I was obviously drinking too much and using alcohol to sort of
um, to deaden the feelings as it were er, later on its, much later on it was tended to be focused on my
relationships, particularly with my wife and with my son who died just before Christmas. I found
some of these key issues cropping up again towards the ending, the ending becoming nearer sort of
thing. I, I‘d raised the issue several times with my therapist saying, you know, ‘I‘d like to think
about finishing now‘, mainly I think because I, I actually found the process of psychotherapy
exhausting, I really did, and I put a lot into it because I wanted a lot out of it. So as I say I found
myself asking him on several occasions, ‘is it worthwhile thinking about ending things now‘, and on
each of the occasions until the last of course he, he said he thought there was still more work we
could usefully do.
I: So do you feel that your therapist was reluctant to end?
P: Yes I think I felt that he was really but I, I trusted the man totally and I, I trusted that he was much more experienced in these things than I and that he was probably right, and as things have turned out I think he was right really, that there were things still on the agenda sort of thing.

I: But you still wanted to end?

P: Yes I did, several times really um, I'm, I'm sure that some of it was, as I've just suggested, some of it was mostly the fact that I found it hard going really um, it was very difficult when it came to questions of feelings for my family and er, not just my little family but my relationship with my mum and dad and brothers and sisters and so on um. My, my mum had some sort of breakdown when I was about fourteen, fifteen and er, I was the perfect age if I can put it that way for looking after her, my dad couldn't take any time off work because we were actually a poor family, my sister couldn't have time off because she was doing her what were then 'O' Levels. I was the one available really and um, it was a most terrible time in my life, trying to look after my mum and being frightened with what was happening to her and er, I found it extraordinarily difficult really.

I: So you found these kind of things coming up more and more towards the end?

P: I, I did really, I, I, I'm not sure of the logic of this but er, um, the things that we'd dealt with it seems to me were raising their heads again, not in any, not in any really new way I don't think.

I: How would you account for that, these things kind of coming back again?

P: I think that I was guilty in the early days of being, you know, of er, making a conscious effort to repress things or suppress them um... that, that seemed to me to be a fairly clear dynamic of something in my life, there's no reason to suppose that there is also a sort more unconscious mechanism whereby things are repressed... I've lost my way a little.

I: I was asking, I mean you said that certain things came up again towards the end of therapy and I asked you how you would account for that?

P: Sure, er, I don't think I know what is the, is the honest answer, I do know that things that are repressed and suppressed do bubble up and they have done for me over a period of years, I don't know whether I could put my finger on the mechanism whereby this sort of thing happens.

I: I mean I guess because you were approaching the ending of your therapy, does that in any way connect for you that these things were kind of coming up again?

P: Well I, I, these things were coming up again and I found myself asking um, is this, is this maybe born of fear of, of not, not knowing how things were going to be without therapy, I tried my hardest not to become dependent on therapy but I did find myself er, reassured is not quite the right word but it's the only one I can think of at the moment. I found myself reassured really by the Monday morning slot of, you know, things were going to be chewed over as it were and er, there was a good deal of comfort in that for me. The thought that it was going to finish er, the sure knowledge that it was going to finish was er, was not entirely a positive one for me.
I: And did that perhaps lend some urgency to kind of, you know, dealing with things before the ending of therapy?

P: That, that was certainly the case for me, I'm not sure whether my therapist felt that himself but there was a feeling for me of gosh only three weeks left and, and what are the issues I need to get dealt with. I don't know how it is for other people in their therapy but I found things quite cyclical really, the question, as I said a little while ago in the early days my therapy was focusing on drink and how I was abusing alcohol and that came up again later on, not particularly because I was still having a massive problem although it is true if I'm honest to say that er, the alcohol has been a problem periodically throughout the course of my therapy and even today to be brutally frank. Yes there was a feeling for me of goodness gracious we're not far away now and er, am I really sure that things have been dealt with and conclusively. The other thing to be said about that I think is that um, I was, I never expected at any stage even when I found psychotherapy quite good, I was never in any illusion that I was going to be perfect by the time I'd finished. There was never for me a sense of therapy's going to solve all my problems um, nor even the medication that I take, there's never been a case for me to say that its all sorted, I'm done and dusted, back in the wild world but as perfectly as ever sort of thing, I, I never believed that and er, the feeling for me of still being wounded, and it does feel like that still, that's not an altogether bad thing for me. I mean I think back to, to the sort of things I used to do as a parish priest and er, I would say that amongst the most important things that I had to do were er, funerals, particularly those where I never knew the person er, and there's a sense I found then that um, my own wounding, at losing my father at a terrible time in my life er there was some sense that that could feed in, in some way, I was more in touch if you like with people's emotions and feelings and thoughts and so on. So its not an entirely negative thing for me to say of myself now that I'm still wounded, you know, there is a sense in which its more human it seems to me to recognize the presence of pain and uncertainty and so on.

I: What kind of feelings came up towards the end of therapy, what kind of feelings do you think come up?

P: I suppose I was um addressing questions about my feelings um, towards the end I was picking up, as I said before, picking up things that had occurred before in the therapy, I can only say that the big questions for me were the questions of um, of my relationships, the important relationships like my relationship with my wife and my children. I mean, both me and my wife had awful childhoods, absolutely dreadful, but her worse than me um, and we've always, and this sounds crazy, but I knew when I saw her that I was going to marry her and er obviously subsequently found out that she was as wounded as I am um, abuse and things like that, and our relationship has always been incredibly strong, you know, we need each other in a way that's, well its very, very powerful. To be or to find out that there were some difficulties in that relationship, it became obvious to me during a part of therapy that there were things er in our relationship that would benefit from being addressed and that
really shocked me, really, really shocked me. I’d never thought of it before, and that, and that did
come up, come up really again during the ending of therapy.

I: In what respect did it come up in the ending of therapy?
P: I’m sorry, how do you mean?

I: Was there a kind of different focus on it because you were approaching the ending of
therapy?
P: Well I don’t think so, not really, I think for me um, it was a, there was a sense of going over
familiar ground but er perhaps doing it more pointedly because things were coming to an end.

I: Do you think that clients begin to think differently when they’re approaching the ending of their
therapy?
P: I think for me there was certainly a greater sense of urgency as I said, you know, issues cropped
up that had been dealt with in some detail earlier on in the therapeutic relationship um so, you know,
I was conscious that these were the issues that er, had been raised before. I found myself thinking,
‘gosh, he must be thinking that I want this to carry on add infinitum’, sort of thing, um...I suppose I
felt a bit embarrassed really in a sense that these things were cropping up again after we’d sort of
dealt with them as I say in some detail earlier on. I even found myself thinking that my therapist
must think I’m stupid or something, not very bright that I can’t remember, you know, I can’t
remember things we did earlier on in sufficient detail so that I have to raise them again now. I’m
sure he never thought anything of the sort but, you know, there was for me a feeling of not wanting
to let him down sort of thing. Again this is the thing that had hampered a part of my therapy um,
time without number really, a feeling of other people being hurt...yeah, there was a feeling for me of
slight embarrassment really, a feeling almost of wanting my therapist to be okay at the ending of
therapy, I knew that he would be sort of logically speaking, but how awful it would be I worried that
er, if things didn’t work out as he would want them to really.

I: Were you able to raise those feelings?
P: Oh yes, yes, yes, no difficulty with that, I had no, certainly as the relationship, as things went on
I could say anything I liked to him.

I: And did that, the idea of, you know, of being embarrassed and wanting things to be right for your
therapist, did that get addressed at the end of therapy?
P: Yes I think we did, I wouldn’t be quite sure now of what the outcome of that was but, you know,
there were things in our relationship which mirrored other parts of my relationships so there was a
very specific question for me in er, not wanting him to be hurt, almost, quite pointedly, but that’s
been an issue for, forever really it seems to me in my own life where I’ve, in my work in particular
er, but in general also of wanting the other person to be okay, not wanting the other person to be
hurt. There might be something selfish in that in, in that I’m perhaps not very good at dealing with
people when things are not alright um, so there was nothing new in my own life in the sense of this
being new, my feelings for my therapist, my feelings worked more widely than that but they were
similar too, so we were able to address that and, you know, to bring that to some sort of resolution.

I: What do you think clients experience at the actual time of ending their therapy?

P: I don't know how it is for other people but I felt a sense of a real embarrassment, this is
pathetic I know but again its true nonetheless, I was really embarrassed because I didn’t know what
to say to him. The very last bit of the session I found myself thinking how can I thank him properly
for all I know he’s done, um, will he be embarrassed if I shake his hand or give him a hug, or
whatever it was and that, that was quite, quite an important feeling for me at the end.

I: What, what did you do, how did you deal with it?

P: Um, I said thank you to him very, very briefly, you know, I had a speech rehearsed but I never
used it and shook him by hand so I think that in a sense there was little for me to be embarrassed
about really.

I: And do you have any ideas about how he felt at the time of ending?

P: Not really, no, he sort of smiled as he did from time to time and um, you know, perhaps that was
the, the okay thing to do. I, I have no feeling that I did something inappropriate anyway, I was
worried about that at the, you know, the, the early stages of the last two or three sessions really, as I
say its pathetic but I was sort of worrying about that, you know, the sense of embarrassment, not
knowing quite what to say or do, wanting in some way to acknowledge my deep thanks for all he’d
done, you know, his expertise and so on but not wanting to embarrass him really. It was almost as if
the last two or three sessions were, were er, not particularly valuable to me in terms of dealing with
the specific issues, you know, as I’ve said the issues that er, cropped up again in the latter stages
were things that we’d dealt with in some detail before um...it just felt to me that, you know, they
were fifty minute periods of er, of um questioned, questionable value really, mainly because I was
concerned about drawing things to an end properly for, for my therapist really more than for me I
think.

I: Do you think that those concerns on your part in some way kind of reflect the nature of the
therapeutic relationship because I guess in, in other parts of our lives we don’t very often, you know,
relationships don’t very often end like that?

P: Yes, its very difficult really I think um, I think it must be quite an art really for a therapist to, to
manage the ending of the relationship properly um, I, I’m not sure what the best way is really to be
truthful um. I think the relationship of client to therapist is actually a very, very difficult one really
er, you know, I used to ask myself sometimes what will you do if you bumped into him in a pub, you
know, would I be able to speak to him um, or would he, you know, sort of just ignore me sort of
thing, what’s the appropriate thing to do in circumstances like that. I’m not sure how I could
describe the, an ideal clients, therapist relationship.

I: Do you, do you think that the ending of therapy relates to other endings or separations?
P: I've been aware of terminal endings if I can put it that way on three or four occasions in my
life, um, my grandma dying when I was a very little boy I remember quite well and um I remember
the impact that had on my dad. It was his mother who had died and um I remember the pain and the
distress, not just for me but I, I, you know, I couldn't cope with seeing my dad upset like this, I'd
never seen him like this before and I, I, I had other experiences of, of death as a terminal ending of a
relationship on, on as I say three or four occasions, most recently the death of my son, which
occurred oh four or five months before um, before therapy ended er. The one negative thing I could
say about psychotherapy which is related to endings is er, the fact that we didn't actually, not in
terms that I can relate to, we didn't deal in any real way with the death of my son um, in a sense we
dealt with certain issues around my son and the possibility that he may die. He was born, well
they're not quite sure whether he was born with it or whether it developed a little later on, an
immunity deficiency which meant that he couldn't fight infections like you or I could so he, he had
been ill all his life really um, and we'd lost him once, we'd nearly lost him on two or three occasions
so it was always a possibility, you know, do you know what I mean sort of lumbering around as it
were in our lives for er, um ever since he was a little boy of two or three. The strange thing is that it
wasn't until quite a long way into the therapy that I mentioned the fact that my son was like this, I
don't know why I hadn't raised it before but I didn't, I mean it was only in the last year of our
therapy that I raised this as a, you know, fairly profound set of circumstances and er, yes I'm not
quite sure, you know, I'm not quite sure what I expected but, but I do remember having a feeling
that in some patch of me had er, you know, brushed the dust under the carpet sort of thing, things
being too painful to deal with on some level. I, I was conscious of the, you know, what, what, I
asked myself questions like, you know, what has this experience of ending psychotherapy to do with
my feelings or my ending of my relationship with my beautiful boy. I, I, all I can say I think is that I
was aware for a time at least that there was maybe some, some parallel between, you know, in terms
of feelings of pain and so on, with er, with finishing therapy and with losing my boy.

I: Do you think that um, do you think that therapists would view other endings as relevant to the
ending of therapy?
P: ...I think their experience, it must build up, I think that's what I'm trying to say um, I think the
fact that my therapist probably had I don't know how ever many years of being a therapist but er, he,
his obviously got a wealth of experience, I think that that must have been of some use to him, I'm
not saying he should have mould things to fit a particular dynamic of ending, I'm not saying that for
a moment but I think the fact that he had experience, loads of experience, must have some part to
play in his um not management but in his sort of organisation of things for the end of a therapeutic
relationship. I'm sure that it, you know, there are other things in his life er, you know, endings that
he was aware of in terms of his own experience and so on, um its unthinkable that they wouldn't
play some part, play some part in his management of endings in psychotherapy, you know, he
should be using these things as metaphor. I’d be surprised if there wasn’t something in each therapist’s life, you know, in their own experience of endings and so on, painful or otherwise, it’s much more likely I think than otherwise for them to have that sort of experience and put it to use at some stage.

I: Do you think then that perhaps therapists when it comes to ending therapy with clients, do you think perhaps they um, you know, their kind of endings re-emerge or become more relevant?

P: I think that for some that, that could be true, you know I’m sure that that’s the case um... it was quite a while you see before I recognised that er, that my therapist was a living, breathing human being and er, he had a lot of baggage that he’d brought with him, you know. I had sort of assumed early on that I was in that position but it became obvious to me that um after a, as I say a fairly long while really that he had his own set of experiences and so on, some of the things that we spoke about are quite likely to have hurt him, I’m sure that that’s the case er, and I, and I think its unlikely really that um, that a therapist who’s doing the job properly um, its unlikely that they wouldn’t have things reoccurring to them in terms of their own feelings and so on.

I: When you said that um particularly the death of your son, you know, the feelings attached to that, the pain, started to come up again when you were approaching the ending of therapy, how would you explain that?

P: I think the first thing to be said is that it was very recent um and as I was saying it was only, my son died in November and therapy came to an end in March, so it was only a matter of three or four months really um. It wasn’t difficult then to see that this would probably happen, it seems to me, when, you know, there was another ending in view, it would have been unlikely I think that I wouldn’t see that through the filter of my son dying, I think its, it doesn’t seem to me to be of any great difficulty to see that I think.

I: Were there any other endings that came up for you at that time?

P: I can’t remember now, maybe there were, I’m not saying there weren’t but I can’t remember to be truthful. I think I was so, so consumed really in my, my feelings of loss and, you know, the feeling of what on earth am I going to do without him, you know he’s, he’s been so important in my life for twenty years or whatever. It was feelings of dread and er, you know, the awfulness of things that were all consuming really, I mean I could say that, that losing my father was also a very, very difficult thing to, to deal with, and maybe I did think about that at the time but I can’t remember in truthfulness.

I: So, I mean these things were coming up for you, these very painful things, particularly as you were aware that you were approaching the ending of therapy um, were they, were they addressed in the final stages of therapy?

P: I, I had feelings um I don’t know how powerful they were but I did have feelings of, not quite dread but not far from it, that therapy was ending and as I say we hadn’t really done anything about
dealing with the issues of how I felt about my son dying. We had dealt with them in some way earlier on because as I say um, on at least one occasion during therapy the, the hospital fetched us in to say your son’s not going to make it and they were wrong as it happened. So you know we, we’d dealt with some of this feeling about what er, what its like to feel that you’re going to lose your son, but I also have to say that the feelings of thinking that you’re going to lose your son are massively out magnified by the reality of losing someone as close to you as a son er, and it felt as though even though we’d done some work on, you know, to think what its like to, think about closure in this sense um, it, it really didn’t have very much to do with the way I felt when we did lose him. 

I: So perhaps it was the feelings that came up after he died that didn’t really get addressed in therapy? 

P: I think that’s right, as I say I don’t, I blame no-one for it at all um, we’d addressed similar questions about the possibility of my son dying on at least one occasion and in some depth but all I can say is repeat what I’ve already said that, you know, the reality of losing is, is completely different really, completely and totally different from er, the prospect of losing somebody like my son and yes from that point of view I did feel sort of um, not let down but um, there was, there was if I am honest there were feelings of being slightly let down, you know, there were some issues around how I felt about losing my son and so on that we just didn’t address really. I know my therapist would’ve jumped at the chance if, if I’d said to him something about this but, you know, I was aware of feeling that, you know, we’d both agreed that this was going to be the ending of the therapy but I didn’t want to do anything really to sort of drag it out any further so, you know, I’m certainly not blaming him, not, not in any way, you know, as it was my choice um, but um, you know, just to, for the sake of completion there were feelings of er, you know, not addressing stuff really, not everything being stuck down as it were. 

I: Um, I guess we’ve already touched a little bit on this area about when clients should know when their therapy will end um, did you say that your ending, you raised ending first of all? 

P: I did yes. 

I: Right. 

P: I did that on a few occasions really. I, I’d got this thing in my mind quite firmly that, you know, ordinarily therapy lasts somewhere between twelve and eighteen months and when it struck me that it was dragging out to two years and I was thinking oh gosh um, all this money I’m using of the Health Service and, you know, is it er, is it being well spent on me, you know I had, they were fairly strong feelings really that I, I didn’t want to be using the service wrongly as it were, you know, there may well be people more needy than I on waiting lists and so on, so that was a big question for me that, you know. I was tom two ways really by the feeling that something was happening I thought in my therapy and the fact that it was going on a bit longer really and not wanting to abuse the system as it were. So I’d done that on several occasions, two or three at least and my therapist had said on
those occasions he thought that there was probably something, there was a little more we could do really and on the final time I raised it we both said looking to Easter and that was about three or four months before, before the time as it were so um, and he was okay about that but at this time we thought we'd kind of reached probably the end of what could be useful.

I: So, I mean it sounds like in the final stages it was more of a mutual?

P: Yes it was, very much so, yes, yes.

I: And if, I mean I know its difficult to imagine but if your therapist had been the first person to raise ending, how do you think that would have felt?

P: My first feeling I know would have been, ‘what have I done wrong’, um, you know, I would’ve thought, probably quite unfounded that I must have done something wrong to, to make him feel that we’ve got to end things, you know, I’d have been asking myself, ‘did I say anything that could have upset him’, and anything like that. As I’ve said before I, I had feelings like that anyway so I, I don’t think I’ve got any difficulty in saying that if he raised it first I would’ve said, I would’ve thought, ‘I’ve hurt him some way’, probably very naïve but er, but I would have felt that way I’m sure.

I: Were there, I mean when you raised the issue of ending were there any other considerations apart from the ones we’ve already talked about?

P: ...Around that time um, well even before my son went into hospital with the final illness he had um, I’d been thinking for some time of getting back to work. What had happened was that, I, I told you I was a parish priest and er my Bishop said to me when I had this sort of real crisis, what some people would call a breakdown, he said if he were me he’d see if the pension board would pension me off, and I did, and they said, “yes”, and so I left work on the basis of being ill. But it was never ever for me a permanent state of affairs um, I, I thought it very unlikely that I’d ever go back into the church again, but even that wouldn’t be out of the question but I, I felt that this retirement business was definitely a, a sort of temporary state of affairs really um. During the last about twelve months I’d say, we were talking my therapist and I in some detail about what’s involved in getting back to work, being well enough to get back to work, so that was something that really did carry on er, almost to the end really, I mean we touched on these issues about what would be required for me to be well enough to say I can go back to work um. That was a sort of change, its not an ending in any way, in fact it’s a new beginning and so on but um, the change is quite as powerful I think, the notion of change by going back to work is almost as powerful as the change in stopping therapy or the change in losing somebody you love.

I: You’ve mentioned a new beginning, was that part of the ending?

P: It was for me um, and I think it was for him too, and I don’t think either of us spoke about it specifically but as I say we had spoken about work quite a bit really and er, in fact its true to say, I’m sure its, I’m sure I remember this genuinely, it was one of the reasons that he gave for being willing to consider bringing things in therapy to an end, the fact that he thought now I could probably get.
back to work without any real fear of major setback. So I know that that was around for both of us really, um. Some few months after leaving therapy I’m still not in work although I’ve applied for several jobs.

I: I mean, would, you know, would your experience of ending therapy have been different do you think if you had been working to a, you know if from the outset you were told that, you know, you’ve got a twelve month contract here. Do you think that would have made ending a different experience?

P: I think there’s a chance that it could’ve made things very much more pointed, I think that er, I am aware of some repetition in the three years or so that we were involved in the therapy um, it wasn’t quite covering the same ground but er, you know, enough of the same ground to make me realise that, you know, we’d been here before sort of thing. I think with a twelve-month contract maybe there’d have been less of that and I suppose it would have some effect on, on the way of bringing things to an end.

I: What do you, what do you think clients experience after therapy has ended?

P: Well I say for me the first range of experiences and thoughts and feelings were er, fairly negative really...you know I found myself wondering are there issues that we didn’t address adequately um, and to be truthful there was for me a feeling of gosh what am I gonna do now um, even though I’d made it clear to myself right at the very start that I was never, never going to become dependent on my therapist or therapy. I think its very difficult to, to er, to say that you will definitely not have that range of feelings for someone, just to say for me it was definitely I think a quandary of what on earth shall I do now, you know, if something crops up who am I going to talk to about it, you know, it had become obvious that I couldn’t talk to my wife about it, about these things because she saw things quite differently um, but on the other hand there is, there’s some value too in being on your own two feet sort of thing, it strikes me.

I: Do you think the therapeutic experience has carried on in any way, do you think it carries on for other people or has it carried on for you in any way?

P: I’ve found myself at times thinking um, you know, I’ve been in a particular situation or a set of circumstances and have found myself wondering, you know, how, how would my therapist address this with me um...the, the very big thing for me, I’m not sure whether you’d regard this as being the therapeutic relationship continuing, but I, I was made aware through my, this is probably the most important thing that came through therapy for me, was the fact that er, things in my childhood could have a massive impact in my life, you know, at various stages and has had a massive impact on my life at various points and um...I think its almost unconscious, um, you know, just below the level of consciousness that, that sort of taking an attitude which says what would therapy have done with this set of circumstances and so on um... .
I: Do you ever find yourself re-experiencing parts of therapy, for example, hearing the therapist’s voice or remembering particular statements that he made or?

P: I’ve never heard voices or anything, you know, that had made me think about his voice or anything like that. I did remember certain things that he said, as I said he was very clear to me that I shouldn’t be overly worried about hurting his feelings um, that, that was fairly, that was fairly concrete for me in terms of our relationship. He also used to say things about the fact that I dealt with um, with er ideas better than I dealt with feelings, I er, I didn’t know quite what he meant at first but, you know, that really has stuck in my mind and er, he’s right as well, he’s dead right, I am much happier really in the realm of ideas than, than of feelings really, with feelings I sort of get tied up in knots really, ideas are more manageable for me. So yes there are certain things he said that I do find myself sometimes remembering.

I: I guess this next question is relevant to what you’ve just been saying, do you think that do you think that clients continue to benefit from therapy after its ended?

P: Yes I think so, I think that er, its certainly true for me um, there, there are times that I need to be reminded that er, my feelings are as important as my thoughts about things. Another thing that used to crop up a few times was the fact that I used to try to take away the possibility of any pain for other people, even if it meant assuming that pain for myself and er, he used to say things about that sort of thing too and, you know, I’ve been aware in situations where other people are in pain, er, its more, more poignant I think er when that pain has been caused by me. It is important it seems to me to er, well for me anyway to remember what my therapist said about these various things, the sort of things that he’s helped me to think through.

I: Do you think then that therapists benefit from a particular therapy with a particular client after its ended?

P: …I’m sure there are benefits as well as costs really um, you um, it strikes me that you don’t go into the psychotherapy business with the idea of making an easy life for yourself, it seems to me an extraordinarily difficult occupation. But on the other hand I think it must be quite er, what can I say…there are dividends, I think that’s what I’m trying to say, from working as a carer particularly, whereas we’re thinking here about psychotherapists um, there will also be pains for them it seems to me, I’m pretty sure that’s the case, after psychotherapy’s ended.

I: Um, this is the final section that we’re going on to now. How are endings prepared for in therapy?

P: Um, it struck me that things were much more open in the last few sessions than in the sessions that had gone before um, you know, he specifically asked, although I was always free to sort of raise particular issues in any of the sessions um, it, it seems to me that that was almost stipulated really for the endings, the ending of therapy. He actually asked me what, look what we’ve done and what would you like to do for the last few weeks and I said, I said I, given that we’d sort of taken my life...
to pieces over the three years before it would be nice to try and put things back together again, sort
of try and do an overview of things, you know, a world view if you like. One of the things I said to
him at our very first meeting before therapy started was that I was er, I didn’t have a world view
really and that was a serious consequence to me and he said that therapy could do something about
that, he felt. I feel however that, that very little was done in that way and perhaps nothing could be
done about that with psychotherapy, I don’t know. So yes things were very much more in my court I
thought for the last few sessions. I also felt too that um, we dealt with things a little more
superficially in the last weeks. There was for me a feeling anyway of thinking well if I raise this
issue then that, that we’re not going to be able to deal with that in the three weeks that’s left or
whatever. So, you know, there was sense of feeling well er, I’m not sure what the way is around it
um, how do you avoid this feeling that er, your experience is rather superficial at the ending.
I: I mean did you, did you notice your therapist doing anything differently or you felt was kind of a
preparation for the ending of therapy?
P: I don’t think so, no, I wasn’t aware of anything. I was aware of what I was feeling about things
but er, I didn’t notice anything that he was doing differently I don’t think, I think those things were
much more to do with me than him really.
I: Um, do you think that clients feel prepared for the ending of therapy or do you think they could
ever feel prepared?
P: I, I think it just must be so difficult really for a therapist to know how to, to do things adequately,
I just don’t know what could be done to make it any better. I can say from my experience that, you
know, I, I found the process of ending very difficult really and even now some few months from,
from it I find that I, um, almost regretting the fact that, you know, we didn’t deal with these certain
things before the end came, I think that’s obvious really and er, um you can’t get away from that it
seems to me and I don’t know what could be done to make it any more easy for client or therapist.
I: So in a sense then maybe endings can never fully be prepared for?
P: I don’t think they can really, no. As I say I just don’t know what could be done um, you can
think of other relationships for which you could prepare for an ending and do so positively, thinking
about leaving school for example, you know, there, there’s a sort of real focus there, you, you do
your exams and then you leave sort of thing, but I’m sure some people find that difficult. But um
looking at my own experience I’ve had lots of endings of that sort, you know, University and so on,
which have been good feelings really, I think that the client/therapist relationship is such a, it’s a real
one off it seems to me, very difficult, and I don’t know how they can really, very difficult it seems to
me to work things out adequately for ending.
I: Um, that’s covered everything now.
P: Okay.
Thank you very much for participating. Is there anything that you want to say about the process, I mean how did you find the process?

P: This, this process?

I: Yes.

P: Yeah, it was quite okay, yes, quite okay, you know, it made me think about things a bit more again but yeah no worse for that I don’t think.

I: Thank you very much.

P: You’re welcome, that’s fine.
Interview 4: Therapist
Interview Date
8/10/99
Interview 4

1 I: First of all, why do you think that people enter therapy?
2 P: Oh I think for a variety of reasons, I think people who come for therapy here have a
3 referral history, they come with expectations and maybe reasons have been shaped by the
4 various people that they’ve seen on the way er when they were coming here. I think for
5 many people symptom relief is at the forefront of their minds um, certainly in individual
6 therapy. There are other factors in couple, family therapy, sometimes people come to have
7 another person fixed, but in individual therapy it’s symptom relief, there is probably some
8 interpersonal reasons, some fears of something might happen or might not happen unless
9 I get myself sorted, in inverted commas, and then depending on the understanding that
10 people have gained in the process of coming here there may be various other things.
11 There may be something about um there are things which I need to think about or
12 remember more clearly which I haven’t been able to bring myself to do on my own, it
13 may be that there are issues from the past which I need to think about um, it may be that I
14 need to understand myself better, er kind of additional reasons. For some people it is not
15 something that could be formulated or well thought out, it is an anxiety to be
16 overwhelmed either by something internal or something external, or it is a more desperate
17 state which is to do with, “I don’t know what’s happening to me, I need to make sense of
18 what’s happening to me”, um so that’s kind of on the level of their experience. I guess
19 from a, stepping back from my own perspective I’d say people come either because of
20 their internal pain or because of internal conflicts, because they feel that their life is
21 disrupted by either of those.
22 I: Why do you think that people particularly come for psychoanalytic, psychodynamic
23 therapies?
24 P: Again I think it depends on the context, if I think about in the private sector um there
25 may well be an informed decision based on exploring different alternatives, thinking
26 about different models. I think people who are coming here in the best case have had a
27 preliminary discussion with their referrer and it will be a fairly broad-brush um decision,
28 whether they’re looking for um behaviour therapy or dynamic therapy or systemic
29 therapy, um... in discussion here in assessment, I often tend to put it in terms of whether
30 people wish to gain a better understanding of themselves and then as a result of that be
31 able to make changes in the way they act and in the way they feel, or whether they would
32 prefer to work on the way they act and then changes in the way they feel and the way they
33 understand themselves might come as a result of that. So I think there’s probably a much
34 vaguer expectation for most clients here that they want to talk, they want a talking therapy
rather than drug therapy but what form that takes is often shaped in the referral process, and if it isn’t then it will be shaped by the assessment, and although people get specifically referred to behaviour or dynamic therapy here, we do discuss each referral between the behavioural and the psychodynamic service and try and make an initial decision about who should assess the patient, but then of course which form of treatment someone was offered may depend on the discussion in the assessment.

I: Why did you yourself go for therapy, what were your reasons?

P: Yes there were reasons and occasions, I think the occasion I went for therapy, first in group and then in individual and group concurrently, was training, but um that only begs the question of why I was in training or why I wanted to become a psychotherapist, and so I think that reasons for entering therapy were much more to do with wanting to deal with my own conflicts and my own internal pain, and doing that on the occasion of becoming a psychotherapist. No doubt my choice of becoming a psychotherapist was partly influenced by the wish to look after an aspect of myself and other people, and so in the end whether it is for personal reasons or training reasons really it becomes hard to distinguish.

I: Was it psychoanalytic therapies that you yourself received as well?

P: Urn my first group was run by someone with a Reichian training, I don’t know whether that qualifies these days as psychoanalytic, and um a strong investment in theories about body armour and I think in individual therapy was using therapeutic massage, but the um group he was running, as far as I can recall now, was based on humanistic group analytic lines, and then the subsequent therapy was in the, both group and individual, was in the context of a specialist psychodynamic training and so needed to be congruent with the um, with the therapy mode that I was training in, with the theoretic school that I was training in, and if I’ve thought subsequently about going into therapy again, I think I’d more likely choose a body oriented form of therapy, I’ve had some experience with that but not in any consistent fashion.

I: What would be your reasons for choosing that kind of therapy now?

P: Well simply by completeness, I do use my head a lot and so to have complementary therapeutic experience in bio-energetics or something like that I think would be more helpful than more of the same.

I: How do you think that people find the experience of therapy?

P: There are as many answers to that as there are clients I think, I mean people experience it I think almost entirely on the basis of their previous histories, whether it’s a challenging or a nurturing experience, whether it’s a mainly intellectual or emotional, or whether it’s something, something else um. I can’t, I can’t think of a common answer to
I: How have you found the experience of therapy?

P: Varying, quite varying depending on the therapy and on the stage that I was in um, at times quite disorienting as I've noticed going to a group of a Friday evening and really recovering from it by Monday morning, and by recovering I mean kind of getting back into a state of mental equilibrium, it wasn't necessarily about distress but I think mainly about preoccupation, about just being focused on something else than what I was normally focused on. At times I've experienced it as supportive, at other times I've experienced it as unsupportive um, various feelings vis-à-vis my individual therapist, sometimes I wonder how he slipped through the net you know, how can they let a charlatan like that practice, sometimes I've thought that he was actually, he was very good and understanding, so it really fluctuated with what my state of mind was. In retrospect I think it was a, a necessary if too short experience for me, my experience of therapy, like my experience of other things has been of something which was limited, probably not quite enough but the best there was, at the time anyhow.

I: And another broad question, do you think that people benefit from psychotherapy?

P: A third of them do, a third of them don't and for the other third it doesn't actually matter a lot who does what, yes I think by-in-large people benefit but it's really only a question of generality, you know, these things that you read in the handbook that the average client is, I don't know, about point five of a standard deviation better off than the average non-client, which is useful for arguing with managers but really needs to be translated into what it means for an individual. I think therapy can be harmful and I think that there are people who are harmed by their therapies, and um there are people who aren't helped by therapies and um, but by-in-large for the majority of patients or clients I think they're helped by their therapies in varying degrees and I think it depends also where someone is on the ladder of mental health or something like that. I think in therapy like in other areas of life the rich are given more so if you are already quite well put together then therapy helps a lot, if not then it's much more tenuous and in the end I think people need a lot of things and at various times that psychotherapy is one of them.

I: Have you benefited from psychotherapy?

P: Yes, undoubtedly.

I: In any kind of specific ways?

P: I think it socialised me a bit, certainly group therapy, it's sort of um, um yes as group therapy's about educating people to become a member of the human race and I can relate to that, I think it helped me work out some of my relationship to group and to people in general, um, it helped me clarify things for myself. I see it partly in terms of preparing
me to make better use of other experiences I'd had subsequent to therapy, which I think otherwise would not have had such an impact on me or would not have been important in the same way, um, understood a few things better and I learned to love my defences.

And are they kind of the ways that you think other people might benefit from psychotherapy as well?

Ah that’s again one of those questions, some will benefit in the way that I have, others will not. I don’t know, I think that therapeutic outcomes are really something quite individual, I think if there’s, if there’s kind of like a common denominator what I would hope at least for my patients to benefit from in therapy is that they are in a better position to make use of the various therapeutic opportunities that life offers in the form of relationships, experiences, whatever, and for some those present themselves readily and they make use of them and for some they won’t, or something else goes wrong and they don’t have a chance to use their gains, and for others even if the opportunities come along they still won’t make use of them. So yes, at that level of generality I think there is something in common between what I think my own experiences were and what I expect the experiences of my clients to be like, but no sooner than you go into more detail it becomes very individual.

How do you think ending is experienced by clients who have been in psychodynamic therapy?

In such a variety of different ways... I do believe that the experience of ending for most people is related to the experience of separation and loss, and since it is related to elements of a new beginning, of a transition, but also of having to give something up which was important. So it has I think necessarily ambivalent feelings, some positive feelings and some feelings of grief or pain or anger which go with a separation. Now what mixture that is for an individual I think is, is highly individual but in terms of um, if I listen out for experiences which clients talk about when they are ending their therapy I would certainly take note if any of these were absent altogether, so if there’s no positive connotation to ending, no sense of there’s something new starting. Or if alternatively there were no negative feelings about or certainly if there were no angry feelings about it I'd take note and puzzle why that might be, and for some people that might not be as important as for others but by-in-large I would expect the whole range to be present. It would partly depend I think whether the ending is understood as an absolute ending or as a relative ending, whether we work on the understanding that this is the last time we will see each other or whether there is something on guard like a follow-up or a follow-on or another contact, an intermittent later contact, and I think that will influence the
143 level or the intensity of feelings around endings but probably won’t do anything to the
144 variety of feelings that come up, which I guess for me is also why I think that it’s
145 important to spend considerable time on endings so that there is an opportunity for a
146 variety of feelings to come up.

147 I: You talked about absolute versus more relative endings and you mentioned kind of
148 the intensity of feelings, what would the differences be do you think or what do the
149 differences tend to be when people are aware that the ending will be absolute versus kind
150 of more drawn out?

151 P: Well on one level I think the ah, the symbolic equivalent of an absolute ending is
152 death and the um symbolic equivalent of a, of another form of ending is separation and I
153 think that makes for a, for a difference in the quality of the experience. Um, I think it also
154 leads to different forms of, of avoidance mechanisms, if something is painful or
155 conflictual I’ll do my best to protect myself against it and avoid it, and in the ending
156 which isn’t absolute I can tell myself that this isn’t really the ending that um, there is an
157 ongoing relationship and I can deal with the ending by keeping part of my investment
158 externalised. In absolute ending what I’m left with is what I’ve internalised, nothing else,
159 um... but it also has advantages and that, that also has distinct advantages.

160 I: Do you think, you mentioned avoidance, do you think that um that occurs for
161 therapists as well?

162 P: Avoiding feelings that arise from endings or avoiding endings?

163 I: Both.

164 P: Both, yes, yes um yes, I think er, it’s one of the reasons why it’s important to think
165 intermittently about long-term therapies, to think about what investment I have as a
166 therapist to keep a patient in the state where they need further therapy, there’s a variety of
167 reasons that goes into that, it may be positive investment in the, in the client. Something
168 Searles talks somewhere about making patients ill again so we can make them well again
169 all over, renewed, and go through a particular cycle which is, um, gratifying for therapists,
170 and maybe enjoying therapy and I think when I start looking forward to a session I
171 usually take that as a sign that we need to think about ending because uh, although I hope
172 that therapy will help people to make better relationships or more rewarding relationships
173 I think these need to be made outside therapy, not in therapy. It’s one of the therapeutic
174 frustrations that at the point where patients really become quite nice people to be with
175 there is a, a point of discharging them, um so I can see of avoidance in that way. I think
176 what’s probably more common is avoiding the ending in order to avoid the feeling of
177 limitation of therapy, and this is about I don’t know whether someone’s actually better off
178 or they’re not as much better off as I have hoped or they had hoped, or one can’t quite see
what isn’t satisfactory but what might be round the corner. What comes to mind is a patient who I am just discharging now who’s a chronic pain patient, fibromyalgia his diagnosis is, we’ve dealt with the things that we expected to deal with, separations, losses, we’d started really thinking that we would not um, that being in therapy would not make any difference to his fibromyalgia but it might make a difference to his experience of pain, and I think he has incorporated me into a kind of long-term maintenance schedule which had to do with his visits to Derby and having a slot for me and his physiotherapy and so on, and I think had we gone on longer our therapy would have been a collusion in avoiding the fact that physically he is not getting better. On the contrary that although he resolved issues in his life and I think has benefited in that sense from therapy, his central pain which is his incapacity, inability to work and that means for him an inability to express his identity as he wants to do, is basically unchanged and um it was important to tackle that issue so that he also has the chance to be disappointed with therapy. Otherwise he might have deferred that thought until the future and reality is that his future is not as he would like his future to be and that’s painful for him and it’s painful for me as well, and that gets worked through in the weeks between now and the end that we’ve agreed on. So I think avoidance, yes, happens on all levels but the one that personally feels most salient for me is avoiding the recognition of the limitations of therapy, or a failure of therapy if that is what, what has happened. After ending is raised, what gets talked about?

Well, in one sense nothing else, nothing different gets talked about and in one sense nothing else gets talked about other than termination. Something which a previous supervisor said to me a long time ago but it stuck in my mind because it’s very useful, it’s a very useful mental manoeuvre I think, which is that as soon as termination’s raised, the termination phase has started, then I kind of tend to imagine a banner over the patient’s head which says ‘every interpretation will be linked to termination’. So I will try not to say anything to the patient which isn’t related to termination, of course one has to say other things but I think it’s quite useful for an internal stance. So in the end the same things get talked about after an ending has been raised than before but the way it’s being talked about is different now, there’s a kind of different angle on it, it is now seen against the backdrop of termination and some issues like separation, loss, et cetera are, or new beginnings are particularly pertinent to that. But I think it’s, it’s not that it evokes particular topics but rather that it colours the way that all the usual topics are understood. Some people, as soon as termination is raised will discover new symptoms that they have or new areas that need to be talked about and er, that is understandable and I think is one of the avoidance mechanisms, I can either try and pretend the ending isn’t happening by
saying there’s nothing more we can talk about or we can go into kind of manic overdrive, which of course it can’t be and ending makes that very clear and it’s an issue that is also to be faced. So yeah I can think about manoeuvres of avoiding the pain of ending but in terms of the topics I would not expect that to change, unless it’s something that we’ve discovered in the areas that are likely to be important.

I: And the endings of the therapies that you were in, what was that like?

P: Well they were utterly predictable from the start so they were all time-limited therapies. Group endings I think get tinged with group issues that in my experience are not therapist focused, although there was a particular hitch in my second group therapy that the, the group analyst became ill and in the end had to give up running the group and for the last six or eight weeks a stand-in conductor, which was a very difficult role to take on, also a very difficult role I thought or difficult issue for the group to deal with. When I read the literature I see that that group therapist is still alive and well and that’s useful, so I know he survived our group and that’s reassuring, but that kind of coloured the ending in a way that I’d say that was actually a very unusual ending. Of course the new guy got a lot of shit as he would, and in a way that was part of his function, that’s why he came in, so that part of the baggage of feelings could actually be directed against the person of whom had just been left with a group that was often conductor-less. So that was an ending where the feelings with the group conductor were really worked through by proxy and that was um, that was odd and I think an instance that was quite, not quite abnormal but yeah it was unusual. They also had very different styles and I think that’s probably also useful because you know it made the contrast clear, it made the ending clear. Maybe that also, more than other endings, confronted me and other group members with issues of mortality, but then mortality is always taken up but it was very clearly there. You kind of think you have a time-limited therapy and with that somehow, at least for me, goes the unspoken expectation that it will run the course of the time limit, but I think in that sense fixing an ending is a, is a way of h*gre to control uncertainty and once that’s interrupted of course it was a very clear reminder that there’s absolutely no predictability and that anyone would still be here next week, we can try our best but who knows, and that was a, was very, in a sense that was useful even though it wasn’t a pleasant experience. I think with my first group therapy the...trainee group or whatever we were, student group, there was a, a further, further course of people who weren’t on the, they had done their basic training and we were coming together for this course only. It was a very close knit group and I think that ending was probably more...coloured by feelings of endings between, relationships between group members and that went kind of through
the I guess usual mechanisms. Some of these relationships survived, others didn’t, um attempts to meet for reunions and various things keep some of this alive and I think that in a way coloured the group ending. I mean if I think of it from a group analytic point of view I think um, because of the strength of the social relationships in the group some of the therapeutic potential for ending the group was lost, and um also this was stronger than the transference issues with the group conductors. With the second group I thought the transference issues with the group conductor were unavoidable, someone who threatens to die on you poses a problem, um but also the group was much more stranger group, people were coming from different parts of the country, and it was a fairly intensive day release with not much social contact. The social contact that was, was of a sort of rather manic nature after a long, long day, and so the, the ending of that group therapy wasn’t really overlaid so much by the loss of other relationships, it was also overlaid by the ending of my individual therapy, um what do I recall from that?. I think that right towards the end of therapy I learnt something very important which had nothing to do with anything that my therapist said or any um, any interpretation because the important thing that happened, happened in the waiting room, and I think this must have been about three or four weeks from the actual ending so it was kind of in the termination phase. It was partly coloured for me also by the, by the fact that the institution where I was training I had unsuccessfully applied for a job in, which would have also been a further training post so there was a, an ambivalence about, about that. The, the incident that sticks in my mind was coming to the waiting room in the morning to an early morning session and finding someone sitting in the waiting room which was shared by, I think three or four different therapists who worked in the same building with a shared waiting room but usually at that time in the morning no-one was about. So I kind of stumbled in fresh from the train and, this was crazy this training meant a 3:30 start in the morning so by the time I arrived in London it was 8:00, I felt the days were, had already passed, so coming in into the waiting room in the fair old days of the northern line and in the chair which I usually sat in, waiting, someone else was sitting, a woman was sitting there and um I kind of half noticed it, probably a bit disgruntled because I like things to stay, you know, continuous with so much else changing. So I headed for another chair in the corner, and she said something to me and I sort of mumbled, “yeah, alright”, and I sat down and sort of threw myself on the chair and the seat dropped out and I found myself sitting in a rather undignified position on the floor in the frame of the chair with my legs up, and at that point I replayed what she’d said to me and it dawned on me what she’d said to me was, “don’t sit in that chair, it’s broken!”, and that was very useful because it then, I mean there was an element of, of anger towards the um, the therapist of course, that you don’t
keep chairs in your waiting room so that people fall through them, just another instance of his general incompetence and negligence, and so in that sense was quite, it fitted in with termination feelings anyhow, um although a bit complicated by the fact that um I guess if I’d pushed for it I could have probably prolonged the therapy but I could neither afford it nor could I travel to London simply for a session so I’d ruled that one out. So in a sense the ending was if not self-imposed but also imposed by me, but it also, it um, it just summed up a number of issues for me at the time but, you know, by taking things for granted, like some things are reliably and safely there like a chair, but by not paying attention to what other people say to you about that er, you end up sitting on the floor with a sore bum and that was really, that was a good insight at the time, I think. Actually when I sat there I burst out laughing, because the, not only the absurdity of the situation struck me but also it just, what made for the quality was that actually someone had said, "look this chair’s broken", and I hadn’t listened. I think it, it became a kind of central experience in the ending because of the two years that had gone before, um I think I wouldn’t have got the, um, the point of it, um, quite in the same way. But it was remarkable that this happened in the waiting room rather than therapy itself and of course there’s time to think about it and process it afterwards, but if I think about a key experience in ending that would have been the key experience.

1: Did that get talked about in the therapy in the last few sessions?

P: Oh yes, yes, yes, of course.

1: Yeah, um.

P: And if I got something from therapy I hope part of it is that if someone says, “be careful!, there’s some danger there”, I’d probably pay more attention now than I used to.

1: Um, what’s, what is ending like for therapists?

P: I’ll say this again, I think it highly varies from therapist to therapist and client to client of course um…what comes to mind around that are really internal factors and third party factors. There is, um there are a number of contextual issues I think which can’t be ignored, if I’m a therapist working in a department like this one, ending one therapy means relieving some more of the waiting list pressure, so some of what comes up around that is, “oh great I’ve got a two o’clock slot of a Thursday afternoon free now and that’s very useful, I can take someone else on”, um…I try and resist that a bit I mean in a, in a, in a way it’s a, it’s um a topic throughout therapy that once someone’s got here I try and keep the pressure of the waiting list as an external factor outside, and at least try to make decisions about treatment length with the patient on clinical grounds rather than on grounds of expediency. But even when someone has ended I think the idea of filling the slot immediately is close to one of the avoidance manoeuvres for endings generally,
where if I've lost something good I haven't really lost it because I just replace it with something else straight away. So if a patient ends I try and leave the slot open for a week or two or three just to notice the difference that just something which always happens at that time doesn't happen anymore, so something else will have to happen now and then eventually another client may find his or her way into that slot. So I guess that's by way of saying that there is a way in which the kind of conveyor belt nature of NHS therapy could take away from marking the ending as, as really being important, and if every patient helps me to rearrange something internally for me as I believe, if a, I mean if a therapy is successful it's successful for both parties, therapists and clients, then of course what gets ended there is not just the therapy for the patient but also um, a period of rearrangement of my own internal world and that deserves a marker as well. Um, it depends, I mean some endings are unsatisfactory, some endings are perverse if they lead to questioning, I can think about a patient who ended not so long ago where I really needed to sit on that and discuss it in the clinical meeting and clarify my thinking around it because I felt I could do something with the time, someone who I felt didn't benefit from treatment at all and where, well I personally don't believe that there's a neutral outcome of therapy I think people are either better off or worse off and if they're not better off then the conclusion is that they're worse off and that takes some thinking through. Um I think in, in, I have very limited experience of private practice but um some time ago I used to finance part of my training by working an evening as a private therapist and that was not such a good set-up. I le room which I rented particularly for that purpose and a patient ending there actually meant I was stuck with the room rent but without a replacement for the fee and I still had my training to pay, and so ending there kind of I think was probably more panic-inducing, where will I get you know, replacement for this patient from. I would imagine that working full-time in private practice there would be an element of that around endings, having to hold on to a client for continuity of, of income as well. Um, there is, I mean there's also, there's a very satisfying aspect to ending, the way I kind of talk to myself about this sometimes is that um we can now stop interrupting each other's lives, patients can go and, can go and get on with their lives rather than having it interrupted by therapy, I mean interrupt in a positive sense, and I can get on with my work without having it interrupted by this particular patient, and I'm thinking of interruption much more in the sense of how a, a third party interrupts a symbiotic relationship, you know, there's some interruption of primary preoccupation which is really quite helpful. But if it happens that's also, I think that's, that's satisfying, that's something done and concluded and I think therapy is often a patient's need to be doing but also need to be done with at one point and er, so do I. I've
moved much more from, personally, from absolute to relative terminations, I was brought up in an analytic model which was very much about absolute termination, not avoiding the issues of ending, and although I took to that intellectually I now think that emotionally it was partly driven by the anxiety that um if I didn’t end with patients absolutely I would accumulate over my life-span such a number of unfinished relationships that in the end I would sink under their weight, and um I’m not worried about that anymore and I do keep a, a number of open appointments for the possibility that people may well want to come back and touch base or just do something important. In terms of my own therapists in relation to that, with one I kept in contact intermittently because he was working in the same place as me so we used to see each other and transformed the relationship into something much more collegiate. With my individual therapist I had intermittent fantasies of going back to see him for another session, although I’m not sure whether he’s still alive even, and with my second group therapist since he’s well known in the field I kind of keep in contact vicariously by reading what he’s writing or what he’s up to these days and that kind of, it’s not quite a sense of continuity but I think that’s probably particularly tinged by his illness, it’s a continuous reassurance that he’s still alive, and that mattered although I guess it mattered more up to my own father’s death which then kind of brought up a, a lot of issues which make it less important now. So I think that, that um those kinds of factors influence the experience of ending as well, just um where one is in the kind of generational succession and, you know, whether I’m the next generation to die or whether there’s some further up and some further down and so um, so I think they have an influence apart from what could be generalised themes, just the experience for myself that um some of the ending therapy issues got reworked around that particular ending. It’s possible, it hasn’t occurred to me before, it’s possible that the goodbye I said to my father was also in some way representative of other goodbyes which are still outstanding but um, anyway it gets, gets reworked then with other people who just take their place. And I guess that, that leads us on to the next area which is about whether the ending of therapy relates to other endings and or separations, I mean is that generally the case for yourself and for kind of clients? I couldn’t imagine it any other way um... it would be surprising if an ending didn’t have overtones of separation, or loss, um after all that’s what it is, and if it didn’t relate to any other losses or separations I would become seriously concerned about, among other, people’s capacity for dissociation if it could be kept in separate compartments. So no I think it’s a, it’s just part of a very fundamental template about leaving things behind and going on to new things and in a way that’s characteristic of each transition stage, and that presumably comes from, it comes from a, from a stance that loss is one of the important
issues to grapple with throughout life, losses of whatever form that er, the, the paradox that there is no development that doesn’t entail losses, so it’s just an issue that we’re constantly faced with.

I: Do you think that clients, when approaching the ending of their therapy, do you think that clients recognise the importance of previous endings or separations or their bearing on the termination that they’re presently working on?

P: Well if they don’t recognise it themselves then I will make it a topic of conversation and, yes I could not imagine, I could not imagine someone finishing a moderately, at least moderately successful dynamic therapy without that link being clear, and in some therapies like time-limited twelve session model that’s in there from the start, you know, it kind of talks about little else but loss and separation and how the therapy relates to that. I think if there is a difference in experiential quality it probably has much more to do with whether a client is before or after his or her imagined mid-life, I think there is um, there’s a different quality to being in therapy in one’s twenties or early thirties where life’s really stretching quite a long way ahead unless, you know, I’m persecuted by, by fears of, of death, but where, and there’s also different, a different feeling to the therapy it’s much more um, much more easy to have a kind of timeless atmosphere in the session. I think if I see myself the other side of mid-life and I think I’ve, now I have more yesterdays than tomorrows that gives quite a different, um different colouring to the feeling of ending, um, hard to put that into words, but I think before mid-life it’s difficult to experience a loss entirely separate from a feeling of personal insult, here is something that shouldn’t happen in this way and especially early losses I think, and I think there’s um, I think for myself but I believe also for other people there is a, an element of narcissistic injury in that, how come that this should happen to me, whatever it is that the loss and separation is, you can’t be serious, we can’t be ending this, something like that. I think that um having struggled with mid-life issues for a bit I would hope that the kind of narcissistic insult element of it diminishes, um partly it is just by the number of people of one’s own generation who dies so it becomes much more common-place, but also there’s something about um, about it being um, kind of hard to put that into words...it accords with expectation so loss becomes more common-place rather than, anyway I think that may simply also be by the weight of accumulated losses which happen over a lifetime, but of course for some people they happen early on and in great weight but I think that actually makes it harder to process them, whereas if they happen in relatively manageable chunks and um, can be processed, then they simply lead to a different stance towards loss. Yes I think that um, that the loss of one’s own parents or contemporaries um, relations or friends and so on helps um modify that experience...which also in a way makes it um
kind of easier I think to deal with client's anxieties about terminations because I think
certainly when I was a beginning therapist there was a, a very, there was a bit of me very
closely identifying with the outrageousness that this should come to an end, whereas I
think by now I'm much more inclined to think yes this is ending like everything is ending
and a, perhaps that's a good job too, and so although I can empathise still with kind of
being outraged too it doesn't connect in the same way with my own issues about it.

I: So do you think on that basis then, you know, you would find termination a different
experience now, termination from your own therapy, would it, would that make it
somehow more bearable?

P: Well that's, that's a difficult one because if I had a therapy now it would be different
therapy, it would be about different issues, I would expect it to be largely about second-
half of life issues, and so I think yes there would definitely be a, a different quality to the
termination um... I'm thinking what might make a difference and I haven't thought this
through, it just occurs to me what might make a difference is actually termination with a
therapist who was younger than me, because um I think there's just a different
generational template that comes into play. What I'm used to from my own therapies is
that therapists were older than me and that therefore most of them relate much more to
issues of losing parents or losing people from that generation. If I imagine myself in
therapy with someone younger than me, which is actually quite different to imagine but
it's possible, the older one gets the more likely it would be, I guess the issues that would
come into play were much more issues which I experience towards my own children like
the idea of them surviving me, or hopefully surviving me, and that is about something
carrying on, but I would imagine that would change the experience of termination quite a
bit. I think for me, experience of termination so far has still been about separations and
individuation, has been kind of reworking of what happens going to school, or leaving
home, or leaving a relationship, or doing whatever, it's about separating from something
and it's a piece of gain in terms of identity and individuation, and that kind of has um, has
a fantasy figure of someone of an older generation who lets go of that and while I don't
think the individuation bit ever changes because there's something else to go on to and
feel comfortable in, the template of someone of an older generation relating to that kind
of has to change eventually.

I: Do you think that the ending of therapy is a distinct process as well, distinct from
other kind of, you know, previous endings, previous separations?

P: As opposed to distinct from other phases of therapy?

I: Um, well I guess we've established how, how you know the ending of therapy often
mirrors and is closely connected with previous separations and, is it distinct in any ways
Absolutely, I think it's a, if it goes well it's a death foretold often and it's um, unless something happens to interrupt the ending process it's, especially with absolute termination, it's the only permanent separation which is predictable and can be felt about and thought about in advance, and I think that's a very unusual feature um. So in that sense it becomes prototypical, I think, for separations, also means it highlights something but it, it's the I think rather unusual constellation of being helped in one's mourning by the object one's losing. There may well be an element of that of course in, in having people die and know they're dying and working through that process, um, but by-in-large they don't say around the twelfth of September, three-fifteen, whereas in therapy one can kind of make that prediction and that's, that's special. I also think that's, that's what gives it partly its relevance and there's an existentialist bit of me that believes that the meaning of anything that we do gets enhanced and probably created by the fact that it's not unlimited and that it comes to an end, and if I can actually predict what the end is with the caveat that of course it may end before without me knowing, but that actually gives a, heightens the meaning of what goes on before I lose you. So yes, in that sense I think it's quite a unique experience much in the way that the therapeutic relationship is quite unique it's, yeah I think probably prototypical, it is like other relationships but it is highlighted, abstracted, and therefore can be thought about almost kind of in a pure form.

When, when should clients know when their therapy will end?

No hard and fast rule, I mean in a time-limited therapy I think we both should know from the start, to say this is the number of sessions we are meeting and therefore we end on and um, or if it's not right at the start of the therapy then certainly in the very early phases of it um. Otherwise my experience of it is not that there's an end-point of the therapy that the client gets informed about but rather there is a time when an ending becomes thinkable, and after it's become thinkable it becomes discuss-able, and then when it's discussed then we agree on an ending date, and in a sense I don't know about that any more than my patient does in advance until we've agreed on one. Once we've agreed on it I'm convinced that it's very important to stick to it, um... but otherwise in the kind of therapy that I practice, the thought of ending comes about rather than being created and um, that's not a process that needs to be instigated or hurried I think. It's useful, um, I do periodically review my longer-term therapies with colleagues because someone else may raise the thought of ending and then that's useful to hear, but otherwise some therapies I am in at the moment I can think of we're nowhere near the end and thinking about ending would be premature and, and it's always difficult to say where a new thought comes from in therapy but I think the thought of ending kind of
503 simultaneously arises in me and the clients and then it kind of comes up in the material, but maybe it came up in the material as I am only now receptive to hearing that it’s come up in the material, but somehow it becomes thinkable, that’s the best way I can sort of formulate it. But once it’s a thinkable thought, we’ll both think it, and once we’ve both thought it we’ll start talking about it in one way or other, and then it can be concretised and it can be externalised and say well this is when we end, um which is a process that I don’t know about as a patient I only know about it as a therapist. So there’s for me also the other model which is where we know from the start when the needs come to must and here it is. I have a, I don’t know whether that’s making the best of a deficit but I think I have a slight preference for that model.

513 I: For time-limited?

514 P: Mm, for, for knowing from the start but maybe that’s just a, an attempt to master uncertainty and pretend that one knows a bit. In the end, yes, no, maybe not, though I think some therapies need to create the feeling that some things are limited and then deal with the disillusionment if that’s not enough afterwards, and others have that right from the start, and that’s probably highly individually dependent as necessary.

519 I: Do you have a suspicion though about what clients might say about that, you know, what their preference might be for time-unlimited or time-limited?

521 P: Varies, varies absolutely, I think some people, what strikes me every so often is if you do agree on a time-limited therapy and you say something like, “we’ll perhaps meet for forty sessions, that’s about a year”, and some people say, “my god, that long!”, and others will say, “that short!”, and so I think that’s shaped so much by initial anxieties. Some people like to think of therapy as quite short-term because it would be, you know, overwhelming to think that I might get immersed in something like time-unlimited, um I don’t think there is a client preference, there are as many preferences as there are different constellations that people bring so, um...I mean I do have misgivings about models which say everyone’s offered twelve sessions in the first place and then we’ll see what happens afterwards. Of course although that is um, I think, attractive from a service point of view, from clients point of view to have things stirred up in twelve sessions which are then not necessarily taken on is for some people I think detrimental. I think some clients would prefer it if therapy never ended...and that’s a feeling one can empathise with but it’s um not on offer.

535 I: Is that something that you experienced in, those kind of feelings in your therapy?

536 P: That it should never end?

537 I: Mm.

538 P: Good grief no, that’s not me, {laughing} thoroughly counter-dependent.
I mean you mentioned that you know often it becomes thinkable at the same time for both kind of client and therapist, has it ever been the case in your experience where perhaps a client has raised ending and you feel it’s not appropriate or vice versa, you’ve raised ending and...

P: Yes, yes, both happen, if a client raises ending I’ll, I’ll, and I think it’s inappropriate do with that what I do with everything in therapy, I say “well let’s think about it”, so, what goes into that decision, and some clients decide to end and I think it’s too early and I may tell them what I think and they decide to end and then we end, um that’s what’s right for them at that stage um. I can’t really think of an instance where I’ve said, “we must end now I think you should end”, and the client’s said, “no!”, other than when I’ve left a job which always creates that situation, and then you say, “but we have to end because I won’t be here”, and the patient might say, “well can I have something else instead”, and you kind of think about whether that would really be the same or be something different or whether it’s better to have some time and see what happens and so on. So I can recall those situations but freed from the constraint of having to end I can’t recall a situation where I’ve said to a client “we’re ending now”, and they said, “I don’t agree with that”, um could I imagine it? I could probably imagine it so there’s something would be slightly odd about ending on such a polarised position when we’ll think well then it’s not time to end because something got polarised and split here which needs to be thought about, but maybe it could happen but it hasn’t happened in my experience. Sometimes clients have reconsidered, I have said to people something like this, “look I don’t think it’s helpful for us to go on in the way that we’ve gone on so far for much longer, I think we’ve done what we could do. I think there are two options now, it’s either that we decide to give this a go and then we really need to think about some things that so far have been off limits and you may decide that you want to do that, but if you decide that these things are better left alone then I think it’s probably the right time to end”, and although I’ve said that on several occasions people have by-in-large taken the argument and either decided that deep breath and jump in or decided that no thank-you that was enough, I’ll do something else, so I’ve not that often experienced the decision to end as conflictual.

What do you think that clients experience after therapy has ended?

P: A variety of things really, I mean there is um... I think that... if therapy stays something which still commands strong feelings either negative or positive ones, something has probably gone awry. What I base that on is conducting long-term follow-ups with people who were in intensive group psychotherapy and the ones that actually come back for repeated follow-ups are the ones that seem to tell me how great it has been or what a load of crap it has been and I think in both instances this is about the therapy
not having ended, about the positive or negative feelings being unresolved. I think that eventually good therapy will fade in importance and it becomes something which, you know, was curiously important at one time and now isn’t anymore, I can’t really imagine what one talked about every week for two or three years or whatever it is, you know, how could this happen. Um my own curious experience and I’ve heard that from some other colleagues as well, and my guess is that patients experience it in the same way, is that some bits just get lodged somewhere in the unconscious and come up later, so I still occasionally have the experience, though less so now, there’s a particular phrase or a particular thought from my own therapy which I’d forgotten about, and then I come across a situation which reminds me and I’ve had the experience, “and that was what he was on about, I always wondered and now I understand”. A colleague of mine talked about something similar, now both of us finished our therapies more than fifteen years ago and it’s still around and um that’s kind of remarkable. Of course what got lodged there may be entire construction, maybe he never said that and I never heard it but the experience is of something that was said at one point which I only half understood or didn’t understand, and then it’s the experience of reading let’s say a well known paper or book again and thinking, “oh this is it now I understand”, and this is still about so I think that there is some, something internalised for me which is quite concrete. I mean this in a kind of general sense, internalise something from my therapy, but it’s something quite concrete which has to do with a particular thought that should, just couldn’t be assimilated at that point and now I’ve assimilated, and now it is and I suspect similar things are going on for my patients. On follow-up I hear different stories about what happened for them after termination, for some people there’s a kind of, a parallel experience to bereavement, you know, a bit of loneliness and disorientation and what do I do with that and then a kind of gradual filling of the space...some say, “I never looked back”.

Has anyone ever reported, you know, having sort of conversations with you after you’ve stopped meeting, you know, in their head or imagining that sort of happening or things like that?

Well that’s to me a um regular feature of therapy anyhow, people will have conversations with me in their heads between sessions and I don’t expect that to stop on termination. That’s, you know, that’s I think one of the ways in which we internalise something that we have a, have an imagined dialogue which is kind of like a, an intermediate stage between having something external then introjecting it to have a dialogue between internal objects and in the end internalising it in a way that I don’t quite have the dialogue anymore, and I think the, the thing about still recalling bits from my
own therapy to my mind, I mean well that’s stuff that hasn’t been assimilated, it sits there kind of in, in that in-between limbo stage of being no longer external but not being mine and so I’ll experience it as a dialogue, and then presumably once I’ve experienced it as a dialogue, presumably then it gets assimilated and disappears, so I see that kind of experience as a, as a continuation. I certainly think that a lot of the therapeutic work goes on after termination which is why measuring outcome at the point of termination is not such a sensible idea, I expect gains to go on if there were gains to go on and consolidate for a year or two or so afterwards.

And is it kind of what we’ve talked about, in terms of maybe um you know assimilating some things that have gone on in therapy, is that the way that those further gains would be made?

Well partly but then it gets, gets um overlaid, I remember some time ago talking to Tracey Shea who’s doing the long-term follow-up on the Western collaborative study. She’s interested in what, you know the, the treatment of depression, what happens to people after five, ten years, and in the end arrived at the um, at the conclusion and that, that sort of made sense to me, that there’s a point where one can no longer tell what’s a long term effect of therapy and what’s life taking over. So people will then make use of other therapeutic, find another therapy, find a, a good bartender or milkman to talk to, have this experience, that experience which influenced their experience of depression, which maybe didn’t disappear but maybe got modulated, or longer intervals, and in the end it blends together and that to my mind goes well with what I think about therapeutic gains. Yes, there’s something rather focused about this kind of dialogue which goes on that’s about the therapy but if the therapy had an effect then it will have put me in a position to make use now of what’s been on offer all the time, which is relationships that are therapeutic I now can make use of them. I remember one client brought a particular image in the termination phase which really summed up something that was um, had been bothering her all her life, she was going to a, a party at her work and it was the kind of party where everyone brought food along and put it in the middle of the table, and she brought her own food along and put it there and she couldn’t bring herself to eat from anyone else’s food. And that, that was a very powerful image of that all the resources, all the good food had been around her all her life and other people had provided her with it, but she was not in a position to partake, and it’s overcoming that kind of barrier that um I think is, is important, as important as having some resilience towards traumata or stresses like that that will arise and so I think the, the kind of focused bit, this still carrying on the therapeutic conversation that’s one part of it, but the kind of rather, rather wider bit the kind of enactment and then making use of what’s on offer. I, I think in, in some sense
It, if I mean one way of saying what successful therapy does, I think it does make it clear
that it doesn't matter so much what we start out with but what we make of what we've
started out with, and that's true of the length, the form of therapy as well because in the
end it doesn't matter so much within limits whether it was six months or two years or five
years, what's important is what we do with it and what we do with it we'll partly do
during therapy but to a large degree after therapy and so the measure of a good therapy is
what I've done with it.

I:  How, how are endings prepared for in therapy?

P:  By thinking about them, feeling about them and talking about them.

I:  If you had to kind of define how you prepare for endings with clients, what would
that be?

P:  I think I would mainly um formulate it negatively by working hard not to forget them.
My own experience on both sides is that endings of all sorts are amazingly easily
forgotten even, even separations are, breaks in therapy, but ending dates even if they're
very clear and written down in diaries become very muddled, a great confusion, not only
happens in therapy happens when someone leaves a job, and one will say when, when
was the day that you leave, oh I thought it was four weeks earlier or four weeks later and
so on. I think just that separations are painful, losses are and one way in which we deal
with that is trying to keep ourselves unaware of them and I think what can happen and has
happened to me as a therapist before is that I let the thought of ending slip during the
termination phase and then it appears to us as a surprise when it actually happens, or I
think well I'll deal with all that over the last two sessions and then of course the client
doesn't turn up for the last two sessions. So I think the best preparation I can make for
ending is to keep it in mind, and if I keep it in mind I will keep it in the conversation and
if I keep it in the conversation then the client will keep it in mind and then we have a
chance to deal with it. But the experience is that there is a, is internal pressure to forget
about endings, so rather than actively preparing it's rather making sure it doesn't get lost.

I:  And although your own therapies were, were time limited, was that your experience
when approaching the ending?

P:  Yes, it was...um, though I think at that point endings were mostly requirement
anyhow, it's like, if it's part of a training as well that kind of highlights this preoccupation
with endings that comes at a time when courses are ending and patients are ending and
therapies are ending, it's pretty difficult to avert one's gaze and say 'what ending?'. So
my experience is that yes of course that's, I don't think my therapist would have forgotten
about it but I wouldn't have either but that's I think a special feature of, of being a
therapist.
683I: Do you think that clients feel prepared for ending?
684P: No, there's never any way of preparing for losses, when they happen they happen and they’re painful and they may feel that they’ve been taken care of in the result or in relation to the ending but a, a loss is a loss and an ending's an ending, there's nothing to block that or take away from that, nor should there be.
688I: Did you feel prepared for the ending of your therapies?
689P: Well in that sense, yes, but in another sense no, you find yourself crashing through a chair and nothing prepared you for it and that was the ending that had to be that kind of ending and, I mean I felt prepared in the sense of that everything that needed to be done in relation to the ending was done and then it comes and there it is and, there’s no preparation for it.
694I: And do you, I mentioned clients, do you think therapists can feel prepared for the ending of therapy then?
696P: Yes in a sense, but it would be very um distracting almost to think that I know what’s going to happen in the last session, I have a good idea, let’s put it this way, I have no, I don’t know what a good ending is, I have a very clear idea of what bad endings are. So I have an idea of things I should look out for or avoid in the last sessions or endings and I don’t know how it will go and people need to leave in different ways, some need to leave angry, some need to leave sad, some need to leave dismissing it, whichever way, with some people it’s kind of like an anti-climax of here we are, for some people it’s like the train leaving ten minutes late and we’re sitting here and don’t quite know what we should say to each other in the last ten minutes and there’s no predicting it and in that sense no preparation. But in terms of having thought about it at length in advance and tried to think about feelings that are around then yes, I would hope that all my predicted endings are well prepared for and then there are the drop-outs and um, unpredictable endings and so on cause some, feel frustrating and um, there’s something that’s missing and what’s missing is the work done, and in the end I think each ending needs to be something of a shock, I would have, there would be an aspect of denial or something if it wasn’t, which isn’t to say that there aren’t also good feelings about endings and, you know, pride, work well done is something that we’ve got whether or not too if it’s a good ending and so on but, and that’s part of why I think it’s, it’s not good to fill a time immediately because there’s also an absence that just needs to be felt and experienced...otherwise it becomes like looking at news of disasters on the nine o'clock news, you know, the moment you feel something you’re on to the next item.
717I: Um well I’ve come to the end of my questions, is there anything that you want to add to that?
719 P: It’s a good point to end I think, I feel prepared {laughing}, it’s also beautifully timed.

720 I: And how did it feel, how was the experience of being interviewed?

721 P: It’s interesting, I, I like interviews because I’m always partly surprised um what I find myself saying some of what I said felt well familiar and I’ve said it before, some stories I’ve told before, other things are kind of fresh because I haven’t thought about them or talked about them in that way so, I look forward to reading the transcript, I don’t envy you the task of transcribing it.

726 I: Okay, well thank-you very much, that was really interesting.
Interview 5: Client
Interview Date
22/10/99
Interview 5

1 I: Why do you think that people enter therapy?

2 P: To get help when they're unhappy or when they can’t work problems out for themselves, if you had long-term problems that you can’t sort out for yourself relating to like being unhappy or not being able to function as you normally would want to I think probably your first port of call would be the doctor and that would lead you to therapy, I don’t have any understanding of any other route unless you, you know, refer yourself privately.

3 I: And why did you enter therapy?

4 P: It was um after I’d had my son the health visitor came to the house and I was crying when she came, it seems, this does lead to somewhere, and she said, I couldn’t stop crying and I’d been like it for days and she said that I had post-natal depression and I said if I had then I’d had it for years because it wasn’t particularly unusual for me to be in that state, and she said that I really ought to talk to the doctor about it and made me an appointment and it kind of gave me the push that I’d needed, and I went to the doctors and he referred me to the team at Belper, and that’s how I went to therapy, no I went fast to the psychiatrist I think I saw one at Ripley hospital then after a few weeks I went to the doctor.

5 I: Why do you think that people go particularly for psychodynamic therapy?

6 P: I think that that question would have to be answered with I’m not sure that they know they are going for psychodynamic therapy and I certainly didn’t know until a long time afterwards that that’s what I’d had. So I would suggest that if they’re referred there by the doctor or the psychiatrist it’s their choice and that’s why they’re going for that particular therapy, and I think probably it’s related to problems that stem from like childhood.

7 I: You think maybe that’s why professionals kind of decide what kind of therapy you go in to?

8 P: Possibly, that’s not to say it wouldn’t be applicable to other kinds of problems but I think that that, the psychodynamic therapy is fairly helpful, was fairly helpful for me with problems that stem from childhood but as I say I didn’t understand it as that at the time, I didn’t know that that’s what it was.

9 I: At what point did you discover that it was psychodynamic therapy?

10 P: Um, it was later when I was, I’d done some study on Open University on a foundation, social science foundation course and I’d looked at psychology within a unit so it was very, very brief um, and that was about a year or so before I started to go for therapy so I would have expected myself to pick up on it quicker but I didn’t, and it was
later looking back on those books when I was like, since then I’ve bought books and tried
to understand myself what it is that I can do to try and help myself and its through that
really that I’ve, you know, and one of the places I went was the open university textbook
because I thought that would be a good starting place and that’s when I started to, I think,
realise, unravel it and I’m not sure if I really did until you said it on the phone.
I:  How do you think that people find the experience of therapy?
P:  Well going on my own experience I’d expect them to find it fairly, or very useful,
helpful, in um helping them really because when you’ve only got your own sort of
perspective on something your mind tends to go round and round in circles coming to the
same conclusions. So it helps people to, it helped me to get another perspective even from
myself, of the problem, instead of just looking at it from one angle.
I:  And do you think that people benefit from psychotherapy?
P:  I did um... I’m not sure that its for everyone, some people don’t like investigating
themselves, they don’t like sort of going deep, you know, beneath the surface so it
wouldn’t be helpful for people who didn’t feel comfortable with that, I don’t think, unless
they could overcome it. And I think some people would be limited in their understanding
of, not the theory or the way of practising because like I said I didn’t know that at the
time but the things that I learnt to do, the ways that I learnt to think about things, I’m not
sure that everybody would be receptive to that and be able to teach, you know, to sort of
go off and carry on with it um... its kind of difficult to say what I really mean without
making it sound like, I don’t think I’m better than anyone else, I certainly would never
ever think that but some people are less intelligent than others and I would suggest that
people with a lower intelligence than average say would be less able to get something out
of it, they’d be less able to go away think about it and use it, that’s what I want to say.
I:  So how do you think that people benefit?
P:  Um... the main thing for me was not looking at things from one perspective because
that’s what I was doing all the time, going round in circles and getting more and more
unhappy until I couldn’t even go to the shop or do things, normal things that you’d want
to do, and it opened up like a way of thinking about things in a different way to what I’d
been used to. And also just to think about other ways of looking at stuff, and looking back
on what you’ve done, I can look back on things now say a year or eighteen months ago
that I’ve done that I perhaps wouldn’t do again because I’ve been able to reflect on how I
dealt with things and before I would never have done that I just was like on a one way
ticket and I didn’t understand that I could get off and go another way, I think. Can you
just repeat the question?
I:  I asked you how you think that people benefit.
P: Right yeah, I think that, that's what I wanted to say, by helping them to think differently about things.

I: How do you think that ending is experienced by clients who have been in psychodynamic therapy?

P: Again it's gonna be different for different people um, it was a very upsetting and scary time for me, the first time it was suggested I didn't think I could do it and I said so and it was put off and then brought up again later. It was introduced in um in a kind of an appropriate way.

I: By the therapist?

P: Yeah, and there was no kind of oh don't come again after this week, it was nothing like that, it was, you know, gradual and appropriate if you like. But the first time I just thought I'm not ready, I'm never going to be right, I don't feel, I know that, I know, I think from the beginning I thought, I was so hopeful that I would sort of suddenly be cured um, and I've come a long way since then um, and I soon realised that it wasn't about being cured, you know, so, but I wasn't thinking oh I'm not cured yet so I don't want to finish but I didn't feel strong enough yet to manage without these weekly sessions. Um, and the second time I didn't feel strong enough but I didn't say anything and that was the time that led up to the end of, of the sessions and I experienced it as kind of, it was a whole range of things really. I was scared, part of me was scared because I didn't know how I'd manage, kind of when you first pass your driving test although I'd not passed any test, when you first, I remember when I first went out in my dad's car after I'd passed my test with no-one at the side of me and it's a really strange feeling and it was a bit like I was anticipating feeling like that, as though I hadn't got that kind of anchor if you like, so that was a bit scary. I was also kind of thinking how good it would be not to get myself upset on a regular basis because it was quite, you know, trauma, traumatising, I was very upset most times, every time in fact, so it was kind of I looked forward to not being like that every Thursday or whatever day it was that I went um, and I sort of felt a bit of hope as well, a hope that I would manage and I kind of thought I must remember what's happened and carry it on myself really, and I realised afterwards that I did feel better and I did feel like I could cope, for a short while... but yeah it was a bit scary really.

I: What do you think makes the ending of therapy a good experience for clients?

P: Um, perhaps being out there in the world without that anchor and proving that you don't really need it, you can manage without it, I suppose that the ending of therapy is useful in that way and also I suppose you could understand, you could think, you know, your therapist's got confidence in you that you can do it and that adds to that feeling of well I've got, you know, but I wasn't sort of thinking ooh I'm gonna be happy to manage
on my own, it was like stepping into the water and I wasn’t quite sure what it was going to be like, whether I would cope or not, I was going to try and I wasn’t sure what I was going to find so. But really...I don’t know, it gives you a time to reflect really and kind of you, you’ve gone through a phase in your life if you like and you’re entering a new one so you, the ending of therapy itself gives you time to reflect, you know.

I: So you felt like you were given plenty of time to reflect on the ending?

P: Well I did avoid it like the plague I must be honest, I didn’t like to think about it because it just filled me, I was just scared, before, in the run up to it and much of what I was actually feeling about the ending I don’t know because I can’t remember how much of it I shared with my therapist. But I don’t think I shared it all with her because I think I thought I was quite scared and I didn’t want to tell her because, you know, I think I felt like I was, if I didn’t go, well if I didn’t stop going and then start to manage on my own my therapist had failed, and I didn’t want that to be the case, I didn’t want to be like an example of her failure. I don’t feel like that now, you know, I think now, I don’t know what I think but then that’s what I felt, that I must keep going, I must not tell her, you know, I must pretend to be brave because I don’t want her to know how scared I really am or she’ll think that she’s failed, and in a way that kept me going. So even though I look back on it now and think it wasn’t the correct way to think, it wasn’t quite what I should have perhaps been thinking, it wasn’t altogether a bad thing because it did help me to end, you know, to go into sort of life without, without therapy, life after therapy. So it was, yeah, it did help I suppose in that way.

I: You said that when the issue of ending was raised the first time you were able to say that you didn’t feel ready and yet the second time you kept that back, what made the difference?

P: Because I thought my time was up, I thought if I couldn’t, if I said no this time she’d probably say something like well you’ve had as much as you can get so, and I thought she was trying to, in the nicest way possible, end it because that was as much as I could have and I felt like I was a bit of a drain. I always have this like problem with feeling like I’m a liability if you like and I felt like I was a bit of a liability, and so it was time, a financial if nothing else because it was I think almost two years or something, and I thought I’ve got to stop going now and give other people a chance because, you know, for one person the budget has run out, and I felt that that was like involved in the decision to end the therapy even though it was never mentioned. I felt that she was just being kind about it but really I didn’t think I had a choice, but that was what was going on in here not what was being said.

I: What do you think about that now?
I wish I’d said it again but I was just, I just thought if I say it again I’m just such a failure that I can’t, I’ve got to go and see if I can do it on my own, but I don’t know, I’m still me even though I’ve come a long way so I might even do it again. I don’t know if I might do the same thing again and think ooh I’m a drain on resources I better go and pull myself together kind of thing. I actually think that for me for the past like, it’s difficult to put a time on it, it might have been the whole time but I would say for at least eighteen months to two years back from now I would, I needed to have that, and even right now know that I’ve failed and that was quite important then, I was a failure, and if I go back I’m a failure, and a liability if you like. That was uppermost I think at some times.

And what do you think your therapist would think or say about that?

I think she’d say ‘don’t be ridiculous, if you need some help and what I can give you helps you, what is the point in not asking for it’, that’s like a rational perspective on it but from inside I don’t feel like that. I think I can say that as a, you know, as a rational human being capable of, of making reasonable sorts of judgements if you like, but my inside, my like, my little demons say ‘ooh, you’re a failure if you go back, you’re a failure’, and that stops me.

And in a sense as well you felt you were a failure if you stayed?

Yes, if I’d have said the second time that I didn’t want to stop, yeah, I would have felt like you know I couldn’t, it’s important to me to think that, you know, as bad as I might be at any particular time I’m in control of what’s going off and it was kind of like becoming too comfortable if you like, too useful and I didn’t see it I just thought. I mean it was useful but it was too comfortable and it was becoming a prop and I think I thought I had to pull myself together really and need, and not need it otherwise was, you know, a waste of space really.

So it sounds like maybe it was perhaps the dependency that worried you, a feeling that you were becoming dependent?

It was the dependency that worried me, yes. I mean its not something that you can go through life with anyway, going and continually doing that, obviously you know. After a certain point you might, you must realise that you are a failure, after like years and years I don’t know. But yeah I wanted to be able to manage really without it and when I can’t and there are times when I don’t manage very well at all, you know and I wish I could do it again but like I say to just admit that, to say that, is to admit to failure and you need that, that dependency is like a need and it shows a weakness.

So you saw that as a weakness, coming to therapy?

Mm.
I: Do you think your therapist would agree with you on that?

P: No, I don’t think I’d agree with it if someone else was saying it to me but I don’t seem, one thing I haven’t managed to do is, you know, pet myself up or understand that what I’m saying I’m not just, if I say to myself it’s not a weakness it’s not a failure that doesn’t take away the feeling that it is and I’m not, you know, I can do a lot of things with myself now by talking to myself or thinking and writing I do quite a lot of writing, that helps, but I don’t have that ability to like convince myself that what I’m saying is right, in a way. Its kind of like a double, living a double life in some ways because I could tell you what the most sensible thing is and not do it you know, I’d expect someone else to do it and not understand why they don’t but I can’t take, I don’t seem to be able to do it for me even though I could say oh my therapist would say ‘oh its not a weakness’ and, you know, a chat with her would probably be enormously helpful but because part of me thinks it is a weakness that chat would never take place if you see what I mean.

I: Do you think your therapist recognised that you were becoming or that you were feeling dependent in therapy?

P: I think she must have done, it’s difficult to answer that, I’m not sure.

I: What makes you think that she might have known that?

P: I could suggest that she thought I was becoming dependent and that the best solution to that was to end but I’m not sure how much of that is what I’m thinking now.

I: Did you think that at the time?

P: I’m not sure...I think, I think I did, it was all within this kind of weakness failure syndrome because I perceive a dependency as a weakness and a failure so yeah I probably was feeling at the time like I was dependent and therefore weak so needed to stop, needed to agree with her and stop the therapy.

I: What do you think would make the ending of therapy a bad experience for clients?

P: Um, the way that mine was ended when we both agreed, was that we would have larger gaps between sessions and agree a last session, I’m not sure if that was early on or at the outset, at the beginning of the end, but we agreed on when the last session would be and we started to have like wider gaps and that was a good way of ending it, and I would suggest that if it was abruptly ended and not, you know, led up to in that way that would be a bad experience of ending.

I: Do you think that would apply to a client who had say been in therapy, I don’t know, maybe for five sessions or something like that?

P: Um, it depends how it’s managed and what the expectations are, any ending um that’s not going to be well received can always, the way it’s received is always improved by how at the outset, you know, you set out your objectives and say when, when it’s going to
stop. If you don't know when it's gonna stop and then it stops I think that would be quite, quite bad, but if you were only going for a short period, say five weeks or something and that was it, if you knew at the first week that the fifth week was the last week I would suggest that that would be easier to cope with than if you didn't, yeah.

I: Do you think that endings always need to be talked about, even for people that have been in very short-term therapy, would you imagine that that was the case?

P: Um, I think for short-term therapy it wouldn't, I suppose you wouldn't be as emotionally sort of involved in it and kind of you would need less cushioning on the way out if you like. So perhaps you would, you would agree at the outset when the end was going to be but you wouldn't necessarily waste time talking about it if you've only got say five sessions, that suggests that I think it's a waste of time talking about it doesn't it? But you would be less likely to want to discuss how it's gonna be because it would affect you less because it's something you've had for a shorter period of time, I would guess.

I: You were saying that one of the things that might make the ending of therapy a bad experience is if it ended abruptly, is there anything else that occurs to you?

P: Well mine was a bad experience because I didn't want it to end but it was my own fault, it wasn't anything, there was nothing wrong with the service that I received, you know, and my therapist is not a mind reader, she's very good but, in fact I think she is some of the time but not all of the time. So I suppose looking at that if you're not entirely honest about how you're feeling it can make for a bad ending, if, you know, if the person who's having the therapy isn't entirely honest about it. From my experience you know it might have been improved if I'd been honest about it.

I: Do you imagine how it would have been different if you had been honest at that point?

P: I'm not sure it would have ended if I'd been honest because to think about it was so scary, even now to talk to you I can feel myself welling up just to think about it and if I were to say, if I were to have said then how I really felt maybe the ending would have been easier but I would suggest that it probably wouldn't have ended when it did. But having said that ending things isn't, its not my speciality anyway its not something I'm good at its something I'm really, really bad at um, improving over time but, you know, so I suppose for some people, me in particular, I don't know what could have been done to improve it but I certainly, looking back on it now, I don't think I helped myself by not being honest. But there was a fear there that if I had been honest, although I'd got no evidence to suggest that I wouldn't be believed I just felt suddenly that, it's because I was withdrawing from the minute, I was withdrawing I think and I thought the minute I began to withdraw I no longer, not, it's not that I no longer trusted my therapist it's just
that I no longer placed my trust in her, I don’t know if there is a distinction there for you, if you understand, it’s not that I didn’t trust her it’s that I didn’t give her anything to...you know, I know I could have trusted her but I began to withdraw and so felt that if I were to say I’m not ready, okay we’ve got like the failure the weakness sort of thing of it, but you know I think part of me felt that my therapist would think that I was a failure, even though I know she wouldn’t say that, you know, she’s not likely to even say anything like that but at that time, I’ve rambled on I’ve lost the question again now.

I asked you what do you think would make a bad experience of ending?

Right, so we’ve got abrupt endings, not being honest... I suppose if it ended, I suppose if you were in a situation where you didn’t want it to end and you were honest about it but it still ended, that would be quite bad, that would have been, that was my worst, worst fear which was why I didn’t speak and had I spoken and then been told it still had to end that would have been probably more upsetting than I was, it would have upset me more than I was, more than it did.

So in a sense you were protecting yourself and the therapist by not saying anything?

Mm, because I did feel as well that, you know, I’d used up all my tokens and it was, it was the end really...

Was there any part of you or any part of the ending that you think kind of, you know, it was for the best or it was the right time after all or anything like that around?

There were positives in it that I mentioned earlier that, the obvious one of not getting upset every week has got to be a positive thing, then there’s the idea of being able to see if you can manage on your own and being quite excited about the prospect of managing yourself if you like and not having this crutch there, being able to go without it, they were positives in a way um, can you ask me the question again?

Yeah, I was just wondering if, if afterwards, after the ending you’d kind of thought well maybe it was the right time or?

I think I did begin to convince myself because it was ending anyway um... I can’t remember enough about that to be able to say oh yeah I did think it was the right time, I don’t know.

So after the point where ending is raised in therapy, what gets talked about?

Um... I’m not sure if I can remember, I think probably about how you’re feeling about it, checking out that you’re okay with it... um... there wasn’t, I can’t remember exactly what we talked about but I know what we didn’t talk about, would it help if I answered it that way?

Yeah, go ahead.

The kind of things that we used to get involved in like talking about my family and
287 experiences that I’d had um didn’t take place, it wasn’t like, because I was slowly
288 withdrawing then, like slowly letting go of the crutch so it kind of wasn’t possible for me
289 to talk about things that really, really upset me and that, because there wasn’t going to be
290 weeks in advance when I could like...because I’d kind of talk about something that really
291 upset me and then get really upset and then I’d have like a week to reflect on it and you
292 don’t normally do that, it’s not kind of normal practice to do it in such a regular way, and
293 when I went back the next time I could say how I’d reflected on it and, you know, I’m not
294 sure if the pattern was that regular but that was kind of what you could do. But there
295 wasn’t then the opportunity to go back and say how you’d reflected on things so you
296 couldn’t kind of open, I started to close the doors I think about the depths of what I, the
297 depth of feeling I had about things, the deeper the feelings were the less likely I would be
298 talking about them. I would be talking about other things, perhaps more recent events or,
299 like yesterday or last week rather than ‘oh you know when I was six such and such’,
300 things that you know I could say, say if I talked to you now about I’d get upset, so they
301 were the kind of things we wouldn’t talk about, so there was a kind of a change in um, in
302 the depth of what was discussed.

303 I: Did your therapist try to get you to talk about or think about those deeper things in
304 relation to the ending of therapy?

305 P: Yeah, I think we were kind of both dreading that last meeting because I get so upset
306 over things that are ending and...as you can see, years later, um...so I would have
307 thought that we did discuss, yeah, endings in general in life. From my own personal
308 experience lots of things ended, on a regular basis things were ending for me. Now that
309 meant things were also starting but its not a kind of, I didn’t have a consistent, stable sort
310 of environment, I was moved around between, among the family quite a lot and um each
311 time I went somewhere I was leaving somewhere, obviously. So endings for me had
312 always been horrid and um, and that was why I think I was so upset about, about ending
313 and I think we did talk about that, because there was the other reasons that I was upset
314 about ending which we talked about earlier, which weren’t really discussed with my
315 therapist at the time if I wasn’t sort of being direct and straightforward with her about
316 what I was really feeling...it’s difficult to remember but I would have thought that we
317 would concentrate on that, on the other, my experiences of ending things generally as
318 being, you know, a negative experience, so this was another one...yeah, and I just had to
319 get over it. As we were coming up to the last one I kind of wanted to roll on time a few
320 weeks so that I was after it, it isn’t like I thought ‘ooh I want to get as many sessions in as
321 can now’, it was like I almost didn’t go the last time because it was just so hard and it’s
322 like oh indescribable really to think that that’s the last time that you’d be going there. I
don't know how I got myself there you know to be honest but I did, to the last session, and I almost, you know, I almost didn’t go because I thought, well I don’t know what I thought, I was just so scared of it and it wasn’t. Part of me was scared of that last session and how upset I’d be because I knew I’d be so upset because I can’t cope with the concept of this ending and, you know, of what’s coming next, or I couldn’t then. So part of the dread was about that actual last session if you like and how upset I knew I was gonna be.

1: What was it about the last session that was much more difficult?

P: Um what I don’t know, I wanted to avoid it because of how hard it would be um, and why would it be hard?, I think because of... there must be some kind of untapped reservoir inside of like... grief, I’ll call it grief because I think that’s what my therapist finally got me to understand it as, and every time there’s an ending that tap comes on from that reservoir like I get so distraught and distressed, far beyond what you would expect from a situation and it means I avoid things and, you know, I keep out of the way because I know I’ll just get so upset almost like unable to drive my car because I’m so upset. I think that when things are ending or in the past when things have been ending it’s tapped into that reservoir and so I’m so upset and it’s like far in excess of what the situation requires, and it’s difficult to explain to someone why you’re so upset and like from the ending, from the last session of therapy I felt like I was just gonna sob my head off all the way through, which I more or less did anyway but I could talk as well, but I thought I’m going to be so distressed I won’t even be able to talk and I’m not, although I’m upset about it finishing and I don’t really want it to I’m not that upset about it, it’s not just that that I’m crying about. But I don’t think I, I don’t know if I recognised that then quite as much as sort of reflecting on it now because I get better at endings now but I know that it’s there and if I wasn’t careful, if I’m not careful I can get quite upset about things that finish like a job finishing or, you know, a course finishing and things like that, what you would suppose would be out of proportion really to the situation. But I think I’ve got a bit of a handle on it now but I hadn’t then, or I don’t think I had.

1: So when you say that you think there were other things going on really about the ending, can you elaborate on that?

P: Well if I go back to this reservoir that’s there, of grief, it’s that, it’s grief which has never been expressed which has been there since like the age of two when my mother died, and it wasn’t dealt with openly and I wasn’t included in any plans as a child. Things tended to happen to me and um there was no consultation, and I know now that a child of that age needs to grieve and that, you know, it may need to be facilitated really by an adult, it’s not just a process which happens and I wasn’t really allowed, well I say I
wasn’t allowed to grieve it wasn’t like you mustn’t grieve, but I don’t think my family understood that and so I was kind of not, you know I didn’t grieve, I didn’t go through a grieving process plus I began to feel like a liability and, although I couldn’t have expressed it in that way, perhaps not, definitely not as a child and maybe not a few short years ago but I know now that it’s that feeling of feeling like a liability and like a responsibility that people don’t particularly want to have but they have to because I haven’t got a mum, and I’m only a child. So I have to be looked after but I wasn’t sort of, didn’t grieve and people didn’t recognise that I needed to, all they recognised was that I needed somewhere to live, and I think that that’s dammed up really, over the years. I remember as a child on like separate occasions when I’m alone sobbing and sobbing, sobbing and you know I can’t remember what it was that’s upset me particularly but it was like sobbing that I didn’t think was ever gonna stop, you know, and I think that came out of that reservoir and it’s that that bothers me about endings it’s that I’m going to tap into, that, I think.

Do you think that your therapist recognised that?

Quite possibly, yeah.

Did your therapist attempt to link that for you to what you were feeling at the ending?

I think she did, I think, I can sort of vaguely remember but not, not in detail about exactly what was discussed but she did say, you know, we did talk about endings and how I experience them and this ending and how I felt about it, you know, it wasn’t like not discussed at all... and again I think there’s that, talking to her about that meant that I didn’t have to talk about the fact that I didn’t actually want it to end, you know, kind of. I don’t know if I can articulate this to get it across to you but one thing that I learnt to do and sometimes I sort of get a bit rusty on it but when I say this kind of therapy teaches people to think it’s kind of to recognise when you, you’re doing something out of habit. I don’t mean scratching your nose or things like that but you come to certain conclusions out of habit and the way that you, the way your thoughts go are sort of along a, not a pre-determined but a well-travelled path, and what she teaches you to do is get off that well-travelled path and, you know, think other thoughts and it’s a really helpful tool um, and I can’t remember now the point I was going to make about that, I’ve lost my thread. Okay, so my understanding of endings is, was, like just that they were to be avoided, my well-travelled path was avoid, avoid at all costs whereas my therapist taught me to think differently, don’t avoid it, you know, try and understand why you get so upset. There’s no like get off the well-travelled path of thoughts and think this, this is what you should be thinking, its like get off the well-travelled path of thoughts and open up new ones.
Perhaps, perhaps it would be that I could understand more by allowing myself to be upset rather than avoiding endings um, I would understand more about why I was upset and either be able to be less upset or feel more comfortable about being upset, either of which would be an agreeable situation, you know, as an agreeable alternative to just being upset. So we did explore endings although I can’t remember it word for word or vividly but in that way, in that way that she taught me to get off this beaten path and think a different way about them, but it was still like to, to face it you know you don’t believe it, you don’t believe that if you just face it a few times it’ll get easier you just think ‘oh no it’s so hard, I just can’t do that’, so you try and avoid it. But I did start to face things and I felt that going to that last session was a way of facing what I knew was gonna be like a distressing thing, and I was glad that I went because I had a chance to thank her, you know, and it felt really weird really, yeah it did feel weird.

So this was an ending that you went through rather than one that you avoided?

P: Yeah, sometimes I wouldn’t avoid an ending I would just be very, very kind of holding it back, you know, I’d hold it back a lot in like other situations... like leaving a job. I worked for one company for five years but not in the same job so I would leave one group of people and go and join another, and you’d have like you know a card and a whip round and things and then they’d want to give you the present, and I was just like really crap at dealing with that. I would just be, because I knew I was gonna start crying and that then I perhaps wouldn’t be able to stop, the people would think that I was a mental case that needed sort of locking up, I would be very stiff and awkward and that’s how I dealt with things, and when I left, last year I worked for the employment service and I left there to join the probation service and they bought me a gift which I was not expecting because I’d only been there for like three months. It was only a small gift and a little card from the team that I worked with, and I was overwhelmed and I showed it and I felt so proud of myself on the way home, I thought you know ‘well done!’ rather than just being sort of stiff and saying ‘oh thanks, oh right’, you know, and trying to get it over with quickly and what have you, I said I was overwhelmed and I said “wow, I just wasn’t expecting anything”, and I had a few tears and I didn’t enter the abyss of crying where they’d think I was perhaps a bit unhinged or something, so you know in some respects that improves.

Do you um, do you think that clients begin to think differently after ending is raised?

P: Yeah, I thought differently because I had to sort of, you know, prepare for it, arm myself, so you’re thinking differently about... what, what you can share really after the ending’s been raised, I mean prior to the ending being raised I wouldn’t be thinking about that last session for a start... but there was a conscious sort of withdrawing and like I
mentioned earlier no deep, you know, really deep stuff, you’re talking about less sort of,
I’m struggling for words on this one, just the depth of what you’re sharing isn’t so great
so you’re thinking differently in that way. I also, I had this feeling, I don’t know if I can
explain this to you but kind of when I was going about my business like say shopping or
something um, or whatever it was that I happened to be doing I was sort of looking
forward to being, I could see like that woman doing those things who was me and that
woman didn’t have therapy, and it was kind of, you know, I wanted to be that woman and I
was, I turned into that woman doing her shopping and that woman who didn’t go for
therapy. It was like, you know, I would think about what it would be like to, to be able to
sort of fairly hopeful that I would be able to manage things and then looking forward
to being in a situation that I managed, you know. Even now when I manage situations I’m
quite pleased with myself for being able to and um at the time I kind of, I had a picture of
myself in the future and I would think about it and it would be like two other people. It’s
difficult to explain because it was kind of a mental picture that couldn’t really be drawn
but there’d be like two of me, the one who goes to therapy and the one who doesn’t, the
difference being that one person goes to therapy every week, and I think that other
woman who didn’t go to therapy every week, you know, I regarded her as sort of different,
kind of perhaps stronger or in control in a way, you know, and I would... in some ways I
would be looking forward to being able to try to be that woman that I saw as being
stronger and able to cope with life and what it throws at you.

Do you think that clients begin to think differently about the therapist after ending is
raised?

I always really, really liked my therapist and I could imagine had we met in different
circumstances that I would have been able to be her friend, and she kind of felt like a
friend in a way that you would kind of talk to every week but better because, you know,
with friends, with some friends you can’t be sure that things aren’t going to be taken
elsewhere, whereas at least I could be a hundred percent certain that what I was saying
was staying in those four walls. So she was better than a friend in that respect um, and
even after the end was raised I still liked her a lot um and I couldn’t imagine her not being
in my life, so how did I feel differently about her? The stuff that I, you know, not getting
as deeply involved in talking, discussing like deeply emotional things was to do with
realising that I couldn’t resolve things because there wasn’t time, so like you couldn’t
discuss those things. That wasn’t because I thought, you know, I couldn’t tell her anymore
because she was a different person or, it was because I didn’t feel that, you know, I didn’t
want to share it anymore because it was too upsetting and I wasn’t going to have time to
get right before we finished um... I think there could be a potential there, there is a
potential there because I felt like I didn’t want it to end I could have directed that at her, but I didn’t, you know, my experience wasn’t, in fact if anything changed in the way I felt about her was kind of, you know, it’s gonna be strange not having her in my life and um I kind of wanted to be able to do for her something equal to what she’d done for me and so, I knew I wasn’t gonna be able to do that, but I don’t know about changing how I feel about her, you know.

1: It sounds like there were lots of positive feelings towards your therapist, were you aware of any negative feelings?

P: Um... no not that I can remember, I felt negative about things like when I felt that you know, I’d come to the end of, of this, the access I had to this service I couldn’t have any longer, but I didn’t even hold her responsible for that I don’t think because, you know, she was just doing what she has to do. And I suppose in some ways am I trying to make it easier for her as if, as if it’s hard for her, I don’t know if it is or not, I imagine it must be to some degree getting that involved with someone and, you know, she knows more about me than anyone else in my life before or since.

1: Do you think the ending of therapy?

P: No I think she was probably glad to see the back of me, I don’t think it would be sad because it’s part of the job, well I suppose it could be sad but not to a great degree, no, not to the degree where you miss people that, you know, that kind of sad about it.

1: Do you think therapists, I mean aside from kind of feelings of sadness maybe, do you think therapists ever have difficulty ending with clients?

P: I could see that if someone didn’t want to end and they were perhaps more assertive than me then that could create difficulties, because say if the second time you suggested it I said I still wasn’t ready and then the third time and the fourth time and I suppose there must be a point at which it has to end, I don’t know when that point is but...that would be quite difficult to deal with I suppose, to tell someone that, you know, you might not feel that you’re ready but I think that you are and at least try. I think I wanted to have a period, you know, I’m remembering, things are coming back, um where I didn’t go just to see if I could manage and like going back to weekly sessions if I wanted to and that wasn’t allowed um.

1: Did you ask whether that was possible?

P: I’ve got a feeling, yeah, this memory comes back to me that like when we were discussing how it was gonna end um I kind of get the feeling that I wanted a sort of trial period to see if I could manage and I don’t think that she thought that would be suitable because it wouldn’t be really managing when, you know, you’ve got that safety net there.
What she offered was, you know, there is no problem in you going back to your doctor and being re-referred in the future if you and he or she think that you need it. But as regards saying oh you know we’ll give you a three month break see how you manage, come back, you know, that wasn’t, that was out of the question. But we did meet again I think a year after or something like that, it might have been a year I don’t know.

Can you remember how that was?

Yeah, it was great, I wanted to see her and I was quite excited, I can’t remember if I got upset or not, odds on that I did but I can’t remember. But yeah I can remember wanting to see her, wanting to tell her what I’d been doing, you know, because I think there’s been lots of things I’ve wanted to tell her since when I’m not under therapy anymore that I think its not appropriate to tell her because its kind of, you know, she’s not a pen-friend or something, its not like I have any contact with her now um. So that opportunity to meet after a year was nice, to be able to tell her things, you know, it was a situation in which I could sort of report to her things that since I’ve wanted to do and not been able to. You know I’ve even like written letters that I haven’t posted and stuff like that to say I’ve got my degree and I’ve got married, all things which I could not have sort of imagined myself doing at one time. I had an ectopic pregnancy and that was like really, really hard for me to cope with, and months afterwards when I started to feel like a normal person again and like I could manage, I wanted her to know that I’d done that, you know I’ve done that, but I didn’t tell her.

It sounds like though that in quite a big way your therapist is still around for you in that sometimes she’s the first person you turn to really, in your mind, to kind of tell things.

Yes, yeah, yeah I do, when, when I pass sort of milestones I do find myself like I said on a few occasions I’ve written letters, you know, and not sent them, sometimes that’s because in the writing of them I have got so upset that I couldn’t complete them because although I think um I want to tell her this and I’m so happy and excited about it, the process of writing to her is like talking to her and that alone seems to be a trigger for tears really, and so I couldn’t finish the letter even had I been able to post it, I couldn’t even finish the letter. It’s kind of like thinking about someone you’ve lost in a way um...I’ve never really, apart from my mum when I was two I think I’m right in saying that I haven’t actually lost anyone really close to me, like a brother or a parent or a partner, you know, in a situation that’s left me devastated. The closest I can get to it and I hope you’re not appalled at this is when I once lost a cat that I was very close to and I was kind of traumatised for days and I was really upset by it and um for like months afterwards I could be reduced to tears just thinking about him, and that in a way is the same with my
therapist, it's like I've lost her, although I don't feel like, I'm not grieving because I've
lost her um, to think about her and to initiate contact with her, you know, just make me
cry, but I do still think about her.

I: Do you think that the ending of therapy relates to other endings and or separations?
P: Yes I suppose it can do for people, yes um like the way I've explained it in the way
that it, you know, it touches that part of you that you tend to ignore and avoid getting in
touch with, the bit that's, you know, so upset about an ending, yeah.

P: Do you think that there are any differences between the ending of therapy and the
ending of say other relationships or um?
P: Well there's one major difference in that it's planned, many endings aren't planned at
all, very few of us go around ending various relationships and saying, you know, well lets
sleep together another four times and then call it a day. So that's different um, you know,
and loss is very sudden so it's different in that respect, and I suppose in some ways even
though for me to turn back to my therapist or to the team would for me, you know, sort of
indicate failure or weakness. It is an option that I could take and very often when things
end you don't have the option to go back to it, you know, you can't think, whatever the
ending is be it a job or a relationship or a death, you can't think oh if it gets too hard in
six months or a year I'll bring the person back alive so it's different in that respect.

I: Do you think that therapists would share that view, that the ending of therapy relates
to other endings?
P: I think they would be foolish not to but as to whether they do or not um I think my
therapist did um... they would have to because much of what happens in your life that sort
of makes you the person you are, many of the events in life do have a, the sort of
commonality is that they have an ending, you know, things coming to an end, so yeah I
would hope that they would I suppose. Yeah, I wonder if because I found ending so
difficult anyway and had had a lot of endings my therapist thought that I was really
upset because of my experience of endings, which I was for that reason, and I wonder if I
did tell her or if she detected that I was also upset because I didn't think I'd manage, you
know. I think I would have told her, I think I would have said oh I fear that I might not be
able to manage but I'm certainly going to try.

I: When do you think clients should know when their therapy will end?
P: For me I think I would have liked to know... sooner, nearer the beginning, but I don't
know how that would have affected the process... I think if I'd have had say um a rough
guide as to how long it was gonna last maybe then I would have been expecting it before
my therapist brought it up which would kind of have made me feel perhaps a bit more in
control I don't know. I know when I first started to see her I went fortnightly because I
found it hard because I had so many things to do, and she said really we need to meet weekly because we’re not making a lot of progress like this and its gonna take so long. So I wonder if at that time we did discuss how long it was likely to be but I don’t remember whether we did or not. So to suggest that you tell people at the outset is a bit silly because they might forget but if you didn’t forget I suppose that had I been armed with the knowledge that you’re looking at roughly two years say it might have been easier because I might have felt more in control. But then again how, how much can a therapist guess how long it’s gonna be, how can you sort of say oh this is wrong, this is wrong, this is wrong, it’ll take oh a year, oh six months will see this, you know, I suppose there is some kind of ability to guess on some say specific problems, I don’t know. No I think it would be hard really so having said that perhaps its not possible to say at the outset that this is likely to take x number of months because you might not know. But if this resource, I’ve got this resource bee in my bonnet, one day you know I’ll investigate it and find out but if the resources dictate that certain um, that therapy can only go on so long then I think it would be very important that I was told that because that was kind of a thing for me, I thought oh I’ve run out of the resource for me, I’ve used it all up and um and I’m not ready so if it was likely to end definitely, I’ve mentioned that, you know, I appreciate that it would be difficult to predict how long therapy was going to last from the outset so you couldn’t be informed early on because you wouldn’t know, but if there is however a maximum time perhaps that would have been better for me had I known that from the outset. But then again that could have made some people think well there’s no point coming now, you know, so it might not be a good thing but um, although you couldn’t give it early on at some point before the end I think it should be sort of discussed really as to how long, the sooner you know when it’s going to end the more control you have over the process I think so that, yeah, I think that the sooner you know the better.

You seem to be saying that maybe if it had been more negotiated, I mean did you feel that you had any say in how long the period of ending was, you know from the point where you knew you were ending to the actual date, did you have any say in how long that period should be?

I’m not sure if I would’ve had or not, I know for me I just went along kind of with what was suggested um because it sounded reasonable anyway and um, you know, really I didn’t want it to be ending. I didn’t think I’d manage so... I think, I think if I was more assertive and had more of a say in when it ended that could perhaps cause problems for my therapist because it would make it difficult, and again if there is this element of it has to end um then that’s gonna make it more difficult for her if someone could. I think she made the suggestion of, you know, and um I went along with that, and apart from the
611 asking if I could have a trial period I don’t think I had a lot of input into it really, I might, I
don’t think I did. It’s a bit difficult to remember now um but I don’t think I had a lot of
input and I think that was perhaps more to do with me just wanting to please and go along
with whatever was easiest, so its kind of hard for me to tell you whether, you know, I could
have had more of an influence in how it ended.
616: How long was the period from kind of the time when it started to get talked about to
the actual end?
618 P: I think it was about two months but I wouldn’t be certain of that, but I think we
continued to have weekly sessions for perhaps two weeks um, this is only a rough guess,
and then it went to fortnightly and then there was the last one, which we knew when that
would be from the beginning of the end um, I think it was about two months something
like that.
623 I: Who do you think, I mean I know in your case it was the therapist who raised ending
on both occasions, but who do you think decides generally to end?
625 P: I think if, I think um...I suppose things can get in the way of therapy and like I
said at first I found it hard to go weekly, if people are finding it hard to do it then they
might end it for those reasons. But a natural end, no that’s the wrong word, an ending
that’s decided by someone who thinks it’s the right time I would think would be more
often initiated by the therapist, because I think things can get in the way and endings
initiated by um patients, people, clients um would perhaps have more to do with not being
able to make it or just finding it too upsetting perhaps, or other things getting in the way. I
don’t know, I can’t envisage for me sort of reaching a point where I felt strong enough to
say hey you know let’s end this, so I can’t sort of envisage it in others if you like. But I
think, yeah, it would be a therapist sort of area really.
635 I: How do you think the therapist would know, assuming that it is the therapist who
raises ending more often, how do you think they would know that that’s kind of the
37 time?
638 P: I suppose if someone was consistently sort of displaying an ability to like cope with
things that could suggest that it was time to end, but I don’t know. I personally think that
its dictated by resources more then anything but again you know I don’t have any
evidence for that only my own feelings so. But I think if they saw someone consistently
sort of, like say for me, I don’t know maybe my therapist saw something I couldn’t see
but, you know, I didn’t feel any more able to cope at the end then really, but then I have a
very low opinion of myself and my abilities so it may well be that I was, you know,
exhibiting sort of clues that would lead her to believe that I could manage, this is the
rational me talking um, but I didn’t think I could. So I suppose really if, if its not dictated
647 by resources then just people sort of looking like they can manage, seeming like they can
648 cope without, you know, having a breakdown every time something big happens or
649 something little happens should I say.
650 I: So when the therapist raised ending was it a surprise?
651 P: Yeah, a shock I think really.
652 I: And had you considered it or thought about it prior to it being brought up?
653 P: I don’t know, I’d suggest not but thinking about that woman I was talking about who
654 went and did her shopping who didn’t go for therapy um I wonder if I did think about it
655 but I don’t think so, not remembering how sad I felt at the fact it was gonna end, mm.
656 I: What do think clients experience after therapy has ended?
657 P: Well I experienced a holiday in France (laughing), um well a period of reflection,
658 you know looking over what’s gone on really over the time um...it’s the start of a new
659 phase of your life really and just feeling like you’re driving the car without the instructor
660 at the side of you. I felt that, I felt kind of different and I thought people would be able to
661 tell like I’d had a plaster cast on my leg and I’d had it taken off or something, and I was
662 going around feeling different but obviously wasn’t looking any different, so that was a
663 feeling after the therapy had ended.
664 I: And I guess we’ve already talked about how the therapist is still around for you, how
665 do you experience that?
666 P: Well, at first, I mean I suppose as time goes on I think of her less but I would think of
667 her quite a lot and in some ways when I was trying to work something out I would think
668 of her, because the way I was working something out would be the way that um, you
669 know, I’d learned to do that with her so...yeah and I would want to share things with her,
670 um, and I always talk about her as{therapist’s name}, my husband knows who{therapist’s
671 name} is and he’s never met her so I must talk about her um, I know I used to then, about
672 how she was and what she was like. A friend who knew that I’d been to
673 see{therapist’s name}, I don’t know if she knew at the time or afterwards, but she knew,
674 and another friend, this other friend who’s not my friend, oh dear this is getting a bit
675 confusing isn’t it. Okay the indirect friend was suffering, was experiencing quite a lot of
676 problems um mainly centred on, or mainly leading to anorexia, and my friend was really
677 worried about her and asked me about{therapist’s name} because they’d persuaded this
678 girl to go to the doctor and then eventually she’d reached the point that I had where she
679 was being referred to the team at Belper, and my friend asked me about{therapist’s
680 name} because she knew I’d been, and what it was like, and I just remember saying how
681 really, really nice she is and how, you know, if that girl is unsure about whether to go or
682 not to go because you know she wouldn’t regret it so...and my friend talks about her
683 as{therapist's name}. Its like though no-one's ever met this person we're all on like first name terms when we refer to her, so I must have talked about her a lot. I suppose really what she did is quite wrapped up in who she is and maybe, I don't know if its fair to say this really because it seems to diminish her in some way, but maybe when I'm referring to her I'm actually thinking about not so much her as what, what sort of took place between us so... difficult to sort of separate the what from the woman if you like, but yeah, when I got married last year I got married last year and I wanted to write to her then and I think my therapy ended three or four years ago, so even after all that time I was still wanting to tell her things that um, that I'd done.

692 I: And so do you think that clients continue to benefit after ending?

693 P: Yeah, I think if you, yeah, just by the ability to reflect and stop going down those beaten paths, the tendency is now for me to keep going down those beaten paths and now I'm less often able to stop myself cause its kind of like you need a refresher course or something, you know, you get into bad habits and, and such. But sort of afterwards while its still fresh and I don't know for how long afterwards it would be fresh, but while its fresh, yeah its beneficial that you've been, the benefits are felt afterwards. But eventually like now I think, I said to my husband quite recently that I'm actually thinking of going back to the doctors, you know, because I've been on anti-depressants for the whole of this year, you know, and maybe I'm beginning to think that perhaps it might help, I don't know but, you know, I'm forgetting how to do it but then I start to remember again you know, I talk myself round.

694 I: Do you think that therapists benefit from therapy with their clients?

695 P: I suppose work with one person could lead to a greater understanding of work with other people um, I mean they benefit in so far as the more they practice the more experience they get, you know, and greater experience will benefit them hopefully. I don't know, the reason I stopped and frowned then is because when I think of my therapist she seemed so young, and I'm not sure how much experience she'd had um, and she certainly didn't present as someone with no experience, so, you know, unless she just looks really young for her age, the bonus of years of experience wasn't hers but it didn't impair her abilities in any way. I think what I'm saying is, you know, that therapists benefit from therapy because they get the experience which leads them to be better therapists, and then I thought that that's like saying that less experience means a worse therapist but that's not the case, if indeed my therapist, you know, I thought she was quite young so that would suggest she'd not had as much experience, but it didn't make her, you know she was still brilliant for me, so I don't know.

698 I: How are endings prepared for in therapy?
Well my experience was that once it was agreed, you know, we... agreed a time scale
whatever it was about two months how it would go, you know, the sort of lessening, less
frequent visits and um, till finally, you know, and agreeing at the beginning of the end
when the final session will be, yeah.

How is ending approached by the therapist do you think?
I think, I mean that's got to depend on the person who's having the therapy and kind
of what they're like um, but the way it was approached with me I think the first time was
that it was kind of okay if you didn't feel okay about it to say, whereas the second time
I'm not sure if I was given quite as much of an option. Maybe I was and I've just
forgotten but, you know, I don't think... So it's approached in a way where you're given an
option, at first, and then later. It, its kind of brought up gently, definitely it was brought
up gently, it wasn't kind of, you know, there was no build up to it of oh I've got to discuss
something horrid with you, nothing like that, you know, I just remember it as being
introduced gently and, you know, and like agreeing, agreeing as to how we were going to
manage it really.

And how is ending approached by clients do you think?
Again its got to bean individual thing but for me it was a mixture, a mixture of
looking forward to not being a person who has therapy and thinking oh my god how am I
ever gonna get up the street if I don't have therapy, how am I ever going to get anywhere,
so, you know, fear that I wouldn't manage. So I suppose its approached in a number of
minds really by, by the person um, its just like stepping into the unknown and you don't
know what do expect.

And do you think that clients feel prepared for the ending of therapy?
Yeah, if you talk about the ending as the last session, yeah, you're prepared for that,
yeah, but I'm not sure that I was prepared the first time it was mentioned, but I don't
know how I could have been really apart from like I said being told at the outset how long
its likely to be, but then we discussed the problems associated with that so I don't know if
that could happen. But no I didn't feel prepared for the initiation of the ending but yes I
was well prepared for when it ended, for the last session, I knew what was going off.

Do you think that clients could ever be fully prepared for what ending brings?
I'm not sure about how the problems of assessing how long therapy's gonna be for
could be overcome, but if they could be I think that more information at the outset as to
when the ending's likely to be before there's a need, before there's a need to discuss it.
That's a contradiction in itself, but kind of before you're actually discussing when it's
going to be, having some idea of when its likely to be might have helped me to feel better
about it, be more prepared for it and therefore more in control of it um, like say if you're
going for a five-week session to know at the beginning that that’s what it was going to be
I think would be essential, you would need to know that it was only going to be five
weeks, but yeah when it goes over a long period of time like mine did I’m not sure how
those problems could be addressed really, but if it could I think it would help.
Well that’s all my questions, is there anything that you want to add?
Um no, no I don’t think so.
And how was the experience of being interviewed?
Well that was okay, in some ways its kind of like therapy in itself and also in the run
up to you being here you’re thinking about it, like I said you know you get rusty on your
tactics, well this interview with you has obviously made me think about my therapy and
its come to the front of my mind a bit more, so some of those old tactics have come back.
So in that way its been good and its made me think maybe I should go back to the doctor
and suggest, I do sometimes feel like I really should be talking to someone, so yeah, it
brings things up. I suppose to get upset isn’t very nice but I, I don’t know if I mentioned it
before but I cry therefore I am, I’ve had to like reach that point with myself because I do
cry about things even adverts on the TV sometimes and rather than trying to stop myself
time but, and I think often other people feel more uncomfortable with it than I do, so it
was quite upsetting but not as upsetting as it might appear to have been because I’m not
as upset as I think people think I am.
Well thank you very much for your time.
Interview 6: Therapist
Interview Date
29/10/99
I: So why do you think that people enter therapy?
P: I think probably for many, many reasons um, I think it would be easy to think that people
came into therapy because they had a clear idea of their problem um, and sometimes that’s the
case but very often the problem is something else, they, they, they discover the problem er and
its slightly different from the one they came with, other times it can be through a sense of
obligation or pressure from other people, sometimes people get here because their GP’s have
sent them um I don’t know whether they actually started therapy er I’m losing track of the
question.
I: Um just kind of why, for what reasons do you think that people enter therapy?
P: Mm, I, I mean a, a, a huge range but I, I think you know identifying the problem and
then er coming hoping this form of treatment will help them er, they’ve usually come quite a
way down the line before they get here um, that would be one answer another would be the sorts
of neurotic conflicts or that kind of answer, I don’t know.
I: And for what reasons did you enter therapy yourself?
P: Because I wanted to become a psychotherapist and through enquiring about training realised
that that would be part of it so that was the first thing I made a start on before I got into the
course.
I: Right, and was that it, or was that, or is that a psychoanalytic model of therapy?
P: Yeah er well psychodynamic psychoanalytic it was, once weekly.
I: And was that, is that kind of the same model that you did your training in because is it the
British Object Relations school the training here?
P: Um, I didn’t train here I trained in Manchester.
I: Right.
P: Um, my training did draw from British Object Relations model but um, we looked at er
drive theory and, and other theories too.
I: So um from your perspective why would you say that people, um we’ve talked about why
people enter therapy, why do you think people particularly come for psychodynamic,
psychoanalytic therapy?
P: I don’t know why they come for it as opposed to any other therapy, I guess it might be more
indicated as a treatment choice and that, that’s usually er discerned at assessment really so if, if,
if somebody can, has got things like psychological mindedness, you know, they can understand
the past in the context of the present um, and are talking about past problems, past traumas, then
it might ring bells in the heads of GPs to think well this might, this might be a better option than
say a cognitive model or of something else. I don’t think the majority of people will er think I
need psychoanalytic psychotherapy, I think they go to their GP with a problem and invariably
they get passed onto maybe a CPN or a psychologist and then, or a practice counsellor, and er it, it becomes clearer which treatment form is indicated.

I: And, and so your reasons for choosing um a psychodynamic, psychoanalytic approach, are they different from that or?

P: Ah, I wanted to be a psychodynamic or psychoanalytic psychotherapist, it was the model I found most interesting, I'd done a bit of reading er before, probably before um embarking on, on, on therapy and it interested me. I think I, it was, it was about training it was also sort of self interest, you know, pursuit of insight, getting to know myself, those sorts of things, curiosity, yeah.

I: How do you think that people find the experience of therapy?

P: Its so difficult to be precise um, I think again its sort of, I don't know how helpful this is but just, I think people experience a multitude of different things, I don't think there's any, any one way um... my sense is, people I see, people I see for follow up will, will say its benefited um... then maybe I choose to see the people I think will say that, I don't invite everybody for follow up.

I: How have you found the experience of therapy?

P: For me personally?

I: Mm.

P: Er receiving therapy?

I: Mm.

P: Very helpful, very helpful indeed, I think for me its um, its outlined deficits in my own early relationships, things I lacked, things I needed um, and retrospectively er looking back on my therapy or therapies um, it might not have seemed, it might not have dawned on me that therapy was what I needed but it certainly gave me something that I retrospectively now understand that I lacked, a, a handle on things, an understanding um, yeah, its been very helpful.

I: Is that kind of what, you know, if clients are giving you feedback on their experience of therapy do they kind of say those sorts of things?

P: I think so yes, I, I think so, I think its not, who knows where I would be if I'd not had therapy you know, it, its very difficult, its very subjective um, yeah those sorts of things, you know, sorts of things like um, you know, the practical things haven't gone away but I can see it differently or I've got a, you know, a different perspective and its helpful, I don't do this any more I do this now, its better um, yeah.

I: And do you think that people benefit from psychotherapy?

P: The people who come here um, which, you know, isn't the kind of majority of the population, of the people who come here I would say a, a large percentage of them may gain some benefit, it doesn't help everyone um. Yeah I think on balance more, more people are
helped than not, of this, you know, the small percentage of the population that comes to psychotherapy.

I: Um and I guess you, you’ve already kind of indicated that you feel that you have benefited from therapy?

P: Yes.

I: Um do you think, I mean a separate issue, do you think you’ve benefited from your experience as a therapist?

P: Benefited in what way?

I: I suppose I, I, maybe I’m meaning from, from the therapeutic process itself but in the position of the therapist, do you feel you benefit from, from that kind of process?

P: That’s a tough one, I think um, I think it, it, it er it does the ego a power of good to think you have helped somebody and to see somebody be helped um, and shift in positive ways um, but I think, I think it can, one can maybe get seduced into, into the dynamics of helping others maybe er at, at, at maybe at some sort of maybe personal cost er, you know, and sometimes it can perhaps be a kind of um, mask to hide behind, that can, that can seem positive but I don’t think it is. Its, its a very seductive idea to sit here, you know, nodding and er accepting lots of positive and sometimes ideal projections er, it can register over the years as a, as part of yourself and its not true, you know. That can be, I think that can be a problem, I think that needs to be, you need to keep that aware and in your mind, you know, keep a check on that.

I: Yeah, Yeah. Um, so how do you think that ending is experienced by clients?

P: Again I’m gonna say it, I, you know every ending is different, every person is different um, the procedures for ending more or less follow the same, the same kind of rule of thumb, set a date, work towards it er look at what’s been gained, look at what’s not, er the pros the cons, the good the bad um. All that happening plus trying to maybe shift a little bit out of the therapist-patient relationship and more towards a more kind of people, just people together, sort of ending on a slightly different, different footing maybe. That would be a kind of ideal er, but of course that doesn’t always happen um, sorry, say the question again please?

I: Um, how do you think that ending is experienced by clients?

P: I think for some fulfilling, satisfying, for others, you know, not good, not good at all um. Some people I think er, not the majority, but some people would love to stay here forever, you know, they just don’t see, they don’t want to end, you know, the ending is um, yes its difficult, too difficult and they’ll, they’ll stop, you know, we’ve set a date for say three months hence and they’ll just not come, I mean that’s a poor outcome but it happens sometimes.

I: So avoid the ending rather than work towards it?

P: Mm, yeah and invariably then get referred on somewhere else and somewhere else and so on.
I: So, I mean if you, if you were to describe to me kind of what, what you think would make a good ending for clients, what, what would that be and what would that involve?

P: Yeah similar to what I've just said really, planning, I, I come to a sort of sense of it as well, I mean it, it, and again its back to assessment, there's lots of threads to this, maybe it's not what you want to hear but, you know, you maybe decide at the beginning of the therapy how long you're going to meet, you know, some people you will meet with for eighteen months so you know, you know that next summer or whenever it's gonna be um is, is going to be the end, so the date's more or less set um, with other people you have an open ended contract um....

I: How is that determined?, how's it, I mean, you know is it, what is it about a particular person that would kind of maybe make you go for a time limited therapy as opposed to an open ended therapy?

P: Mm, it is, it is about assessment, it is looking at things like, um, you know, a capacity for insight, psychological mindedness er ego strength, those sorts of things where you think yes this, this person could just get on and do this um, whereas with more disturbed patients you might spend the first six months kind of paddling around getting to know each other and, and sorting out the alliance er, you know that its going to take much longer. Maybe with more kind of primitive disturbance, you know, there's, there's quite a lot of work to, to do in and around the actual um meat of what they're bringing, you know er. So and, and short term I mean is different again you know, some people will come with a very, a very clear focus um and, and you know you're just gonna be able to do this in under six months. So the endings are kind of different, you know, in, in that way um but in any case the ending, I mean with the short term you'd be perhaps interpreting the ending right from the beginning, you know, cause it might be about loss anyway. But with any of the endings you would need to work towards it and have some, have I would hope some, some date, some, some time in mind er and, and sort of be winding down working towards that, talking about what it means to be, to be losing the therapy, to be losing the therapist, to be losing the time, the opportunity to explore things and what it means to go.

I: And how, how, I mean have you, have you ended with both your therapies or?

P: I had four.

I: Right.

P: Sorry {laughing}, yeah the first one er we ah that's interesting because the first one we had to end because my therapist er was the course convenor of the course I was going to start on, the course co-ordinator, so we knew from the very start that if I got a place on the course the therapy would have to end um, and, and, what happened was we had two years, that, that's what happened, we had two years therapy er and then I started on the course so I might have gone on longer actually had that not happened but I knew, I knew I was going on the course say in four, five months time so we worked towards ending. The second one was my training therapy proper
I suppose um, and yeah that was okay um, that was my kind of least, well that was an interesting
therapy I thought, I don't think I chose my therapist well, I think I probably chose her for the
wrong reasons, er it involved a time for me with a lot of life events, I was quite preoccupied with
practical things and I was sort of glad to go really, oh good I've done my two, two and a half
years or however long it was I had to do um, I'll go now. But we still set the ending, we still
moved towards it and worked through it. My third one um, was, was post training and, and that
was er, that, that was er probably the most natural, mm I don't know maybe the first one but we,
we worked together for some time and then um, I, it felt like for me something was, I was ready
to go, I was ready to end and we set a date, worked towards it um. So it was one in the middle
um which was just a very, very short term sort of ten, ten, twelve weeks and so that was, we
were looking at the ending more or less from the beginning.

I: Right. So would you, would you say they've all been sort of fairly good experiences of
ending?
P: Yeah, yes I would, yeah.

I: So how, I mean I guess moving into different territory then what, what would you say would
make a bad ending for somebody?
P: The therapist dies, um, gets struck off, is no longer able to work um through illness or
whatever er or when, those awful sorts of situations when one is never quite sure whether the
therapy is helping, you rumble on, you rumble on, you see some movement, you think yes you
carry on, you carry on, um, you, you just wonder how much therapy has helped a person and
then you set the ending and they just sort of bunk off, you know, they, they, and you then
wonder just what this was about. I sort of, I suppose someone who, who can't work through an
ending who, who, who just leaves the therapy rather than works it through and that can be very
difficult, um, and it leaves the therapist feeling, you know, that they're a pretty poor therapist I
guess amongst other things.

I: Are there any sort of, any people you can think of or any sort of endings that you can think
of that have been, you would classify as not so good but the person did actually sit it out until the
end?
P: Oh right, um...I can't really think of that, that, that's probably happened less more than um
people cutting short an ending or wanting a quick ending date and I've been wanting to say,
'well hang on give yourself a bit of time here, you know, do you really think sort of three weeks
is enough or two weeks is enough', you know, and they've been insistent on that and, and I've
said, "well okay", um, and the outcomes of those have been fairly split. Some people have come
back within six months and said, "okay that was a bit soon, can we carry on", and there's been
further involvement or, or I've not heard and presumed they're okay um, and sometimes you can
gauge whether it feels right for someone, you know, and sometimes it can seem like people are
trying to convince you that a quick and short ending's good and you're not convinced but, you
know, you can't make people come, you know, you can only say I think this clinically is my
experience, you know. To the others where they have just left, you know, they've um,
sometimes because the endings come and go but sometimes because um there's changes out
there in their lives, they just drop it, they just, you know, so.
I: And, and the people who kind of end and seem to not be able to work through the ending as,
as opposed to people who want it quickly and still stay until the end, do they, do you think that’s,
you know, would they have a different problem with endings or, you know, does that pose
different difficulties for them?
P: The endings are invariably about their own personal relationships, their histories and their
past um, and if you can think of how multifaceted that relationship is on top of ending and all the
business that needs to be done there er its really, really hard to say its this, its that um... could
you say that question again and I'll try and have another go at it.
I: I was just wondering if because you'd kind of mentioned two, maybe two different types,
I'm not sure if, um and that's simplistic I know, the kind of people who sort of don't come back
because, you know, you were gonna work towards ending, and other people who sort of say, you
know, I want it to finish quickly..
P: Yeah, and then there's others who of course, the majority of people I think um, probably my
experience is the majority of people do set an ending, do work through and then do leave on
time, so these are just um a few, relatively a few to the main bulk of people who I think do tend
to see it through. But yeah, there are, there might be, there's, there's two, I have had people who
wanted a quick ending and I've had people who've just, just not been able to continue to the end,
but they are in a minority.
I: How, I mean how long would you sort of or do you prefer to leave kind of as a, as a
termination period if you want to call it that?
P: I think it, it can depend really on the length of the therapy I mean that's a kind of little sort
of rule of thumb although it, its um, it depends on other things as well er probably, maybe the
longer, rough, rough guide, the longer the therapy maybe the, the longer the time to, to leave for
ending um, but I, but I think probably about three months on average, about three months on
average.
I: Mm, and, and for your own therapies was, was kind of that about the period of notice
as well?
P: Yeah, yeah it was, as I say different for the short term one as I understood I'd started a
twelve week stint we knew when we were ending um, yeah, yeah about three months roughly
but its negotiated you know, it gets negotiated really... and its like where does the process start
as well because you know you can see people for years and start possibly mooting the possibility
of, of ending or, or reviewing, where are we up to, how’s this going you know um, and that can
go on and on and on, you know. It can take a lot of time for people to, for some people to catch
on to their part and their responsibility and how they’re going to get themselves out of this, you
know, how are they going to leave it, how are they going to exit, how will that be, um, and that
can take ages. So when you think about how long does it take, you know, you can, you can set a
date for three months and actually you’ve spent the last year to get to that point, you know, its
very different for different people.

I: Um, I’ve got a multitude of questions going round in my head um, of any of the therapies
that you had yourself was there, I mean you had those periods obviously but in any of them did
you feel like you really could have done with it going on longer or you felt quite resistant to it
ending or?
P: I think the first one, you know that was a really good, good therapy for me, I think um I was
learning the most, it was like a bit of a growth spurt you know because it was my first one and as
an eager and young and er, I enjoyed that, I had a good alliance um, I was learning tons, he, he
was a good therapist and we had to end because the course was starting, but it felt okay. I think it
was managed, managed well um, but I remember feeling most, I suppose I think bitter is too
strong a word, most bitter about that one ending. And I think the other thing to think about
endings, you know, you say, I say this rough guide three months but if three months is gonna fall
like in the middle of January, you know, it, its daft, you know, common sense you’re gonna end,
take a natural end at Christmas, you know, it, it or, or maybe you’re gonna think no Christmas,
God, the most emotional time of many people’s, you know, year so lets put it at the end of
January or lets put it. So, you know, so those kind of things and then there’s holiday breaks in
the summer you know, its not a good idea to have three weeks break and come back for one
week and those sort of things can, they might sound sort of quite trivial but you meet those
things lots of times, you know, um thinking about dates and times and when its best. So yeah,
probably um, it, it was an alright ending my first therapy but I think I felt the most resentful
about that because er it was at Christmas er and the following Christmas I remember feeling very
low about it um, or maybe it was the first Christmas and maybe it finished just a bit before
Christmas and then that Christmas I felt quite low about it, it kind of hit me.

I: So I mean at any, I mean I guess it was quite a different situation in one way that you’d kind
of agreed that if you got on the course you would have to end, but did you kind of raise at any
point, you know, your feelings about, a resentment about ending with the therapist?
P: Oh I can’t remember, possibly, probably um, but I don’t know. I think um, I think it got
acted out a bit later um, certainly, and I remember one point, in various ways um, but I
remember one point er sort of seeing him on the course and another point going back to see him,
because it, it was, it was awful and just having to say, you know, “this, this is awful, I’m having
a really bad time here”, um, yeah.

I: So in that sense was the ending continuing to sort of impact on you?
P: Oh yes, yes, yeah for absolutely ages afterwards, yeah, so when I think about it maybe it
wasn’t such a, a good ending, I mean it was good, it was planned, er, yeah, but I don’t think it
was, I don’t think I probably had worked through what I needed to.

I: Is that maybe how you would explain why it kept impacting on you because you hadn’t
worked through certain things that you’d needed to?
P: Possibly, I mean that’s a nice kind of neat kind of rationale isn’t it but I don’t think one
knows at the time what, what, what we’re supposed to be working through, you know, and I, I
have, I understand that, you know, with patients when I sort of offer a, a couple of pointers and
they say, “work through ending, what does”, you know, some people understand er what’s, what
they need to do and others can be a bit at sea er and I think if, if you try and prompt them or, or
help them and say, “well you know its been two years maybe, you know, there’s things we need
to say to each other”, or something like that um, it, you can see them struggle and I, I can
identify with that and its then maybe when it is over that the, the feelings hit them, you know. I
think with me and maybe with others, I don’t know about patients I could only hazard a guess
but with me I think there is a real denial about the ending, I don’t think I wanted it urn and 1
think because the course was starting it was like, and he would be on the course, it was like, oh
well you know, we’ll just carry on sort of thing but it wasn’t like that at all of course, um, I think
it, it, it sort of hit me really more when it had ended.

I: Mm, mm, um and maybe if we could stay with that for a bit longer because one of the later
sort of areas I wanted to go into is how, kind of how you think that um clients experience
therapy or and or termination after the therapy has ended, I mean you said you, you really
wouldn’t have known what, what you needed to work through or whatever before the
termination but did, did that become clear afterwards or?
P: Yeah, its still becoming clear to me now, goodness knows how many years on um, yeah I
think it becomes clearer afterwards, I don’t think, I think you can have some idea but I, I
couldn’t have known how it would affect me and what I needed to do um, and maybe that’s an
indication that the therapy wasn’t long enough.

I: And, I mean did, did the therapist kind of, did he say at any point or did he suggest that you
know, you could have had a follow up or if you were to contact him or that kind of thing?
P: That wasn’t said um, but because he was a trainer in the area I did have some contact with
him and, sort of generally you know through er through the course, and I think if I’d been really,
really suffering I, I knew I could have contacted him um, which I did, I mean I did I went back
twice to see him and that was, that was alright.
I: Were they just sort of one-offs or?
P: Yeah.
I: What, I mean what was it like kind of being around him after, after you’d ended therapy with him and kind of still carrying lots of feelings and sort of?
P: Yes, quite difficult, manageable but difficult and I think what made it more manageable was I had other peers on the course in the same situation so that, that was quite supportive um, I mean I’m, I’m giving one side of it there was another side of it which was very good and um, it felt alright. I don’t, I don’t think um, I don’t think I felt let down by him as a therapist I think he did all the right things and was supportive, empathic, containing, interpretative and it was alright, there was no sort of flaws or mistakes in, in the way he was and what he did. What actually hit me was um a whole host of feelings I didn’t know were there just came, came up to the surface um, er and, and then having ended the therapy I was more or less left to deal with that um…you know I can’t, I can’t really see he could have known that or what he could have done and it would have been sort of boundary issues you know, I wanted to do the course I mean I suppose I would have been confronted with well stop the course then, carry on with therapy, but I wanted to do the course so lived with it I did.
I: So, I mean its just something I’ve come across in the literature but what would be your idea about um that, that maybe something’s um kind of maybe get worked through after the therapy has ended or whatever would never become apparent in therapy and you need to terminate before certain things kind of arise?
P: That’s right, I, I think that and not with everybody but with, with er quite a lot of people, hence the long ending, because suddenly things can come up at the prospect of this ending, this termination er and what that means, you know you can get yourself into a whole different ball game just, just by raising ending er…so yeah.
I: Its an interesting idea.
P: Mm.
I: And so you as a therapist um, I mean how do you think clients experience um you or the therapy or kind of the, the impact of termination after therapy has ended, do you have any ideas about what they might experience?
P: Again, again its very, very different for some people and you don’t always have evidence um, sometimes its a complete surprise, the majority of people you don’t, you don’t hear from you just have a sense in yourself that they’re out there somewhere and okay. Sometimes GPs will give you feedback, occasionally you get a, get postcards from some people, you know, years later they sort of write you um, and let you know they’re okay. For the majority of the time I don’t, I don’t know just how they’re doing or how they’ve held you in mind, only well kind of well I suppose countertransference feelings, you know, if you, if you thought well that was a bit
messy or that was, don’t think we worked through everything there, you know, you, you, you’re holding that and you can presume or, or maybe guess that they’re thinking something the same.

But then again you could say well no that’s split off I’m holding that they’re feeling great you know or vice versa if I’m feeling great about the ending, you know, maybe well I wonder what’s happening for the patient, you just don’t know, you just don’t know unless you actually invite them back for follow up and ask.

I: So, I mean the people that you do ask back for follow up is that kind of a, I mean do you have a rule of thumb about who those people might be or is it kind of more a feeling of?

P: Well as I said probably the people who I think are going to come back and say, “I’m doing really well”, is the honest answer um, but no that’s not actually true because, its not actually true, I, I do do that but I also invite people back who um maybe I’ve, I did do this with one chap who I thought ended too quickly, he was adamant, clear, you know he was going in two weeks I managed to eke it out to three but it still wasn’t enough I mean, you know, um, because we needed months and um, so I said well, you know, “why don’t you come back for a follow up appointment at the end of the year”, and he contacted me before that saying, you know, it, it had been too quick and came back to see me...so yeah maybe people I think who, and people who need to kind of just, you think are they just going to come back and touch base, check I’m still here you know and have survived this and er, and come and, come and show me what they’ve been doing, you know, before they go, go off again um. It depends on, you know, you, you’re kind of fortnulation, what, what kind of formulations, what theories, what ideas you’ve been working with, you know, how they’ve responded and you think oh yeah this, this person would do really well to just come back. I mean some people organise it themselves, they know this, they sort of say, “I can’t just end right, I need three staggered appointments and I’m gonna come back at the end of this year and see you in the New Year, I want to see you next summer and then I’m going”, and fine and it works for them you know so um.

I: Would, I mean would you always agree with that kind of suggestion or are there kind of some people who you’ve thought maybe that would be counterproductive?

P: Yeah, some people that would be counterproductive with, yeah it would.

I: So is, is there kind of a, a reasoning kind of behind, I mean say the people maybe that you feel that the termination has got to be absolute and you don’t meet again after that, what kind of, what would determine that kind of ending?

P: I suppose if people er, lets say for example if you’ve got somebody who’s working really, reasonably short term with issues of loss and ending, you know, you’ve got five or six months to, to look at loss, you’re interpreting the ending with the therapist all the time, it, it, its looking at the finality of the end you, you know, from the beginning if you like and I, I suppose you’re gonna start messing around by saying, ‘well I’ll, well okay we’ll end, well we’ll not really end
cause I’ll see you again next year’, it, it can, you know, possibly um, I was just thinking of,
imAGInIng a case there, you know, imagine if you’re working with issues of loss um, and ending
then you need to end.

I: Um, and did you have any kind of follow up on, on any other, I mean you said you met up
with your therapist for the first one but for the others did you have any follow up at all?
P: No, no.

I: So they were absolute?
P: Mm, yeah, I think, I don’t know if its different for training therapies, you know, because
training therapists and trainers, personal therapists for training, you know, your, your training
therapy, well there’s a different kind of relationship maybe there, um, I don’t know if that’s true
but um I think if, if I’d said or written later, I mean maybe that’s not true actually, maybe
therapies are therapies um, because I think if er if one of, if one of my patients who after we’d
had a reasonable therapy and they’d ended reasonably well too and said, “can I just come back
for a follow up?”, I’d say, “yeah”, you know, and I think that would have happened then. Yeah
so maybe training therapies and therapies er aren’t that different.

I: What, I mean, I guess it seems like you, you’re not, to some extent not sure whether they are
or they’re not and, and I’m just wondering what, what might make you think that they are
different?
P: Well the fact that you usually end up working with the people who you’ve been in therapy
with, you know, when I pop back to Manchester, you know, I still want to pop over to say, ‘hi’,
over coffee, ‘how are you’, you know, you, I don’t think you get that, you know you wouldn’t
get that really. I mean you might bump, bump into an ex-patient in the supermarket but its
different you know, um, you go back to um, you’re working with your therapist and you’re
sharing a lot of the same world, you know, you’re maybe teaching together or you know you’re
in, in the same building or, you know so, you know a lot about why the other’s there and you’re
working together as it were.

I: So to some extent it sounds like clients, patients have the freedom, more sort of freedom for
the kind of relationship as it was to carry on like that after its ended and maybe for therapists
who have been in a training therapy its kind of got to, the relationship has got to change quite
quickly and quite abruptly?
P: Mm, yes that’s right, if what you’re saying is it, it, it seems like the, the patients who come
for therapy have more opportunity to, to organise and manipulate their own internal world as, as
they would want it and let the memory fade in their own good time then yes I think they do
rather than trainee therapists who can bump into their therapist a week after they’ve ended
therapy, you know, possibly.
I: Um, so after the point where ending is raised um, I mean, and again its quite a general question but what gets talked about or what, what if anything changes?
P: When the ending date's been set?
I: Yeah.
P: I think, well a patient can talk about whatever they want I suppose, but I suppose for the therapist you've kind of got that in mind and it, it does put another slant on the things people, people are saying, you know, um, so oh if the patient for example just off the top of my head brought material at the beginning of the therapy and said, "I'm sorry I'm a bit late, I lost my keys in the car park I, I must have dropped them", um, then you would interpret that from a completely different perspective at the beginning of therapy than you would if that material came six weeks before ending, do you see what I mean?
I: Yeah.
P: So um, it can put a different, it can put a different slant, you know, you're thinking oh we are moving towards letting go of each other, what does that, what might this mean as opposed to we're embarking on a two year journey here, what might this mean, you know.
I: Yeah. Um, are there any, I mean I suppose I'm thinking again something that's come through reading the literature is um, some therapists have written about symptoms sort of exacerbating or re-occurring, you know, after ending is raised, has that ever been your experience?
P: I'm so sorry, can you say that again.
I: Urn, just something I've come across in my reading is that some therapists have written about clients, you know, they've raised a date for ending or they've set a date for ending and then the client's symptoms, original symptoms come back or, has that ever happened?
P: I think, I think it has and I think my understanding of that, because its written about isn't it so we sort of expect this, but I have experienced it not all the time but its, its more it seems to me like a kind of touching base and going back to the beginning and, and checking out, you know, like er the kind of try it, try it on for size again um, and it helps them kind of work out where they were and where they are now um, I think, that's one understanding of it...mm, there's a lot of things in that I think, yeah I have experience of it sometimes, not all the time.
I: So are there any other changes that you can think of that kind of happen after ending is raised or after the date is set?
P: There, there's got to be changes in the kind of atmosphere if that's the right word or of the kind of psychic space between you um...and its different with different clients, sometimes it feels like the pressure's more on to get this work done in the context of ending, especially if there's resistance about ending or ambivalence about ending um, you know, anything from a
range between that and oh we’ve done it, we’ve made it you know this is a relief now let, lets
move towards this ending, lets relax into getting said what we need to say and cheerio, um.

I: Um, and, and kind of what gets talked about and sort of the feelings that are around, do they
kind of change or?

P: I think they become a bit more heightened, I think, you know, some people will grasp the
fact that, you know, they might have been coming here for some significant length of time and
that they’re not going to be coming here any more so, you know, talk about, you know, sort of
Friday afternoons at 1 o’clock won’t be the same again, you know, I wonder what I’m going to
do with Friday afternoons at 1 o’clock, um... and I suppose I might be a bit more pressing
towards er kind of transference comments um, you know, trying to tie in the, the ending with
how they might be feeling um, feeling about me or wondering how they think I’m feeling about
losing them um, and I suppose that it, it, it is an indication when they say, “well I think you
might miss me”, and when you can allow that, when, when that feels alright, when they’ve got
that right um and you might not say anything but you’ll allow them to have that, that, you know,
you don’t, you, you just let them have that um, that can be quite, quite meaningful, “yeah I think
you’ll miss me”, it, its there, you know. And sometimes with some people you might, you might
say that to them, I couldn’t say that I miss people, I’d never say that I’d miss them but you might
want to say something back, you know.

I: And in your own personal therapies um, after ending was raised, can you remember kind of
what, you know, how, if it felt any different or if different things got talked about?

P: Mm, yeah I think it does, I think it does shift gear a bit, you know, its like oh god, right, well
what do you say to someone, you know, you’re leaving, you, you start, I started, maybe started
speeding up saying more, you know, it becomes a bit more intensive. I thought about gifts, some
therapists I bought gifts for others I didn’t, and what it would be, what it meant, helped me, it
kind of helped me to talk about the ending um... mm it sharp, it sharpens, it sharpens things up or
it did for me, which is quite worrying when you get a patient and it doesn’t seem to be
sharpening them up, you know, they seem to be kind of drifting on as if, you know, we’ve got
another eight years of this you know and you sort of maybe need to make a comment about that.

I: How would you explain that kind of behaviour in the context of the termination phase?

P: Well I suppose the first thing that springs to mind might me a kind of denial of the ending
um, and of what that means, a loss or change um... .

I: Um, what, what’s your feeling about what ending is like for therapists?

P: The kind of things I pick up between colleagues about ending?

I: Mm.

P: Um... a mixture, a mixture of things I mean, you know, it depends if its been a troubling
ending but people might say, “oh God”, you know, “I’ve just finished with this person and it was
so difficult”, um or, you know, pleased, “that was good”. I remember we used to schedule it into meetings so endings were actually identified, flagged up, you know, I’ve ended with this person. We don’t have those meetings now or we don’t do that in meetings now so its a bit more of a kind of mystery of when people are starting and ending now in this department and, I worked in a therapeutic community and endings were very, very planned and the whole community was involved, you know, people sat in the group, three times a week psychodynamic, psychoanalytic group and they announced their ending and it was about three or four months time or whenever they thought, that was negotiated, accepted, and they worked towards that and they had a meal, the whole community made them a meal, you know, sat down together and they could invite people in, you know, the part time staff or staff who’d left maybe they would ask them to come back for a special meal and it was quite an event, quite an event um, and like I say it was a shared event.

But I hear less about endings here now as I say unless something’s been particularly good or particularly difficult.

1: Um, and I guess, you know, we’ve mentioned kind of avoidance and denial in, in client’s endings, do you think that happens with therapists?

P: Mm, yes I do, yeah, probably not a great deal but it can happen um, it can happen. I do remember one person that we had arranged to meet for eighteen months and I just sailed past it, then I looked and we’d been meeting for about twenty months, the therapy was going great but I just, you know, and I had to say, “look I’m sorry we said we’d end”, you know, “two months ago”, or whatever it was um, “but it seems inappropriate to do so can we, can we set another ending date?”, “yes!”, so we did, the therapy ended properly um all seemed well er that person came back for a follow up and is fine, you know, fine, so I’m told, you know, so that was really strange.

I: And did you kind of, I mean did you have any thoughts on that at the time why that might have happened?

P: I think because it was going well it, it was a particularly hard working person who um, was just so, such a, a good candidate for psychotherapy um, with just seemingly the right mix of er curiosity and anxiety, stability and chaos, just the integrate balance, just took to it like a duck to water, just got on with it, made her changes, sorted things out er it was a good therapy and I think kind of no way it was, I had any thoughts of ending at that point, you know, and then when I checked we’d actually gone about two months over so we just set another ending date, something that felt more appropriate.

I: Had she realised that as well that you’d gone over the time?
P: Um, I think so, I think so, I think so, yeah, but I think maybe like me hadn’t given it too much thought or managed to rationalise it away somehow or maybe I’d decided to carry on and not told her or something like that, you know, no, I forgot, mm.

I: So in your experience as a therapist do you think, who, who is it that raises kind of ending more often, is it you or is it the client?

P: Um, if its only to say this is an open ended contract, if its only to say that never mind we’ll meet for eighteen months or we’ll finish at Christmas or whatever, if its only to say this is an open ended contract, that gets mentioned at the beginning so I think there’s always a sort of, the idea that this is not, you know, interminable um, this is an open ended, the ending is open but the ending is there. So it’s mentioned I think, well I certainly mention that at the beginning um, and if it, if it’s a set time, you know, a year or whatever you know after six months it might be reasonable to say something like or, or, or listen for material that talks about half ways or middles or, you know, very often people are right in their material in the middle and um its gone reasonably well er and that could be a bit of a prompt, you know, we’re half way um. But in an open ended er I, I think ideally the patient would come to know themselves when it was right to end but um, there are some people where it seems like they’re not gonna go and you’re wondering how much you are helping them, what’s this about, you know, er there are sort of pressures, this is the NHS, there are waiting lists, you know, it would be great you know if we could meet for another ten years er but that’s probably, I mean its not possible so I wonder where we’re up to...I think when a therapist indicates the ending, you know, its something to think about, there’s papers written about it, you know, er kind of therapist motivated ending as opposed to a patient motivated ending, um.

I: And, and when you have raised ending as opposed to the client, what, what determines that do you think or what are your criteria for that?

P: I think something of, of what I’ve just said, thinking well where did we start, where are we now, that’s a vast amount of work, that’s a vast amount of change and a sense of, you know, checking out each session, where are we going with this, what, what are we aiming for, you know, um and I think for some people its, its quite, its quite difficult to think that you’re not going to take every life event and the rest of their life’s journey with them, you know, I think, ‘oh well I haven’t got married yet’, or you know, ‘I haven’t got my job yet or’, well yeah you know but I don’t know that we could stay, you know, to work through all of that, you know, at some point you’ve got to let go, and all that needs interpreting of course, you know, you would work with that you wouldn’t just leave it there um ...so yeah wondering how much more I had to offer, how much more of the therapy I had to offer, whether the patient was working or not, um, whether we’d covered enough...mm, of course if I thought therapy was not helping someone in fact the other way, it can do them more harm than good then I would stop it, I would
stop it. It doesn’t matter how good an assessment is there’s always one or two you know where
you’re thinking, ‘no’, and then you could have an assessment when a person’s waited so long on
the waiting list by the time they get into therapy so much has changed their lives out there, you
know, deaths, divorces, job losses, whatever, they’re a different person when they actually get
there, I mean usually its not that radical um, but if you think, you know, this, this person’s too
anxious or there’s too much going on, much more going on than there was at assessment, we
need to stop this and think again.

I: And have, have you ever sort of raised ending for a client and then they’ve been really
surprised about that or?

P: I don’t think, I don’t think surprised, I don’t think surprised because you’re confronted in
therapy with endings all the time in a fifty minute session you know, its all the time. People are
aware of the clock or should be and the time running out, the tick, tick, you know, how many
weeks, how many months, how many years, I think its always there, maybe denied or
 overlooked sometimes, disregarded but it, it is always there really. So I don’t think its surprised
its, its, there’s been sort of um, kind of grudging resentment kind of, you know, a sense of it
might be just my doing that they had no part in this, that you know as a clinician I want to
 discharge them and I have to say, “well its not actually like that”, you know, “maybe you have
some say in this and maybe this is some of your responsibility and it seems like ending’s a bad
thing, you know, whereas”, I probably wouldn’t suggest this but I mean endings can be seen as
good things can’t they, you know, if your therapist thinks you’re well enough to go or you’ve,
you know, shifted enough to go then that’s maybe not such a bad thing. So I don’t know if its
about surprise, sometimes a bit of anxiety, “do you think I’m ready?” or they bear a grudge, it
depends.

I: And what about the other way round, has a client ever said kind of, you know, I’m ready to
end or whatever and you’ve been really surprised?

P: Mm, yeah, yeah, it, it, its never usually quite that way, yeah, I can remember, again only one
or two people have said, “I’m ready to end”, and I’ve said, “okay, do you want to set a date”,
“Well next week”, and that’s a kind of short ending you know and I’ve said, “er, maybe not such
a good idea”, but they’ve stuck with that, “no, no, no”, and they’re off, you know. But I think
 with that, when that happened we had talked about it a bit, we had talked about ending it wasn’t,
‘I’m sorry I’m leaving’, right in the middle of it, you know, we’d talked about it, it was just the
suddenness of it, it was a bit quick I thought but um, some people will just, the, the patient in my
experience doesn’t tend to say, “I’m having a terrible time in therapy I want to set an ending
date”, they just don’t come you know, its just um, they just decide not to come and that, that’s
not happened very often where somebody’s just dropped out in the middle of it but it has, I can
remember one occasion when that happened, anxieties just spiralled off the, you know, off the graph and that was, that was it.

I: And did that, I mean that kind of ending did that continue to have an impact on you as a therapist?

P: I’m still thinking about that one and that was years ago, mm, well you do I mean I wonder what could I have said, what could I have done um, um not to go into too much detail but things were happening out there and it got a bit enflamed and oomph this person’s off um, but I still think I had a part in that I could have maybe tried to contain that differently or manage that differently or maybe there’s something I could have said or you know.

I: So that, that particular ending has stayed with you more than others say that have been worked through?

P: Well there’s kind of like in my head, there’s this kind of like great lump of okay endings, you know the majority of people have these okay endings, so I have a sense that the majority of patients I see have okay endings. Some have superb endings where its been a joy to have been with that person you know, its just, you think what a brilliant therapy that was, you know, they’ve, they’ve done really well and um and then some are kind of mm, mm, yeah. Most of them are mm, mm, yeah and it, in, in some senses, no this is not true what am I saying, the best endings really are, are people who its okay, its the kind of middle band of people, they, they’re really the kind of best endings where its not brilliant, its not terrible, its just, you know, ambivalent and ‘well yeah I, it was okay and I’ve got this but I didn’t get that’, they’re the most realistic, they’re the best endings. I mean I think we’re talking about my counter-transference when you have those brilliant people who do really work hard and it’s a joy to work with them and you really like them as people and they go off and they have the life and they’ve just made so many changes you could sob, you know, you think oh that’s just brilliant, you know, er I suppose I have a couple of those in my head but that’s more about I suppose counter-transference and er I suppose liking some patients more than others and you know liking what they’ve done and being pleased for them and so on. There’s a couple of those and then most of them are ah yeah okay yeah this was alright, which is probably the best, the best endings and then there’s a few that um, you know, you wonder, ‘oh I maybe could have handled that better, I don’t think that was such a good ending’, or maybe the patient feels it was a good ending but you don’t, you know, er...But its so subjective I mean I had a woman who ended ages ago and er couldn’t sort of see me or work out what I had to do with it at all, so okay, so I go along with this and I invited her back for a follow up and she, she’d done really well and it was okay for her so you never know whether its, you know you have to be very careful how much what you think is a good ending and what somebody wants for an ending, you’ve got to be flexible, you know you can wonder or worry and you can bet that they might come back but then they surprise you and
they don't come back, you hear from their GP six months later, they're fine, so, you know, you have to sort of be a bit flexible really.

I: Yeah, yeah, um do you think that the ending of therapy relates to other endings and, or separations in the clients life?
P: Yes, yes very much.

I: Right.
P: And do you want me to elaborate?
I: Yeah.
P: Yeah, yes they do um, sometimes more obviously than others, obviously if, if in the material its about bad endings or rejections or they've been spurned or, or lost half their family in an accident or something, you know, obviously um, yeah I do, yeah, because I guess, there's some people that its, its almost kind of too difficult to do to, to say goodbye it's a kind of acknowledgement of something that there is some feelings here, you know, and it, and its a bit short and a bit curt but with other people you know, they'll, they'll hug you literally you know and this means, this must be their history it's maybe their personalities obviously too but um its, its something about their relationships, their experience, their histories.

I: And, I mean do you find that these kind of, you know, thoughts and feelings about previous endings and separations particularly come out once ending is raised?
P: Well it depends on the relationship with the therapist, I guess, and which way the transference wind is blowing, you know, whether their, whether their experience has been positive, they feel positive with you they, they have a positive ending or, or they have had positive endings in the past, they don't like you, or if something gets split off and they don't take to you they're not going to end properly with you, its just going to get left there. It, it just depends I think um, have, have I answered that?

I: Um, yeah, I mean I asked whether you felt like kind of previous endings and separations start to come out more, get talked about more or felt more when ending is being faced.
P: Oh, I didn’t know you said, yeah I, I can’t, I can’t say I could kind of tick that box every time, I wouldn’t say that um, it tends to, because, you know, for all you read in the literature people don’t come out with transference comments like, you know, “you are my mother” or “I am relating to you as my father”, it just doesn’t happen, its much more subtle, you have to look for it and um, and try, try out to see if that's happening, ask, you know, have a hypothesis and if it gets changed it'll get changed, and then of course the transference changes and changes again, you know, and maybe in the session time, never mind over weeks or months.

I: And for you in, in your own therapy um, did, did you, did you make any links kind of in the endings of your therapies or did you find yourself thinking more about previous endings and separations or?
P: Yeah I did, I did and they were different with each one like the first one, ah it was like a, an ending but a beginning because the course was starting. The second one was a bit of a relief to get out of, the third I was moving on again and that was the short term one, and the fourth felt, that’s I think what I meant by more natural, it just felt like we’d done some work and it was right to end, there was no pressing reason to end apart from it just felt okay, yeah.

I: And so were kind of previous relationship endings and separations, were they discussed more, more kind of deliberately in, in the ending phases of your therapies?

P: I can’t remember them being um, you know, brought in by me or the therapist particularly, I’m back to the kind of transference and looking for it, its quite subtle and you might do um, as a therapist you might say, “was that a bit like, you know, are you thinking a bit about that” or um, which doesn’t really explain what I’m trying to say. I, I don’t remember bring, hauling it in and saying, “oh, you know, this is like when my granny died”, cause it wasn’t anything like when my granny died um but I might have talked about it in other ways maybe feeling a bit bereft and at sea and, “oh what will I do now”, you know, um... but not, I don’t think I ever really linked it definitely, it was more a kind of a general sense, you know, than with any particular relationship.

I: So what kinds of issues get talked about in relation to the ending of therapy?

P: I suppose issues of loss and survival er I, I guess issues around stock taking, you know, where do you start, where’ve you been and where are you now, where might you be. There’s the capacity of the patient to have internalised the therapeutic process I think if that’s around in the material that’s important to pick up er, you know, that therapy can actually continue er, people who’ve had years of psychotherapy um tend to be good therapists for themselves, you know, they pick up and they, they, they could work with things and that would be important to sort of talk about how they might continue, how they might continue working, have they internalised something of how to think about themselves and their problems...and I think people start to say more er if, if they yeah, its like they shift a gear, it gets a bit more intense maybe towards the end and they might start saying things that from the transference that you’ve maybe suspected or not suspected but they’ve not said, you know, so they start saying “I thought you were really weird at first” or “I thought you were”, you know, this one person said “I thought you were much older than me when we started but now I think you’re younger”, which is an interesting thing to say.

I: How did you account for that comment?

P: Um, I suppose, oh God I can’t remember exactly what I thought about it but it must have been something about a shift of perspective, and, and shifting a position, for that, that patient they’d, what they thought of me at first had, you know, it had changed and I suppose I’d talk about the changes in themselves really um, yeah.

I: Um, and in relation to the ending of your therapies what, can you remember what kind of things got talked about?
P: Um... course stuff in the first one, how that would be managed, what it would be like to leave, you know, to see him er I can’t remember... I can’t remember really, contextual stuff... I think, with the exception of probably the second therapy which is the one that I least, least enjoyed um, I think there was a, a kind of respect generated, I think there was something about circling those areas about gratitude and respect, you know.

I: Um, I mean this, we’ve already talked about this area but briefly kind of, what’s your idea about when or how clients should know when their therapy will end?

P: How they should know?

I: Mm.

P: Well I, um yeah, I think its either decided definitely at the beginning and they know, so they have this amount of time to work within, um, or they, they might get a sense themselves ‘I think I’m coming towards ending’ or they just don’t, you know, they, you feel you could rumble on for ever. I think they, I’m not very clear am I but people maybe, I don’t know this but maybe they come um, generally as a rule with a set of issues and a kind of timescale somewhere in their head that just unfolds, you know, it just feels right, its just when does a relationship end, you know, um, they just kind of er do it and that, that seems to be it, if they’ve got a time limit they tend to do it in the time limit unless I of course forget as this occasion I did um, that was obviously a wrong time for that therapy er, its interesting. I, I, I dunno, there must be some sort of clock that goes off I mean if I was seeing someone um for say, lets say longer, in the NHS current day setting say longer than five or six years I would begin to wonder purely because of that length of time, if I was an analyst working in London I probably would think this had just started, er maybe there’s something about the setting I think as well.

I: Do you think that clients would say that they, I mean that they would prefer um kind of a time limited approach or, or um an open-ended?

P: They say different things and they say different things for different reasons, er, some people approach therapy like its, its like a fire, you know, one of us is gonna get burned so they dart in, they say, “well can I have six months”, and then they’ll ask for, and you say, “fine, we’ll do six months and we’ll review”. Then they say, “well, I’ll have a year”, then we’ll kind of go for another year and that’s, you know, if you think you’re in agreement with this that, that’s fine um. Some people think that when you say, “well I think we might need longer than a year”, they’re kind of, “oh my God, I thought it would only take a few weeks”, you know, er there’s some surprise there I think but it, it is surprise and it isn’t cause they, you know, they just, its quite a lot to come into therapy I think it, its quite a step, it confronts people with a lot, they feel very vulnerable, you know, its sort of taking the plunge kind of ideas. And for some people an open ended contract sounds like yeah, great that gives me freedom, some people say well “a year, oh that sounds like a long time” and then of course a few months into therapy they’re wondering
how they’re gonna get it done in a year you know. Its something about what can they, what can
they manage as well, you know, so if you said, “oh let, lets, I think we might need longer than
eighteen months even two years, maybe more”, they, they might just run off, you know, some
people give you an impression that no, I thought I was coming for a few weeks, I just wanted,
you know, and you say “well I think it might take a bit longer than that”, so you’ve got to gauge
it with them and you can always review it, its a kind of negotiated process, really, mm.

I: What, what’s your feeling from, from your own experience of having therapy, what kind of
approach do you prefer?

P: I’ve never, oh yes I have, um, I think there’s good things for both and the twelve weeks I
had it was great because there was no messing about you’ve got to get in there and get out, you
know, you can’t be er, you know, examining the dynamic peccadilloes of every single little thing
and every defence, you know, you just need to get on with it and that was quite nice. It kind of
relieved you of a burden really um, you just had to go for it and with the open ended ones that
was good in other ways because you did have the freedom to go and you could waste a session if
you wanted to and look at what that meant, you know, um, well not waste but you know what I
mean sort of loiter...maybe that’s a negative about open ended, sorry I’m not very clear about
that.

I: So how, and this is the final area really, how are endings prepared for in therapy?

P: Um, its like you might sort of pack an ending bag isn’t it, I don’t know who’d pack an
ending bag um, how do you prepare for, I suppose by outlining some boundaries around time
and maybe that’s a part of the preparation of coming to, as I say this kind of like happened
before, you know, you can be thinking of ending um, even in the middle of the therapy, very
often people can be right in the heart of it because they, they’ve kind of measured it out so
they’re right in the heart of things in the middle er, the middle of therapy and, and in some sense
that can put them in touch with the ending, you know, where they’re most into it it puts them in
touch with when they’re not going to be in it at all. So you start talking about it at that, then you
might set an ending date so I suppose that’s a kind of preparation isn’t it. I suppose there’s
always one eye on the clock but, um, setting the date I think, setting the structure um, wondering
how, the, the thing I’ve told you about, about the slant of it, you know, you, you’re sitting with
somebody who you’re going to be leaving who’s going to be leaving you, that influences your
interpretations and your comments to each other um, so I suppose its that really, its that shift, it
is, it is I think a definite shift in gear.

I: Do you think the ending influences their comments to you?

P: Yeah, yeah, and I think sometimes they, depending on the person er you kind of need to I
think nudge people a little bit in a direction, you know, so if you think they’re just sort of steam
rolling on with it, you know, hang on, you know, I guess er well to make some comment about it, you know, that this in the context of ending now and what does that mean.

I: Um, maybe a more difficult question but kind of in the preparation for the endings of your own therapies um, what would be your idea about how the therapist’s prepared or?

P: Right... oh, some of them weren’t very innovative, we knew you see with the first one, we knew, we knew that it was going to end so you know he started making comments about, you know, we’ve got this much length of time left and how does that feel and, you know, this is um a kind of external imposition but we knew about it, we did know about it at the beginning didn’t we?, yes we did er but it might still seem like, you know, it feels difficult, yes, yes it did and I was saying that um, it did still feel difficult, you know, even though we knew all along when or I knew all along when it would end it still felt difficult when it came. The second one, I think I was preparing to leave that fairly early on, I thought, ‘oh god I can’t stick this out for two years’, um, no that was alright. The little short term one we had the ending fully, fully in sight um and the therapist was interpreting busily about the ending, and the last one was the most natural end um, I think I just, I, I, remember saying something about it um, maybe six months before we actually did end, “I’m thinking about ending, I’m thinking about coming to a close”, and I suppose I was only saying that because I, I wanted that shift of gear, let, lets see what happens if we, if, if, when I feel like I’m revving things, when I feel like its gonna get a bit more intense from now on and I need to say these things to you, I need to work this out, I’ve got a time limit now, I’m thinking its gonna be, oh I don’t know, whenever, six months, and then nearer the time er I said, “yeah it will be, it will be about that, yeah”, so that gives us well a couple of weeks left, you know, and that felt okay, and the therapist went along with that. I mean I think she said something like, “are you sure this has been okay?”, and asked questions a bit about working out where I was, how that felt, where I’d be, you know, the movement, by where were you, where are you now, has this been enough, is this okay, and yeah.

I: Do you think, I mean any, in any case do you think that um, you’re kind of reaction to the ending or how it felt was in any way influenced by how the therapist had prepared for ending?

P: No, I don’t think so I felt, well only like, well yeah I mean in terms of it being, like the first one, you know, with him, we’d made it clear so he had prepared the ending, he had said, “I cannot see you and be your therapist if you are on this Course”, um, I am going to, I, I then, you know, applied for the course so the ending’s set, so I suppose he had a very definite impact on that, um but I didn’t feel. Er the second one was, we knew it was, no, no the second one I wanted to get out of, the short term one we knew when the ending was and the last one it just felt, it just felt right, I think, I don’t recall my therapist preparing me for it, I, I more or less told her this was what I wanted to do and er then we just began working towards it and it was okay.

I: Do you think that clients can ever feel prepared for ending?
P: Not fully, I don’t think you know what to expect until its done, but maybe um you learn from your past experiences and prepare better for the next one, and it depends on the, on the patient, how the ending’s experienced, in what way. I mean I don’t think you can really know, if its your first therapy and you’ve had this long, intensive relationship maybe, you know, you can’t really know what its going to mean, I certainly didn’t, what its going to throw up when its finished.

I: And er do you think that therapists feel prepared for ending?

P: Again I think the more you do the more you are um, I, you know, students say now, “God this is my first ending”, and it reminds me of what it was like, how do you do it, you don’t know what to do, you know, but I think um, I think now, I, I, I feel confident about endings and um I’m pretty sure of the ropes and they’re all a bit different you know but, but, but pretty similar channels we go along really um and its, its part of the job now but at the beginning it was very anxiety provoking I remember, what to do and what to say.

I: Um well that’s all my questions.

P: Okay.

I: Is there anything you want to add or any questions you want to ask me?

P: I don’t, I don’t think so, that’s an ending isn’t it, I guess I’d be quite interested to hear how you do with it um, and if you are planning giving any feedback to, to anyone that you can tell um but no I don’t think there’s any other questions, I hope I’ve not riddled too much, no, that’s fine.

I: What was the experience of being interviewed like?

P: Very strange um, because the, it, it, no matter how hard you try not to remember that this is er, this is an interview, this is being written down er you, you can’t forget that, you’re also struggling between the tension of er, which I think I’ve tried to, I think I’m fairly happy with what I’ve said, but with what a good therapist would say and what you really think, you know, you’re being asked questions about your profession, your job, your clinical skills really and its quite difficult to er get a comfortable position between what you really think you, its er, its quite confronting, its confronting you know, this is what I’d like to think I do but actually this is what I do. Like I do invite people back who I think have done well, you know, that’s not something I feel particularly proud of, you know, and maybe I should invite a broader range of people back but um, so its quite difficult managing it, what, what would a, what would a good therapist say, you know, what would I say, its quite difficult but I think I’ve been as honest as I can and er sorry if its all a bit mixed up and not clear, I don’t think it is that clear.

I: I think it was really interesting, yeah, thanks very much.

P: Right, thank you.
Interview 7: Therapist
Interview Date
10/11/99
1 I: Why do you think that people enter therapy, for what reasons?
2 P: Usually because they’re unhappy, I guess, that’s the simplest, its something about the way
3 they’ve found themselves leading their lives that has led to some kind of discomfort in themselves
4 and that can sometimes be gross or it can sometimes be more subtle but, you know, they reach a
5 point in their lives where they’ve been forced to confront something in themselves and either
6 choose to or are forced to enter into therapy.
7 I: Why do you think that people enter this particular model of therapy, well psychodynamic
8 therapy?
9 P: Well there are probably different answers for that, I think in some cases its the end of the
10 road, patients have tried a number of different other approaches and haven’t had much success or
11 they’ve found that the problems re-occur and they’ve er, they’ve been told or they come to believe
12 that this might offer them, you know, a deeper more kind of permanent solution to their
13 difficulties. Other people I think come into this form of therapy because of what it offers, an
14 opportunity to be with somebody, to talk and to develop a relationship and they maybe come into
15 it in a bit more knowing way and, you know, between those two extremes I guess there’s a whole
16 range of different other options as well.
17 I: And um, your personal therapy or therapies which particular model has that been?
18 P: Psychodynamic.
19 I: Right and um, your reasons for entering therapy?
20 P: Um, that’s always a bit of mystery I think isn’t it for therapists, and we’ve got the luxury on
21 the whole of being able to say well we do it because of our work, but I don’t think that’s entirely
22 the case and I guess when I first started doing introductory training courses that involved exercises
23 and so on that prompted thinking about myself and some form of self-reflection, there was
24 something in that process that grabbed me er, I guess in terms of personality I tend to be a, a sort
25 of a introspective character who thinks a lot about, you know, what’s going on and what I’m
26 doing and why I’m doing it. So er, you know, I think those two things made it quite a nice mesh
27 and er, made the psychodynamic work and, and the therapy that went with it quite attractive.
28 I: Yeah.
29 P: I think I’d have found it difficult to decide for myself that I had a need to do it so in some
30 ways, you know, doing it with my work is a way of getting that more legitimately for myself.
31 I: Right, and I suppose a related question might be that um, I mean if you hadn’t chosen to do
32 psychodynamic training, do you think you would have chosen that particular form of therapy or
33 might you have chosen another form of therapy?
34 P: No, it was always the one that appealed to me, I mean I came into this through psychiatric
35 nursing and I was very unhappy I guess with the level of skills that I had at the end of that
training, you know, I was working with people that were quite damaged and needy and I didn’t really feel that I had much that I could offer them so I was looking for a form of therapy. I encountered behaviour therapy, family therapy, a number of different approaches but it was this one that stood out as the one that er, it, it kind of resonated for me, it felt right for me and I guess that’s why I ended up here.

1: I mean I guess, staying with that for a minute, would that explain, you know, feeling right for you, would that explain why you were in psychodynamic therapy and training psychodynamically, are they very much connected, you know, your own personal reasons for being in that kind of therapy and also wanting to kind of practice that model of therapy?

P: Yeah, I don’t think you could separate, I mean you couldn’t keep tease those apart because its all, its all part of the er, I suppose its part of me and what I bring into the work, you know, I mean which gets demonstrated through, you know, my desire to be in therapy and my desire to work in the same model. I guess working in the model is um, you know, its another way of constantly re-thinking issues, I mean I don’t, in one sense we may stop our training, we may stop our therapy but there’s still an opportunity to keep on kind of addressing personal issues through the work and through the supervision and so on, I suppose its not the primary motive but er, it is there so I guess I’m getting a constant kind of er, you know, feedback really.

I: Um, how do you think that people find the experience of therapy?

P: Wow, yeah I mean it varies, well I think everybody encounters something totally unique in their therapy and as such its difficult to answer that um, it can be the most incredibly threatening experience and something which, you know, once they encounter it they’d never want to go back to. It can be the most, you know, incredibly supportive and positive experience, one that they never want to leave um, and again all shades in between that, it is an important question actually but it’s a difficult one to give a precise answer to.

I: And how have you found the experience of therapy?

P: My personal therapy?

I: Yes.

P: Um, very useful, very helpful, I feel certainly quite different now to how I did say, well I started personal therapy a bit short of fifteen years ago so prior to that I feel, you know, quite different, um, not totally changed and I think some people do go into therapy expecting it to change them completely and they can either be excited or frightened by that, I, I’m not sure that it, it alters our personalities completely but it make us more comfortable with our personality and that’s the er, the key thing, um I’ve forgotten the question now!

I: How did you find the experience of therapy?

P: Um, I found it a good experience, it was good to have the opportunity to be with somebody
and talk and share things that were going on, um, my therapist was a woman and she was, she was
supportive um, not challenging um, and I think back perhaps at that point that’s what I needed, I
don’t think I would’ve been terribly comfortable with somebody that was terribly challenging. So
um, it was possible for me to, you know, explore the bits of myself that I disliked and felt
uncomfortable with and come to be more relaxed with them, more comfortable with them, and
that was a good experience.

I: Mm, was that a, were you in therapy for a long period of time?
P: Five years, about half of that was twice a week and, you know, at some point, you know, at
one point I, I requested to go onto twice a week therapy, um I’m not sure whether it was the fact
that I was having twice a week therapy or the fact that it was agreed to that was er, that was good
but er, er it was certainly the most important thing I’ve done.

I: And did that end at the point when your training ended?
P: It did yeah.

I: Does that, I mean how is that um, as an experience of therapy and, you know, it feels like it
might be dictated to you when therapy ends?
P: No, it wasn’t, no, it was my choice to end, I could’ve continued.

I: Right.

P: Um, it felt like the right time to do it, you know, I guess its one of the things about training or
at least training, well I think training in general actually but training in a psychodynamic model
maybe particularly, is that its um, its an experience that, its an immensely personal experience, its
not something that should be considered as oh yes, I’m going in on Wednesdays, I’m going when
I’m doing my training and the rest of the week I’ve just, you know, been what I usually am, in fact
I think its something which involves us in a very kind of deep way, and um, to be coming to the
end of my training and approaching the end of therapy at the same time felt to me like a, you
know, a good way to, to round things off. I guess, I might even have not felt so comfortable about
finishing training if the therapy still had loose ends to tie up, so it just felt right, you know, there
was no pressure to do it that way at all.

I: How do you think that um, ending is experienced by clients who’ve been in psychodynamic
therapy?

P: Um... that’s not an easy question either, I guess it depends on how long they’ve been in
therapy, because a lot of patients drop out early um, you know, in one way or another, and then if
they drop out and they’re getting some relief its something they didn’t find comfortable and they
wanted to get away from um, but I think there’s, often it’s the problems that they bring along that
make it difficult for them to engage and if patients are able to get beyond that into a situation
where they've engaged in therapy then the story becomes quite different um, not any easier to
answer though because again there's such a range of different feelings about it. The two patients
that I have in my mind today who have finished over the past year have been quite different um,
one came to the end of a two year therapy almost um, insisting on leaving when I was feeling that
something still hadn't been done, and the other came to the end of a four year therapy desperate to
keep it going and he didn't want to go at all. So, you know, its, its difficult to know how to
answer that really because its again such a variety of the ways that people feel about the finish. I
mean, you know, a good ending I guess would be one where the therapist and the patient were
both quite happy with the point that had been reached and able to kind of separate in a way where
they've worked through the termination issues and, you know, there was appropriate sadness,
appropriate pleasure at what had been done and they both went their separate ways and that was
an end to it, but I think they're very rare.

I: So, I mean you've defined for me maybe what a good ending would be, what do you think
would make for a bad ending for clients?
P: Um, well I suppose a bad ending um I'm trying to, I have a colleague who, who's about to
retire and the patients are being forced to leave their therapy before they're ready and I guess
that's a bad ending, you know, one that's externally driven and there's not much to be done about
it um, a bad ending might also be one where er, a negative therapeutic reaction occurred whereby
the relationship deteriorated and became untenable and that would be I guess just another, as far
as the patient was concerned anyway, another disappointing, frustrating, painful relationship that
would do nothing but perpetuate the issues they've brought along rather than helping to resolve
them, I guess that would be a bad ending, um. But then there are more subtle bad endings too, I
think, there are bad endings that can occur where it looks as though a piece of work's been done
but something hasn't been completed. You know, maybe that's, that's more of an issue for
therapists or, you know, I find that more of an issue for myself should I say than for patients
because they, they might be happy with what I've done but I kind of hold a residual sort of sense
that something didn't get tackled.

I: And the ending of your therapy, how was that experienced?
P: Um, it was careful, it was timely it was um...yes, it was done gently I guess, you know, I
think we were both comfortable when it finished um{laughing}, the final session was odd in that
they were taking the roof off the room in the building we'd been meeting in for the last two or
three years and the final session was in this other room in another building somewhere removed.
But um, I think that, that wasn't something which had a great effect on it I don't think. There are
things at the end of my therapy that I think didn't get tackled, were still, you know, I still feel that
I have issues that might be, that I might take a therapy at some point in the future um, but then
again I think that's true of every therapy too, I mean I don't think there is such a thing as a perfect
ending, you know, if everything's rounded off and to some extent part of the termination phase is
about helping the patient to acknowledge that so that its not something that gets taken away and
er, kind of brooded on later, and I think that point happened in my therapy, I think it did...yeah,
well, maybe, maybe not, you know, there's some uncertainty about these things.

I:  Can you remember who raised ending initially?
P:  I think that was me.

I:  Is that often the case that the client will raise ending as opposed to the therapist?
P:  Um, ideally I suppose, I mean to some extent training therapy is a um, you know, as close to
an ideal situation as we can get and I think all of us if we're providing that we try to give, you
know, the best possible service to the trainee so, you know, if there was a request for twice a week
we'd try to accommodate that, you know, we'd try to extend it for as long as the trainee felt, you
know, the necessity. I don't think that's always the case in um, in clinical work, you know, it, it's
a real world we work in of waiting lists and we have to make assessments about, not just about
whether the patient can change but how much they can change and how long its going to take and,
you know, those are the kind of decisions you have to make. My client that I had that um, was in
therapy for four years could quite easily have been in therapy for the next fourteen years I feel, but
really speaking the amount of change that could occur there, you know, I couldn't convince
myself that that was gonna happen, um. So no its not, its not always the patient who raises it. For
myself I try to listen, and I think, you know, the, the patient's have got this in mind as well, I
know I did in my therapy, I, I think I had a sense of um, how long does this woman want me
around for, which never entirely went I suppose and I think patients have that sense too, probably
more so because they've come through their GP, they're aware that it's a National Health Service
facility that they're using, they've waited probably up to a year so they know what its like to be
languishing on a waiting list with nobody seeing you, and I think most patient's carry a sense of
that into their therapy and don't kind of settle down for the next fourteen years, you know, they
have a sense that it needs to come to an end, and if you listen then we can hear that kind of
material coming up and we can begin to feed it back to the patient and, you know, hopefully at the
right time begin to move towards an ending. Most patient's expect to be kicked out much quicker
than they are and, you know, it works the other way. A lot of patients seem to think that, you
know, a year, the anniversary is the key time, you know, are you going to throw me out or not
becomes a kind of unspoken question, so I guess in that respect then they're often surprised at
how long they're allowed to stay.

I:  So and I know you kind of related that to yourself as well, did you expect your therapy to go
on for five years?
P: I think there was the possibility, it was the kind of culture that we worked in, you know, the training, the South Trent training here I was on and you kind of get to know what the norm is, you know, the norm was for people to have some therapy as long as they felt they needed it.

I: Is that the British Object Relations is that the training you’ve done?

P: Yes, its pretty much the British school.

I: Um, and after ending’s raised, what kind of things get talked about or what changes if any can occur?

P: Um...I think its often a, there’s often a bit of a crisis, you know, patients suddenly find that symptoms re-occur or um, they begin to get anxious about what’s going to happen afterwards and, you know, those anxieties start to, to play, ‘well I’ve been a lot better lately but how do I know its going to last and what if it occurs when I’m six months down the road?’; so those kind of anxieties have to surface and it can be, it can be a very difficult time I think, and also I guess deeper anxieties begin to surface that perhaps they might not have been aware of, which is about separation and about that sense of um, you know, very kind of fundamental loss that er, that perhaps they haven’t felt in quite that way since they were very tiny and, you know, to suddenly find yourself confronted with those kinds of feeling can be a bit of a surprise. On the other hand I guess there can be some relief as well and um, therapy is a painful thing and to, to, you know, to be coming towards the end of it is quite a gratifying feeling, especially if changes have been made, you know, you feel that um, you know, a good piece of work has been done and that can be something which the patient um appreciates and enjoys the feeling of as well as the therapist.

I: Can you remember what, what feelings and issues you came up against when facing the ending of your therapy or maybe when it was initially raised?

P: Um, oh gosh, uncertainty, I mean I suppose it, you know, it had become important to me and it felt like giving up something which was very, well it was very valuable, I had um, I had mixed feelings about that, you know, it was a bit of a kind of, bit of a sacrifice in that sense but, particularly with it not being driven from, you know, anything external, but it was driven by internal things, you know, there was a bit of me that was saying its about time we stopped. Um, so yes, yes in that sense there was some uncertainty and there was some, there was some sadness about bringing it to an end. On the other hand I was travelling to Lincoln twice a week through the year to have therapy, my, my therapist moved in, in the course of the therapy, you know, that, that was something I didn’t miss, I, I was quite pleased to be able to get away from that and, you know, it freed up a considerable amount of time in my week and that was quite a luxury as well so, and it kind of got wrapped up in, in completing the training too so there was that sense of self-satisfaction and pleasure about having achieved something which had been long sought after, so
there were lots of positives around as well.

I: And you’ve mentioned kind of the ending of therapy potentially being a loss experience, is that, is that how you experienced it?

P: Yes, I think I did, yeah, um, you know, I thought about the therapist often for months afterwards, I sometimes wished I hadn’t finished. I worried about it a bit too, I mean I, I see myself psychologically, psychologically I bring into it which is about wanting to get things right and I guess that’s something which didn’t altogether disappear in the course of the therapy so, I wanted it to be a good ending too so I was kind of quite invested in that, and I kind of worried that, you know, bits and pieces weren’t as right as they might have been and things like that so, you know, that stuck with me more. But on the whole it was um, the timing was right and it felt okay.

I: What’s ending like for therapists?

P: Well I worry about things and wonder whether I’ve got them right (laughing), and I guess that’s true, that’s true in, you know, my clinical work as much as anything else um...I very rarely get to the end of a piece of therapy with the feeling that I’ve done, you know, a perfect job, I mean, you know, okay perfection’s unattainable but there are always things that are kind of left over because I’m left thinking, you know, maybe I should have handled, that should have happened, something like that. So its kind of mixed um, it depends on the patient as well inevitably, I mean some patients you like and some patients you like less and, you know, and with some therapies sometimes it can be a relief to get to the end of a therapy. Others you know, um, you miss them and um that can be a loss for the therapist as well as the patient I think. Um, the two cases I mentioned kind of illustrate that, you know, the four year patient it had begun to feel like, you know, this is just not going to happen. There was something happening there in terms of the support that she received, I think that, that helped her but it, it, it wasn’t bringing about any fundamental change, you know, that wasn’t enough to maintain seeing her at that kind of intensity. So um, it was a very careful ending, I spent over a year on it I think, its difficult to imagine that um that could have been handled a lot better but the therapy as a whole, you know, is not, its not one which leaves you feeling, you know, well I did a great job there, you know, she’ll never look back after that, um. And the other woman again a sense that something was undone and er, a more positive counter transference in that case and, you know, I kind of regret that on two levels, I miss her and, and, I sort of feel uncomfortable about the fact that, I, I think the two are related actually and it may well be that because there was a positive counter transference it made it more difficult to tackle some of the harder, you know, more confrontative aspects of the work and I think those two things are well linked. So it seems like all my answers have been like this but its a very, its a very mixed bag, its um, it covers a huge range.
I: What do you think that, do you think that um, the ending of therapy is different for therapists from other schools of therapy, for example, cognitive therapy, you know, what do you think they experience?

P: Um...well I know no endings are perfect and, and they all get kind of um, you know, messy to one degree or another, its not often that we can turn around and look at a piece of work and say, ‘yeah, that was as good as it could have been’, and I know that every therapist takes, you know, their own kind of approach to the work, which will have an effect on how it feels for them. My guess is that um, other forms of therapy might be helped a bit more by being more focused, I mean a behavioural approach has a very clear set of behaviours that are being worked upon and it can make it easier in some ways to say, ‘oh yes, that patient’s leaving the house now’, or, ‘that patient isn’t frightened the way they were before and therefore I’ve achieved my goals’, um, and I think, you know, to some extent cognitive therapy’s the same, it’s got a more kind of focused approach to it and, and it may be that um, people will feel, you know, more of a sense of fulfillment around, around completing those goals. For my own part I, I, you know, that’s why I’m working this way I guess, I can’t always believe that those things quite go far enough and there are sort of underlying things that don’t get tackled, and that, that’s the anxiety that I bring into the sort of more open approach that we have here, which isn’t so much about setting goals its more about well lets sit down together and create a relationship and see what happens and see what comes up er, you know, when its that imprecise its difficult, its difficult to know when you’ve reached the finish line really because its not er there’s nothing to clearly define it and there’s something um, in this work that relies on relationships and relationships are never clear cut. I guess there’s always the fuzzy bits around the edges that er, that make it difficult to, to be absolutely content with, with however that relationship’s been doing.

I: Do you think that, I mean what you’ve just been talking about there, do you think that explains why there’s traditionally been, you know, a huge emphasis on termination and ending whereas in other therapeutic schools there’s been very little, if any?

P: Um, yeah, I think that’s certainly part of it but its also, yeah, its about relationship I guess if that’s what you’re referring to, and it does recognise that termination isn’t just something to get through its also something which an immense amount can be learned from um, and, and termination that, that the patient will experience with a therapist is inevitably a revisiting of the terminations that they’ve experienced in the past, which will have been a pattern set way back. So it gives you a very um, a very clear way of exploring those issues that otherwise would have been difficult to get at I think. And when you spend two years establishing a relationship then there’s something quite powerful and meaningful there, it’s a special relationship, you know, we can, we can talk to our therapists in a way that we have never and probably will never again talk to another
person, and, and something opens up in that which is, you know, immensely powerful, and when
that comes to an end its inevitable I think that very powerful things come up to the surface that,
you know, its just an opportunity that's too good to miss and that might, I suppose for me other
therapies do miss it.

I: Do you think that um, I mean do the issues and kind of the feelings that come up and the
thoughts, do they differ from um, you know, kind of when ending is initially raised to kind of
when, you know, you're maybe in the middle phase of the termination phase, to the very end, do
different things happen, do different feelings come out?
P: {laughing} Blimey, um, I would hope so, I might be hard put to sort of, you know, say here's
a bit of evidence but I, I would hope so because it, it doesn't, you know, it is something that gets
worked through um...I think termination's often an issue that's around, its not just in the last two
or three months that termination's an issue, I think its around in some ways throughout the therapy
and, you know, in some cases it can be around in, well I suppose, yeah its quite, its quite an
anxiety provoking thing in many cases. Either patients are finding themselves falling into a very
powerful dependency and are beginning to get worried about when its going to end and how
they're gonna survive without what they're finding with their therapist, or they're sort of thinking
well I'm not going to get too dependent here because I know he's going to kick me out in two
years time, that kind of thinking is often verbalized, you know, and that can be around from the
very early weeks of therapy. So in that sense I'm not sure that, that naming the date is actually the
point where the termination phase starts. But, you know, having said that I, I think yeah certainly
there is a kind of process that gets worked through in those final months um, and usually, you
know, if there is for instance a kind of resurgence of symptoms then, you know, its necessary for
the therapist to contain those things once again and not get panicked about it and not change their,
change their date and say well we'll have another six months, you know, its very important that
things are contained in that period, and I think that gives the client a very important message too
that um, that their anxieties aren't going to overwhelm them and they can survive that. Hopefully
that's a re-working of a message that's been explored at other points in the therapy and its not
good I don't think to be encountering new stuff in the termination phase, that sometimes happens
and that leaves you sort of thinking god, you know, I've missed this.

I: Is that, I mean is that something, would you concur with that in terms of your own therapy
that it was kind of, you know, can you identify looking back a period where you worked through
towards the ending?
P: ...I think I'd probably lie if I told you that I could remember that but I can't, we're going back
a few years now and er...one, one of the issues that was around in the ending, you know, a lot for
me got crystallized around this, was whether to give my therapist a gift or not, and its something
that I talked about in therapy quite a lot because it felt like it was something about this issue about getting it right, and I was caught in a very kind of uncomfortable dilemma really of, of, between wanting it to be a right therapy, you know, I wasn't even sure whether it was right to give a gift or not because it's a bit of a kind of, you know, its not something which is thought kindly of really in some respects, and at the same time wanting to be quite clear about how grateful I was that it had gone on. So that was, that was a, you know, I, I'm not saying that the whole sort of termination phase got kind of caught up in that issue at all but it was one of the themes that was around and it's the one that comes to my mind now when you speak of that period. So it was something about how to leave not just in a way that was, I don't know, I suppose there's sort of competing things around that, leave in a way that was right for me but I was also concerned that I was gonna leave in a way that was right for my therapist as well, and that becomes difficult because, you know, would my therapist like the gift that said you've done a good piece of work or would my therapist like, you know, this is an issue about getting things right for other people. But would my therapist be, be happier to feel that she'd done a good piece of work in getting me to a place where I didn't need to give a gift{laughing}, you know, how do you square that, you know, its an impossible sort of a, so I kind of, you know, I think something got kind of caught up in that. It ended with um, I decided not to give her a gift and she gave me one which is quite remarkable, a book, which was very precious to me. And she gave me a hug at the end of the therapy which again is something which I very rarely do, I very rarely touch patients. And that too was precious I think, you know, there was something personal in that and it, it said something about the fact that she was gonna miss something about me, experience of our being together as well, it wasn't just a god he's gone, I can, there's two free sessions a week that I can open up to something else.

And as a therapist is that something that you've encountered from your clients, people who want to give gifts or other similar gestures at the ending of therapy?

Yeah sometimes um, not that often um, I think if they can sometimes pick up from, oh I think patients do pick up, I mean you hear of therapists, not often psychodynamic therapists but you do hear of therapists who are given gifts all the time, and I think they must be people who somehow give the message that they need that kind of affirmation from a patient and I think in, in a similar way we probably give some kind of message out that we don't. Well we try not to be um, to present ourselves as in work for our own benefit and I'm sure that, you know, patients will pick up that to some extent we are but not in that kind of way. When I do get gifts and there are one or two here, you know, that people have given over the years, it often varies um, how I feel about them, its not um, sometimes it just does feel like a nice gesture um, depending on how, you know, depending on the gift to a large extent. Two or three patients have given me cassettes of music and that, that's um, that sort of feels like them leaving me some message to, to hold onto them by, you
know, and, and not forget them. I mean its not, its not often that I can comfortably listen to that
music and not feel some sort of sense that I'm acting something out, you know, getting caught up
in something so, and that's not something which um, feels one hundred percent comfortable. I
suppose on balance I feel that, you know, a gift is um to some extent, to some extent a bribe, to
some extent it's a, um, you know, an attempt to be on the client's part, to ensure you're good
feeling for them and I guess that, that suggests that they can't be, they can't be certain of the
ending. And maybe that's not surprising when we're ending because we're ending in a way which
is very unusual, there's not many endings that occur in people's lives that are as abrupt, not
abrupt, that's the wrong word but permanent as the ending that comes at the end of therapy, so
maybe we shouldn't be surprised that they want to be sure that we hold on to something. Its like,
you know, you're urn knows there are no right and wrong answers and I guess there are no right or
wrong answers about gifts either its just whatever happens its something to be thought about and
reflected on, understood in the context of that particular patient, and that's the er, you know, every
encounter's a unique one so um, its difficult really to generalize about that.

I: Do you think that, and we have already touched on this, but do you think that the ending of
therapy relates to other endings and separations?
P: Yeah, yeah.

I: Do you think that there are any differences, I mean I guess you've just mentioned one there
that, you know, kind of very rarely are other endings kind of so absolute?
P: Yeah, and the other ending, sorry, the other um difference is, is, you know, crucial to the
model as well, which is that its um, its an event that's reflected upon and I don't think, you know,
we don't often get that opportunity to keep our endings, you know, when you think about saying
goodbye to someone at the station, you know, it's a kind of uncomfortable thing usually and
something which, you know, you want to get over and done with and, you know, um, don't spend
too much time thinking about. So um, and actually that's something that a lot of patients request
that um, that they could just finish and they don't want the, the last phase of therapy when they get
the chance to think about it but um, but I guess that's because its not an easy thing to do, you
know, its much easier to just drop them at the station door and drive away um, and maybe it can
feel like, you know, standing around waiting for a train that's late or something. But its um, yeah
again it's a completely unique, a completely unique experience um. That's the main difference I
think, and the context as well, you know, it's a unique experience within the context of a unique
relationship and that can be something that's quite positive or something that's quite
uncomfortable for the patient.

I: Do you think that, do clients view um, previous separations, previous endings as, as relevant
to the ending of their therapy do you think?
They come to, you know, we'd be making interpretations or I'd be making interpretations that draw, draw parallels quite often. Sometimes that's easier than others I mean some patients, you know, very readily bring along material that, that supports that, other times you've got to kind of scrabble around to make the links and that feels a bit less um, it's a bit less satisfying I guess in that situation. The hard thing is that the um, the things that get re-worked in that termination are often from very early on and, you know, our memory fails us around those very early separations, you know, what was it like when, you know, mum left us at the school gate for the first time, what was it like the first that, you know, the baby woke up and, you know, cried and mum didn't come or whatever it was, you know so it can be hard to get the patient back to that place sometimes. But that's the sort of level that we're working on I think, those kinds of separations, those kinds of losses, you know, are very formative in our lives. Usually its the anxieties about re-encountering that that um, become problematic and very often prevent us from being able to get into a relationship in as um, deeper way as we might want to and need to.

Were those, I mean was that very much a theme of the ending of your therapy kind of reconsidering separations or previous endings?

...I'm not sure that it was, it was something that had cropped up, it was a theme throughout the therapy in one sense um, my experiences of having had twin brothers born prematurely when I was fifteen months old were quite central I think um, and, you know, there's a loss involved in that which was er one moment I had my mother's full and undivided attention and next there were these two tiny little scraps that, you know, inevitably took her time um, and there were other losses too associated with her, her, you know, inability in one way or another to be fully there, and those were issues that got reworked all the way through the therapy I think. I'm not sure they were particularly evident in the termination phase but, you know, maybe they, I, I guess they would have been in some way I can't honestly recall. Maybe that's something of the luxury of having the longer therapy, you know, the termination becomes a more kind of um, natural and comfortable process, like I guess if therapy had stopped at year two then there might have been, you know, that might have been a much more kind of intense thing because it would have been a lot of working out that had been missed. So, yeah, to answer your question I can't honestly recall but I certainly can recall those issues being examined throughout the therapy.

When or how do you think should clients know when their therapy will end?

Oh gosh, when and how...if I start out telling people that, that it is open ended therapy and that it will be around for, I'd give them some idea about how long it would be, you know, this is gonna be for many months, perhaps years rather than weeks so, you know, its that kind of, you know, ball park contract um...and the problem with that is that, that it is open ended and I think in terms of quality and, and I think there will be other forms of therapy that would say, you know,
you need to be more precise than that. I think the precision comes later on when, when it becomes possible to talk to the patient and have a dialogue about the changes that have occurred and um, you know, I think its often through that that you begin to think about termination.

I: (Interviewer's question cut off at the beginning of the next tape).

P: Um, yeah its um, again ideally it should be something which begins to occur in the material and the therapist can pick up on and play back to the patient as them thinking about termination, and I think it often works that way um. Sometimes, you know, it becomes more necessary that the patient knows, the four year patient had a very, very dependent relationship with me and I, I felt it necessary to talk to her in 1997 about coming to the end of a piece of therapy, coming to the end of therapy before the end of 1998. So, you know, that was a very extended termination phase, um but generally I'd be thinking in terms of, you know, two or three months I guess and, and, you know, marking that period with the patient and setting a date, and often I, I'll ask the patient to set a date and I think there's a bit of slight of hand in that because it feels as though it gives them the impression that they've got some control over it when actually the power lies with me, and I suppose it always does. But I, I try to give them the sense of having some involvement in that as much as possible, not least in the decision about whether its the right time to finish. So I, I wouldn't make the decision for them, I'd open up a dialogue about it um, once the date was set we'd work to that and that would be a sort of firm boundary.

I: Do you think that clients would say that they would rather kind of the ending date was negotiated at a later point in their therapy or do you think, you know, some clients might prefer to know at the very beginning or um?

P: Er I don't think often patients know what they're going to experience when they come into therapy um, it, its, again it's quite a different experience to any they've had before so um, they might feel that they would like to know but I'm not sure that, that's always very accurate really. If you come into therapy feeling anxious about it you might want it to over as quickly as it can be um, and then if you come into it once a year it would be a safe harbour that you could spend the rest of your life in and you'd want it never be over, you know, those things have an impact.

I: And your therapy being open ended, can you remember at what point ending was raised or?

P: No I can't if I'm honest but it wouldn't have been, you know, I think it would have been a few months before the end, you know, maybe six months. It would have been talked about during the year, you know, I'm very grateful for that because I've got colleagues here who were given training therapies of a limited length and that caused um I think, you know, very big issues for them, you know, since the things weren't completed and they had to pick up with another therapist and, you know, that was a less than helpful experience. Saying that I've just offered a patient who was re-referred after four years group therapy, one years individual and that was, you know,
attractive from the outset, I’ve done that with the expressed intention of using that as a, you know, to put some more pressure on him and me to make something happen in that time. So I think in that sense, you know, that we’re thinking of a brief therapy model, then setting a contract for the end of therapy can be very useful. But on the whole, you know, brief therapy models are a lot more focused than open ended psychodynamic work.

I: Um, I mean I guess we’ve already established earlier in the interview that perhaps more often than not, you know, the client may be thinking about it at the same time as the therapist. If a therapist or yourself as a therapist, if you were to raise ending before the client has maybe even been thinking about it or talking about it um, why would that be or under what circumstances would that be?

P: If I was to raise it first, well we get into the territory of reducing returns I think, in therapy, and um, once that feeling’s around then, you know, it becomes less and less rewarding for the therapist and the patient who are taking therapy, and that would be one reason why I’d begin, be starting to think about the fact that its time to bring this to an end, um... Some patients um... Some patients just can’t really achieve the, the relationship in the therapy which is necessary for them to be able to work and move on and you just get into a kind of stuck, stagnant kind of situation where nothing’s happening, so its not a case of diminishing returns it’s about no returns at all, and I think after a while that becomes something which is necessary for them to really, that can be what it feels like. But then saying that hopefully, you know, hopefully that doesn’t happen on the whole, you know, whatever we encounter when we first meet a patient in terms of our own response to them, those responses change as the therapy develops and as the patient’s way of relating to us changes then our response to them changes and it becomes a more positive thing as things move on, you know, and its to be hoped that through that positive relationship its possible to reach a point where you both feel comfortable about therapy finishing.

I: And if a client were to raise ending and perhaps you hadn’t got to the point where you’d considered it, have you ever experienced that?

P: Indeed yeah, that was the, the woman that I was mentioning earlier who finished after two years of therapy recently um, somebody who had always struggled to make intimate relationships, very deprived in her childhood. She felt when she first came along that her problems could be resolved in six weeks and almost from the outset I was working against the part of her that wanted to pull out of therapy. So that, I mean she did settle down in time and worked very well and made a lot of changes in her life though er, you know, there was this kind of underlying part of herself, a narcissistic part of herself which remained unchallenged and I guess we got to the end of the
therapy with me having an awareness of this. Just about three or four weeks before we finished I discovered that she found it impossible to use my name and she’d been seeing me for two years, which said something about, you know, this kind of enclave that she had which kind of didn’t, which never really got involved in relationships, it was always kind of kept separate from them and that was clearly around in the transference and counter transference, and um, yeah I guess I had a sense with her that she was wanting to finish early and she started talking about terminating and I, I told her that I didn’t think it was the right time, I thought there was more to do and she stuck with it for a few more months but in the end we both decided that, you know, it was the right time for her to finish and she was pregnant and we terminated at that point. But I guess I was left with a sense there was something which we hadn’t managed to get at. At the same time she was saying right I, I know there’s something I haven’t got at and I don’t particularly want to get at, and in many ways I guess that’s a reasonable place to end, you know, she, she knew, she was aware of this issue but she felt comfortable with leaving as it was.

I: What do you think that clients experience after therapy has ended?

P: I don’t think the therapeutic benefit stops at that point at all, I think, I think um, I think in the best of circumstances the client um, introjects the good object of the therapist and that that remains with them and um, is a continued source of comfort and a continued source of learning um, you know, for many months, probably years, perhaps a lifetime afterwards um, and I guess, you know, that, that’s one of the ways in which change occurs. Some of our patients have had very little experience of good internal objects and it may be that the one that they manage to absorb in therapy is the first they’ve had. Clearly that changes the sort of internal world quite dramatically.

I: Do you feel that you continue to benefit from your therapy?

P: Yeah, yeah, yes I still, I mean I don’t, its become less precise now I think, my therapist is in there somewhere but its not, she’s not so clearly defined but there was, there was a period when I actually thought of her and, you know, had a kind of sense of her benign presence, you know, at times when I’ve been quite self attacking and that sort of thing there’d be this benign presence there which would be, you know, comforting.

I: Do you think that that’s the kind of experience that perhaps client would report?

P: I would hope so, yeah, they sometimes talk about it, they talk about in therapy, during breaks and so on, you know, “I had a really bad time at the weekend, I was thinking about you”, and I think that’s a way of um, you know, a way of them sort of showing evidence of having an internalized good object, and I guess maybe, you know, that fits in with the issue of termination in a sense of loss and bereavement that er, with the fact that we allow a termination phase to take place gives the patient time to work through the issues of loss before the loss occurs, and, you
know, the ideal ending of bereavement is to re-discover the good object, internally, that you’ve
lost externally, so that remains around as a source of comfort for ever, and maybe that’s one of the
reasons why a termination phase is important in our work.

I: And how are endings prepared for?

P: I think they’re prepared for by being addressed at every level um, from the moments when we
lose contact with our patient in the session, which would be acknowledged and thought about,
explored, as a loss, to the end of the session and what its like when the fifty minutes is up and the
patient has to go, which is addressed, you know, throughout therapy, um, to, to exploring issues
around breaks and holidays and sickness and so on, and ultimately to the end of the therapy itself,
so I think our patients are prepared for them in many, many ways throughout the therapy. I think
loss in many ways is a central concept in psychodynamic work, so although its not preparation in
the way that, you know, it might be described in other models, I think its very much there.

I: Do you think then, does it follow then that clients feel prepared?

P: Um... what consciously you mean?, you mean if you sat down and asked a patient would they
say, “I have been prepared, my therapist prepared me for the termination”, not in that sense I don’t
think. I mean, you know, there’s some very kind of insightful and psychologically minded patients
who might, might put it together in the way that I just have but um, its unlikely because it
wouldn’t be talked about in that kind of sense. But unconsciously, or, you know, in terms of how
they relate to loss I think the preparation is there, and it will have an effect. It will make the end of
therapy that much easier because its something which has been explored in so many different
ways previously.

I: And did you feel prepared for the ending of your therapy?

P: I think so, I mean it is different, training therapy, because you go into it with all the
knowledge that you’ve read and all the experience that you’ve had of working with clients
yourself and of being supervised, so you are in a different place to a patient, you’re in a much
more informed place, and its difficult to put that aside and just approach it in a more naïve way I
guess. Yeah, I’m sure I was prepared, whether my therapist felt the need to prepare me. I guess
my sense of preparation is based on what I’ve just said and I’m not sure that a patient will read it
in that kind of way but they would probably recognise that termination is something which has
been talked about or at least its been recognized as an issue and something which needs to be
worked upon, so I guess in that sense there would be a sense for most people that there was
preparation for termination, it wasn’t a case of right next week’s your last session which is what
they’re used to.

I: And um, do therapists feel prepared then for the ending of therapy with their clients?
P: Yeah, I think so, you know, its this, we’re professionals, you know, its something we’ve done often before.

1: Okay, thanks very much thats all my questions, is there anything you want to add to that or that you think I didn’t cover?

P: Um, let me think... I don’t think so, you’ve covered it very thoroughly, I’m surprised at how thorough your questions were actually, I’m not sure how you’re going to work out the data because its going to be a bit overwhelming isn’t it {laughing}? 

1: And how, how was the experience of being interviewed?

P: Comfortable um, I was a bit nervous before, I woke up this morning thinking about it um, but its been a good experience and I found you very non-obtrusive, attentive questions. At no point did I know how far through the interview process we were and sometimes, well I looked at the clock at ten to and I sort of thought we’re rushing through this a bit {laughing}, you know, and I guess that says something about the kind of neutrality that you’re bringing to it which um I think is important in interviewing and expecting somebody to open up, and the questions were far reaching, searching, but not always easy to answer.

1: Mm, well thank you very much for your participation.

P: Okay.
Interview 8: Therapist
Interview Date
18/11/99
Interview 8

1 I: Why do you think people enter therapy, for what reasons?  
2 P: Something is distressing them, something’s bothering them, whether its symptoms or whether they’re actually aware at that stage that they have difficulty in their relationships or they’re struggling with a loss or there’s some, something’s occurred that’s disturbed or distressed them and, I mean hopefully they enter therapy because they wish to seek therapy as a way of exploring and understanding what they’re experiencing, and make some sense of it and try and move on from there. I say hopefully because I think a number of patients enter therapy initially not because of their own motivation, but if they’re not motivated enough anyway I don’t think they stay so... so I think its about looking, looking for some help with distress, I think its quite simple, and that would cover a wide range of experiences.

1 I: Why do you think that people enter psychodynamic therapy?  
13 P: I don’t think people always have a choice, I think it depends where they’re referred and, you know, I mean I’m sure there are patients who I might see here who I feel could benefit and who feel able, willing and motivated enough to give it a go but I’m sure there are some patients that might get benefit from other ways of working, um. My own feeling, my own, I suppose one of the beliefs I have quite strongly is that its about the, depending on the nature of the problem that in a lot of cases its about the development of the relationship and what happens within that more than the model. So why do people enter psychodynamic therapy, I think a lot of the times its because its one of the options and that’s where they find themselves. I sound very negative don’t I?, that’s if you’re asking me from the point of view of why patients might choose this and I’m not so sure that patients always know what the choices are, I don’t think GPs sit down and say, ‘there’s this therapy, that therapy, what do you think you’d want’, because often they’ll be saying,’ well I don’t know what would help’, you know, so they’re relying on guidance I guess.

1 I: Why did you go into therapy?  
28 P: For the first therapy, I’ve had a number of therapies, my first therapy was a group experience and that was very much linked into a training programme. The first individual therapy I went into I was still training, not in a formal way, I wasn’t actually formally working towards a training where I had to go into therapy then, but I was, my role was outside the department but I was still having linked supervision in bits of it. So I know the second time I went in it was for personal reasons and it was after I had my child, and I just felt I need therapy, I need therapy now, I thought I needed something for myself to help me be a mum I think, yeah, be a mum, I don’t think I thought it through
quite like that at the time but I'm sure that was the significant thing. People had been saying, colleagues had been saying to me, you know, you ought to be thinking about an individual therapy experience now and I would say, "oh, yeah", but I didn't do anything about it and I think its very significant that I went into therapy when my son was six months old. So I think I knew there was something that I was going to struggle with in terms of relationships and being a mum and my own experiences with my mum, um.

Yeah, so I would say that was the reason although training issues were around, but that was why I went in when I did, I'm sure about it. And the next individual therapy I had, um, was a mixture of both, it was a course, I was still coming to the end of my training and I did need to still have a therapy experience so it was partly course driven but I also felt I needed an experience, I needed to do something that I didn't think I'd completed in my first individual therapy, which was time-limited which I think was very significant for my, because of my history it really was.

I: Right, how long was the time limit?

P: It was two years, I was given a two year time limit, whereas my, when I went, when I started my third individual therapy I actually remember saying at assessment, "I need a therapy I can end when I'm ready, when I choose", which is what I did.

I: And the first therapy, was that specifically a requirement for training, the group?

P: The group, yeah, that was part of a two year introductory course in psychodynamic psychotherapy of which a group was on offer...its quite a long time ago now its always hard to think back. I don't think I had strong feelings but I didn't sort of feel I don't want to do this, it all felt like something I wanted to do but I mean it was part of the course as well.

I: And the third, the second individual therapy, how long was that kind of ongoing for?

P: I went there for three-and-a-half years, chose to end, struggled to end but still chose to, you know, and its interesting that its not that long since I finished that so its um, when did I finish? , I can't remember um, July, it was before the summer, yeah, so its fairly, that's a fairly fresh ending. There was about an eighteen-month gap in between the two individual therapies so I didn't go from one to the other, there was a period in between.

I: Um, how do you think that people find the experience of therapy?

P: All sorts of experiences([laughing]), like I say all sorts of, I think it can be experienced as very um supportive and containing and helpful, and I think it can be experienced as very frightening and disturbing, um...a whole range of things...strange, it might be a total new way of experiencing a relationship anyway and the whole structure of, um...yeah, well I suppose that's it, a wide range of good and bad feelings and I suppose I think all patients will experience the majority of them at some time in the process of the therapy, and I guess maybe some patients experience some of what I've described...
more than others depending on, I think at the end of the day if there's too much of the
negative they wouldn't stay in therapy, I think there'd have to be something that was
found to be worthwhile and good and holding or nurturing or something um, because I
don't think they would stay unless they were really masochistic, but you know that's
always a possibility. But um, yeah, I'm trying, difficult, trying to say difficult at times, I
think.

I: How have you found the experience of therapy?
P: Again, probably all those things, I think overall, yeah, I think I've found it sort of
exciting and wanting, you know, there was a sense of wanting more of it, and feeling its
something very good and I can feel, there's been times when I've felt that its really
difficult and, um, punishing, you know, whenever I'm actively working with, I think
whatever the particular transference is and that, I think that affects it as well. Disturbing
comes to mind, I mean I've certainly had, and I'm a big dreamer anyway but I know in,
in all my therapy experiences I've had very clear, vivid and quite horrible, some horrible
dreams, so I mean it certainly stirs things, stirring, yeah certainly, um...and I have had
some frightening experiences in therapy, I've experienced, you know, in therapy and out
of therapy but while I've been in therapy, if you know what I mean, I've had some
quite...I've felt safe and I've felt unsafe, you know, I've felt, I think its all just a
complete mixture really...I can't think of any other words to express that.

I: How do you think that ending's experienced by clients who've been in
psychodynamic therapy?
P: I think quite traumatic, I think, for a lot of people...I say traumatic but then it, I think
it's a struggle, I think a lot of people that come into therapy particularly if their
difficulties are around attachment and loss and, yeah, which is fairly frequent, its not an
uncommon scenario, loss and things and, it obviously that, its an input to me as well in
one of the most important parts of the therapy is working through that so I, I think that
that could be very distressing as well as hopefully make some kind of sense of some of
the experiences that they've had, so not easy. I think there are some patients that...
no, I, I don't think there's any such thing as an easy ending, I think even for the patients
that feel they've done well and they feel ready to go, and I have had that experience, I
mean there's been some, its felt really sort of like, it feels really good, but there's, I think
if they're in touch with their, depending on whether it's a positive or a negative
transference at the moment in time, but if they're in touch with that it can be quite
sad...which I think is why its important to, to focus on it really, I mean there are some
models of working that wouldn't even consider the sort of relationship and attachment
and, so it wouldn't get addressed, so I mean at least it can, it gets addressed. I think
patients can experience the ending of therapy with great anger and feel like they're being
thrown out, um...they can, I'm partly talking about my own experiences as well. They can feel like they're um desperately wanting to get out, don't know how, you know...there's something about the finality of it I think a lot of people struggle with this, you know, it feels odd to be in this, although they don't know you in a real sort of way but in another way the patients get to know you in a very intimate way, and I suppose it seems quite bizarre because I guess in life, generally, that isn't how relationships would be, people might die or relationships might break down, I suppose its more akin to a divorce, I don't know, when somebody's still alive but you can't be part of them. I mean I, you know, I can think of lots of patients, I could say I know of patients who have left here extremely angry and fighting me all the way and, you know, turned me bad and I've had people that have been able to express gratitude and feel ready to go but been able to say its sad and, yeah. And I've experienced a lot of endings with patients where it actually has been very difficult to end, I don't always review all the patients it depends on their histories and what in particular they're struggling with but it is interesting. Often the patients I end up offering a review to might be the patients when you think about it that particularly struggle to let go anyway, and it becomes part of the process and you have to think well what would it mean to let go, you know...I don't often talk to patients about how I feel and you get all this, you know, I feel pushed out or I don't want to go or I'm ready to go or, its negotiating it that I think is really important but difficult really. So is that what you might refer to as a good ending, a negotiated ending? P: It might still not feel like a good ending because even when you're trying to negotiate if the patient is going to feel thrown out because it ties in with feeling thrown out in other ways, no matter how much you try it'll still feel like that. But I think the process of, I think the process of the struggle with it is very important for a lot of people, and I always think that if somebody's working in a focal therapy they'll have an ending date, and I still think working with the ending is very important although I think it must change it because that negotiating bit isn't there really. But if it throws up, its about working with whatever it throws up really.

How did you experience the ending of your therapies?
P: The group I can't really remember because as I say it was a long, long time ago and it was tied in with a course, and actually I can't...its interesting isn't it I can't really remember, I mean we knew that was, it was over two years with the course and, and it was slightly different that because I mean it was a therapy group but it was, it was a peer, in a way because it was local there were people I knew on it so it wasn't a total confidential course and I think that did change some things so. So I can't remember. But my first individual therapy I know I, as I was saying when I was talking about patients I know I'm in there with some of them, I did talk about, I did feel thrown out even though
intellectually I knew, you know, we’d got two years and I didn’t, intellectually I didn’t think my therapist didn’t like me and wanted to get rid of me, but I still felt I was being thrown out, and I did talk about that. It was like I wasn’t ready to go but I couldn’t really protest too much, I had to go, I don’t think I bothered putting up a fight its like pointless you know. So I think I felt that with my first ending of therapy. I was also very sad. It was an ending, I, I think gender’s important, it was a male therapist and my second individual therapist was a female and I think there was a lot more, I mean it was positive with both but certainly in terms of sort of erotic sort of intensity, excitement, more with my first therapist, so I felt very sad and I think I felt very angry as well. And that was quite difficult because my therapist, I think it was difficult as well, I think I would have found it difficult to express some of that, I did express it but it was made I think more difficult because my therapist’s father died just prior to my last session and my last session got put on hold as well, um, because he was off obviously, it was quite traumatic. So its very hard to attack somebody who you’re fond of(laughing).

So are you saying that you kept some of that back because of the circumstances?

I wonder, I mean I think I’m bad anyway at it and that might be me making an excuse but I think I did, I did say, I, I, you know, I remember saying I feel pushed out and I remember making some joke about they could close the department down now because I felt I didn’t want him to see anybody else, you know, but I did in a jokey way, stop working now I don’t want to share you, I could talk about those sort of. But I do wonder whether it was quite hard or made more difficult because I was concerned for him as well really.

And that feeling of, well feeling pushed out, how did you explain that to yourself, how did you account for that?

Oh I knew, I knew exactly where that was coming from before I even started my therapy. I was pushed out of home when I was an adolescent I mean I do think about it now but I always say my parents left home. I was the, I was the last one and there was all sorts of family problems going off and they decided to sell up and move, um, and I was just I was seventeen and I think I was at that awkward age when up here I was thinking I want to leave home but I wasn’t quite ready. So I didn’t get the opportunity to leave home, I never left home really, home left me, you know, um, which I talked about in my therapy, um, but I think it just, obviously something hadn’t got, I don’t know whether you ever do though. No I think you do, I think, I don’t think I’d feel quite the same now but I think the fact that I had a limited therapy, actually, just did repeat that and even though intellectually I could see it one way I think in here it was very much like home’s left me again, you know. And I couldn’t protest, I probably couldn’t, didn’t protest so... it was devastating I suppose, do you know what I mean, frightened. So I
think my experience of ending my first therapy was very much a repeat for me of leaving home or not leaving home as the case may be.

I: And so it sounds like from what you said earlier that that experience influenced then what you wanted from your next therapy?

P: Yes, I remember saying I need a therapy that I can end when I'm ready. I suppose its my way of saying I need to be able to, I need to, I don't think I could clarify it as clearly as this at the time, but I think it was something like I need to know, I need to find out that I could have left home or that I would have left home. I think you get left with a sense of, would I ever have left, was there something wrong with me. It was like needing to know that I would have done that... and needing to know that I can do it when I'm ready. And I did get that only it was um, it was a private therapist, um, who very much works open ended, and that was fine. And in fact I had the opposite experience, I got to a phase in my therapy when I started to say I think I'm ready to think about leaving but I probably started to talk about that a year before I did, and if anything I think she was encouraging me not to and I felt quite cross I think, I felt like I was pushing, but I suppose to me this is what I missed in my, and it was like I want to go. But then as my therapist was saying it she wasn't hearing me saying definitely, it was always I think. So she held on to me really, I mean obviously I think if I'd really wanted to go she would have let me, but I think she was sort of saying its okay, you know, she held on to me and didn't say yes, I think you should go, and I struggled with it probably for the last year. It was only when I went in a more confident way and I mean even then I think it was difficult, but I did go and say, 'this is what I want to do, I've decided now', that she stopped saying well, you know. But I found it really hard, I did want to go but I doubted myself and I still sometimes think now should I have stayed, was I avoid, was I actually going to avoid something else. I don't think so, I think overall I had a, if I have to keep points generally I think overall I think I did what I needed to do, and I think nothing's ever complete and final or whatever, and in a year of struggling with that I did have space to think about all the changes that had happened to me in the three years. In fact I actually left home properly for the first time when I was thirty-nine, which is hilarious isn't it. So yeah, totally different experiences, both difficult really. I actually felt some relief I think it finishing that therapy, it felt like I wanted, well I think I was ready in a way. I didn't trust myself I think that's what it was, I didn't really trust myself, or I expected someone to tell me no, you've got it wrong, or push me out or I don't, you know, whatever, it wouldn't have been right. But I also knew that um, there's different things like when I started that it was a long, long drive and yet all the time I've been to therapy that's never bothered me, but I was thinking I'm sick of doing this journey. And there was other things I wanted to
do and yet my therapy had always been a priority to me before, both my experiences it
was like, you know, needy, needy and I just, it felt different, I didn’t feel so needy,
needy and I wanted to stand on my own two feet so.

I: So do you think that the way you experienced those endings, do you think that has
influenced the way that you end with your clients?

P: I think it makes me, I’m sure I don’t get it right, you can’t get it right all the time, but
I think it makes me think about the struggles patients have and what might be more
appropriate for them. So I actually feel, there’s different theories though and I mean
people could argue with me on this, but I actually think maybe a time-limited therapy
wasn’t the best thing for me, if you look at my history. Maybe looking at my history you
could have said here’s somebody that needs to leave home, simple as that, so you need
an open ended therapy. I’m sure probably somebody could argue that and say yes but
here’s another way of looking at it. So I think it makes me think about what the likely
struggles are going to be and what might be a better way of managing this or what do
they need to experience, and I think that’s why my endings with patients are all very
different. Its something about hearing the patient, you can’t gratify all the patient’s
wishes its not always appropriate, but I think sometimes the patient does know what’s
best for them. I don’t usually wean patients but it doesn’t mean I’d never consider that,
and I think like with this one particular patient who I worked with for a long time, very
traumatic early losses and her first therapist had a breakdown. I assessed her, her
therapist had a breakdown so she came quite traumatised, but she did really quite well
and um, and I got hooked into this difficulty, it was only after many reviews that I saw
what was going on here but she actually went on to do her counselling training, she’s
doing a degree in counselling and on one of her reviews she came back and it was all
mixed up with her need for a therapy experience for her course, but it was a slightly
different type, its not psychodynamic psychotherapy. That’s when it made me realise
what was going on and I had to sort of, I had to state the boundaries and I said to her,
“well, you know, you didn’t come here, I’m not a training therapist, I wouldn’t take that
on”, and um, it made us really look at why it was hard for her to leave here because I had
her on open contact for a while and she’d never contacted me, but when her review came
up it was really hard for her to actually say I don’t need you but she hadn’t needed me in
the same way.

I: So was that her way of hanging on to you, is that what you’re saying?

P: I think it was about she’d had a lot of losses because she’d lost her son and she’d lost,
her mum died when she gave birth to, when she was only about four years old her mum
was pregnant and died and the baby died so, and then her father died, and there’s all
sorts of lost objects really and I think, I think she valued, she found something helpful
with the therapy and with me, and she valued that, and I think it was something about wanting to keep hold, not wanting to let go of that. Also she said it was something about I, she felt I knew her son that she’d lost and it was a sense she was going to lose that, and everything would go... but she, it was interesting because she very much wanted to um, she said to me, “can I let you know how I’m getting on with my course”, and that’s when I said, because we’d talked about how hard it was to let go of me and what it was about, and I just said, “I’m going to discharge you, if you did feel you needed to come back you know the process through your GP”. I said, “I’m going to discharge you, therapy’s ending but if you want to write and let me know how you’re getting on I’d love to hear that”, I think that’s all she needed to know and I don’t, you know, have problems with that. I think she needed to know she could let me know something and that I, of course I’d be interested to know how she was, or I’ll think about her, I think that’s what it was about, of being forgotten. So there are patients like that you have these sort of ‘oh, why is this really difficult, what’s this about?’ and others who bounce out far too early. I saw a patient to start therapy a couple of weeks back, she came once and has never been back since, I’ve discharged her now, I don’t know what on earth that was about, I could hazard some guesses but I mean we didn’t start the work, you know, um. I mean I think some patients do choose to leave when things get too difficult, it might be having strong positive feelings that they can’t bear to talk to you about or very negative feelings, whatever, and I think sometimes it can be, they can go in fear, they can run away and feel, its something about the closeness of the relationship that’s quite threatening or the possibility of the closeness of the relationship, because of course they’re being listened to as well. I ended with a patient a couple of years ago who had a very powerful effect on me, it was a very strong positive, there was negative bits as well, but generally it was a very strong positive and erotic at times, transference and counter-transference, and I had an awful dilemma with him, he was a patient when I first took him on that I, I remember saying to the GP, “here’s a patient that needs to end therapy when he’s ready, not two lots of short-term counselling”. So I knew, I knew, I think I knew what he needed in terms of how he needed to end therapy but because of what was happening between us it just got so difficult, I mean it got addressed and we talked about it, and I just got into all sorts of counter-transference dilemmas about ‘am I keeping him too long, am I pushing him out because I can’t stand it?’. And we struggled with it for ages, and I still feel, he did, in a way he chose when to go but I think its because some of my own stuff was around as well, you know, we were talking about the struggle and the dilemma and what he’d done, he’d done a lot of work and he gained a lot and he was somebody who said he was usually grateful, and I think part of him knew he was ready to go but didn’t want to leave me, and I was thinking ‘I wish he’d go, I can’t stand this
because I can’t have him”, um. So although he came, we didn’t, he didn’t work through an ending like I would normally hope a patient would, it was too, he said he couldn’t tolerate that, we kept talking about what that was about, ending was always a theme throughout his therapy anyway, naturally it wasn’t right at the end it was a theme that came, and er, what happened? So he did come back one week and he said, “this will be my last week”, so we had like a session to think about that because I still, I, I always feel a bit guilty because in a way I feel I did push him out, although he chose that he was going then, I felt because of my own dilemma I did push him out… but that was really difficult. And he was angry, he was angry with me, but despite all that I know he’d done, he had done, there were lots of improvements as well and maybe, maybe if I hadn’t have, no it wasn’t me it was the pair of us, maybe if we hadn’t have struggled how we had for certain things, it was all we talked about and they never got any less{laughing}, maybe a bit more therapy might have enabled him to find a different way of ending. But then you see there is this tension but then in a way although we hadn’t set an ending he did come and say this is the last one and we did think about it and he had to cope with that, so in some ways I think we did some of what he needed but I do feel guilty about other bits of, you know, are you pushing them out too soon, this is the thing about negotiating, the struggle isn’t… who chooses, who says when, what’s it about.

I: And the counter-transference dilemmas that you’ve raised, where do they get, do they get talked about in supervision?

P: Oh yeah, yeah, and in therapy at the time, you know. I think it was a difficulty because I was frightened of keeping him because I thought I was keeping him for the wrong reasons and yet I, I still feel I pushed him, I do, a bit of me does feel I pushed him out.

I: What do you think he would say about that, do you think he would agree or disagree?

P: Well you see I don’t know, I, I, I think he would agree, I mean he said he was angry but I mean again its probably both, I’m not sure whether he was angry because I didn’t run off with him or angry that, you know. I didn’t know that he was angry about what I wasn’t giving him or angry that therapy was ending, although you see I think, although I think some of it was, I think some of my counter-transference, I have to think about the bits that came from him as well and I think there was a bit of him that couldn’t stand, well he said, “I can’t stand this any longer”, so I think there was a bit of him that wanted to run away and it was easier to blame me as well…and endings were a real issue, whenever it, whenever ending, endings were brought up long before the ending even with him and he did really get distressed, he couldn’t bear to think about it and that’s where he got cross when he said that’s the repeat for me and people go and I never see
them again. But you see its interesting because if I hadn’t have, if the positive stuff hadn’t been there I think I might have offered him a review but I couldn’t bear to, and I feel guilty about that. There’s a bit of me that thinks almost like I wish I could now but I can’t, it would be wrong of me to get in touch with him because I was fairly honest, I didn’t act out anything but we were honest about what was going off and I said that, we acknowledged things he’d done, the improvements, but I was, I said I didn’t think I could continue to be his therapist, I felt I was losing some of the, I’m not saying that therapists are objective but it just felt, I felt I hadn’t got anything else I could offer him and I think we had to think about that, and I think I had to be honest, I didn’t want to put it all back into him. But having said that I also think he got a lot of what he needed and I think he felt very loved by me and very cared for and I think it was the power of those feelings that helped him improve in the, so it was good and bad. So I think he would probably say the same, I think he’d probably be quite cross and feel that...I, I’d hope he’d be able to remember the good things as well because he was, you know, he said he was grateful so I hope he can hold onto the good bits as well, I hope its not just.

I: So endings are not always straightforward for therapists?
P: You can be relieved to see patients go but more often than not you feel very sad yourself, you know, the attachment. There are some you do feel more relieved about, there are some you think ‘oh, that was really difficult’. But the majority of the time I think its just a part of me that thinks ‘oh, I wonder how, I’d like to know how they are’, it can be quite intrusive really because you’re not part of their life out there and that’s not just.

I: Once ending is talked about and brought onto the agenda, does that kind of produce changes, do any changes occur?
P: I’ve had various experiences that I think, I think it can propel patients into doing more work because I see ‘oh this is good they’re working now!’ , which I guess is one of the arguments for a focal, you know, knowing when you’re ending because they know they’ve got to get on with it. I’ve had that experience, it can, I was gonna say it focuses, it might start to focus the work more on loss and endings but I think that’s not a bad thing, and also I think for many patients its there right from the beginning. I mean even with my open ended patients I usually, when I first take somebody on and we talk about it there’s sort of a contract because I sort of say, well I give them an average, say the average is eighteen months to two years, and I think that in a way frames it, its almost like well you know maybe round there we need to review, well you review every six months, but its like this is thinking space, so it gives them some kind of frame. But of course it does give the freedom for them to carry on if they need more, many patients in
psychodynamic psychotherapy, particularly the early developmental difficulties, do
need longer, you know, they’re just getting into therapy after a couple of years. So yes it
can focus the work although I always think its much nicer if the patients bring it up, I
mean I do, when I say I, I don’t know if I ever bring it up just out of the blue because if
you think about a process of therapy you’re working together, you listen to what they’re
talking about and sometimes, then it might be, “oh, well I wonder if you’re thinking
about that here”, so you’d bring it in but you’re picking up on something that...and I
always think its interesting when patients do bring up their own ending, their own, when
they start to think about it because then it is like, you know, what is this about, is this
about they’re ready to end, is this about there’s something happening they’re avoiding...
I: Did you feel any of that in your second individual therapy when you brought up the
issue of ending, was that one aspect to that that you felt maybe you were avoiding
something by doing that?
P: Well I, I said that didn’t I, I think I’ve said that when I was, that was my struggle
which I think must be a fairly common struggle, I don’t think its just my struggle. But it
was something about can I go, am I ready to go, will I stand on my own two feet, can I
struggle with this or am I gonna get thrown out, if I say I’m ready to go, you know, like
the repeat of my home experience because I think I remember having, I think I
remember my dad saying, “well you were collecting knives and forks and saucepans on
top of your wardrobe”, you know, so what it might have took me another two years. So
it was almost like maybe it was very difficult for me to even broach it, maybe I was very
tentative, but the other part of me has thought was there something else, did I choose to
go then because there were other things happening and I’m really not sure, I can’t even
say to you what the other things might have been, which makes me think no it wasn’t, it
makes me think I maybe was ready to go. But just in terms, like I said it was a female
therapist, the second therapist, and there was a lot, my relationship with my mum’s not
very, I wouldn’t say I have a relationship with my mum, it’s a very false thing, so I
think it was much more difficult getting into that and although I felt very warm to my
mother, I felt very angry with her at times but generally the alliance did feel warm and I
did feel that I was attached and that, there was something, there was, there were more of
the negative mother stuff for me, that’s why I think gender is important in how things
come out, that I’m not saying weren’t there at all with the male therapist but certainly,
well I could either avoid them by focusing on the father stuff or that became more
important to work on something else. But I do wonder whether it was actually very
difficult for me to allow myself to have more or find something more with a female
therapist than, I don’t know, I don’t feel, there might be bits of that but I still feel overall
I’d got a lot out of it, it was something different and, you know, okay, in a few years
time if I have got a major crisis I can go back, go back to her for therapy. But I don't
think you ever really know because nothing's complete.

I: But does that then kind of leave some clients and maybe some therapists as well kind
of just allowing things to go on and on because of that feeling of things, they can never
be complete?

P: I think for me its more about, I don't think there's any such thing as a simple ending,
in life, forget therapy, there's no such thing as a simple ending, is there?, no I'm sure
there's not. So there's no way it can't be struggled with in therapy and I think you just
have to keep saying what's this struggle about, why is it being experienced like this, this
is. I mean I actually think it's the most important thing, even with patients who come
with very focused problems that might not be particularly related to loss and endings, I
still think its one of the most important phases. Its almost like you've got to come and
get attached just so you can work through, do you know what I mean, to me it's the
significant part, how that's managed and dealt with. But I mean if you said, if somebody
came along and said, 'what's psychotherapy about?', and you said 'well you're going to
come along and struggle to get attached to me and then when you have you're going to
struggle to', and you'd think, 'what?', you know, I won't bother, yeah. But we have to
bother with it in life all the time whether its our pets or families or parents or friends,
changing schools or whether, its about change isn't it, its just part of life and some
people have more struggles with it than others because of their inappropriate
experiences in terms of their stages of development I think, I don't know. But there's no
such thing, in fact if it felt like it was an easy ending I'd be very suspicious, I'd wonder
what wasn't being addressed almost, do you know what I mean.

I: Why do you think then that, I mean I guess in other therapeutic models, you know,
people are still getting attached, there's still a relationship there so why do you think
that endings don't really get focused on or talked about in the literature or in the
therapies themselves?

P: I don't know, I ask myself that question, it baffles me, I'm not saying I don't think
other models haven't got something to offer but, I mean I can give you examples, I
mean I'm not anti behaviour therapy I mean I will refer people to behaviour therapy and
other therapies so I'm not anti them. But I think its something about, just to allow me to
get the thought out, I came across somebody who was telling me they'd had behaviour
therapy, it wasn't a patient, who was telling me they'd had some behaviour therapy
some years ago and had a number of sessions and I, strangely enough, I asked her how
that had gone and how it ended and she said, "oh, I didn't go back. I did so much and
then I stopped going", and she said, "I think he thought everything was okay", and I
said, "well why did you stop going?", and she said, "because I was falling in love with
my therapist”, and I thought, “yeah”, and they wouldn't even stop to think about that. So there was stuff going on that wasn’t being addressed because its not addressed within the model... and, and we get referrals here for people who’ve like had short-term counselling and I know it depends on different counsellors, and I think some do focus on an ending but its almost like, ‘oh well I’ve done this and I think they need long-term work’ and I find it frustrating because I’ve had a number of patients where the first six to eight months of the therapy with me is having to deal with all the crap and anger they feel for what’s happened in the counselling. Now its less if it gets addressed and its got space to be addressed, what does this mean. So I think, yeah, I actually think attachment and loss is relevant in any kind of, even if you go into general hospital, I think people should be aware. I think things might be changing in that I’m, because I’m nurse background I recently had the up to date nursing booklet for protection for clients against abuse and stuff, you know, whether its sexual abuse or psychological abuse or over money or whatever, it covers everything. And I was quite pleased to see that in there, and this is a general, its for nursing generally not for psychotherapists or even just mental health, its nursing all over, it’s the guidelines, and it does say that they feel everybody should be aware of transference, and I thought well that’s something, that’s a development to actually have it named. And I think that’s right, I think people, even if you’re not working, particularly working with that model I think to have an understanding will help you in how you deal with patients in any area really. So yeah.

1: What, I mean what do you think the client’s feelings when approaching the ending, what do you think they reflect?

P: Oh I think there’s many levels, I mean I think, and hopefully you’ll touch on the many levels. I think it reflects feelings about what’s actually happening here now in a very real way, the reality of, you know, this relationship or this department or whatever it means or whatever. And obviously in terms of the transference in terms of what its repeating for them in past experiences or what fantasies they might have about the ending and... I think they’re the main, yeah, I think both have to be addressed, they both affect one another, you know, the experience as well.

1: Which would you say is the most significant, feelings that are linked to transference or kind of feelings linked to the here and now?

P: I think both have to be acknowledged, I don’t know if this is quite what you’re asking so, I think they’re both important and I think they both need acknowledging and I think to. I think what I’m trying to say is for example if I didn’t, say like with the particular example that I gave you, that particularly difficult case, that was a person, um, I think if I’d have just pushed it all back into his past experiences that would have been abusive because there were very real issues about what was happening
here, although we could understand some of what was happening here in terms of, you know, all relationships are transference so I think its one in the same, but I think just to not own any of that or...I think the importance of endings and loss being talked about through the therapy is because, I think for me is so that the earlier stuff can be thought about but when the actual ending comes to the therapy you've done that and what you do is you try, its about the experience of they're going to end this. So I think there's a sort of shift and you don't totally lose one or the other but hopefully the bulk of the work's out, it almost sounds too clinical but, you know, the bulk of the work and understanding would have been done before and you might mention it but the nearer they get to going its more about how you're handling your, the sadness they feel about going away from you and whether you'll forget them or whatever they want to. I think it would be very cold and calculating to sort of just push it all into the back and not.

I: Do you think that the ending of therapy relates to previous endings and separations in people's lives?
P: Yes.

I: Why?
P: Yes but its not always a, a, its not always a photographic repeat because I think things can get changed but, why?, again its because of transference, again its because of projective identifications, its because you can't help getting pulled into that and, and, when I say enacting I don't mean acting, hopefully not acting out although that can happen, but I think it needs to be enacted to be understood, which I think was my struggle with the patient I talked about because of his experiences of endings it was like I wanted it, in a way I wanted him to have a different experience and I think he partly did but there was a bit of it that felt the same. But whether I could ever get, whether I could ever, whether its possible to ever totally change that is a bit like I said about my first experience, I knew up here it wasn't the same but it felt the same...and the reason I say that I do remember the same patient once being cross with me for how I'd responded to him about something else and when he told me how he wanted me to respond I was surprised because he wanted me to respond how I thought I had anyway. So its like if you can't hear it, if you're only going to hear what you expect to hear or see, you'll repeat it for yourself, you'll find it, you know, you'll cause it, you'll look for it, the repeat bit, so I think there's some of that. But I also think there's the um, hopefully, I think hopefully in a good therapy you'll be in touch with what might be repeated and what might get played out but also, and its this thing about is therapy a corrective emotional experience and I think there's bits of both, I think there are some bits that aren't that are just about having to deal with disappointments and, and I think there are bits that can be about a corrective emotional experience, I don't think its either
or. So I don't think that the end of therapy can only be an experience of your other endings, I hope it can be experienced as different. I hope even with the patient who I think it was difficult with, I hope he, well no I believe, I believe some of that was a different experience. I think he struggled with something he hadn't been able to struggle with somebody before. Although as he said there were elements of it that felt the same, "oh, I'll never see you again, people go and I never see them again"...but then people die and we don't see them again and I guess that's something we have to learn to deal with as well, we can't always make it better. I don't know if seeing him again would have been, a bit like I said to you, reviewing him might have been a positive thing but it might, it not have been, you know, I might have got hooked into what I did with a female patient I talked about earlier where we just kept going on and we couldn't, that's the end so, and he was able to get angry with me and I didn't crumble, and I still loved him, you know what I mean, it was like these sort of things that I think are different. Have I answered you in a contradictory way, I have haven't I, I've said yes and no. 1: Well in what way then is the ending of therapy a different experience from kind of previous endings and separations? P: Well I hope its because its being talked about in a different way and struggled with where I think it just happens normally, and it doesn’t get talked about, and feelings aren't expressed because they feel too dangerous or unsafe or whatever, whatever it might be for the patient. You see in a way if I come back to that patient he, when I said something about maybe setting himself an ending date and I wasn’t giving him a time limit, he could have said I’ll go in a year or whatever, I was trying to get him to set it himself and he just got really sort of angry and panicky and he said, “I can’t bear the thought of it”, the thought of, he just could not bear the thought of having a time when he knew he was going to, this was before the very end. So in a way we were addressing it, he was struggling with the anxieties long before the ending came...which was, that was different because he hadn’t done, he hadn’t been able to do that anywhere before. And in a way he didn’t, he didn’t set himself a long date but we did struggle with it and I wouldn’t let him forget, I suppose that’s what I did, in a way I held onto the ending by not letting him forget that it would end one day, by reminding him to think about what he didn’t want to think about.

1: Just staying with what you were talking about then do you think then, I mean if the thought of ending for a client, even if its like a year hence or whatever, is just too anxiety-provoking, is there ever an occasion where you would set the date for the client or really kind of push? P: I think I pushed him, I wanted him, I think this was the tension, I wanted him to do it for himself and I would have supported him in whatever he’d chosen to do, but I wanted
him to do it and in a way he did but I felt I did push him. It’s a real paradox because I think in a way he did what I wanted him to do but he didn’t because there was a bit of me pushing him as well. So I think the answer to that must be yes, I think, I don’t do it very often, I can think of a woman who I think would have stayed forevermore and I kept pushing the ending with her, and in the end it was sort of negotiated but it wasn’t, it’s a power thing, you are the one with the power at the end of the day and I think we have to own that and take whatever that, patients want to do with that, you know, how cross they might be or just. But she was really sort of cross with me about that um, but I stuck with it and we worked to the end, I did have a review with her, she was doing very well, I mean actually even though she was cross with me she said she didn’t think she needed to come weekly anymore but she didn’t want to end. So I offered her, I did offer her a review and er, things had continued to, she was still working, some things had changed and she accepted the discharge then, it’s a bit like that with her it was almost, and she said something about what happens if in the future anything and I said, you know, ask your GP for a re-referral and she said, “oh, I didn’t know if I could do that” and it was like that was containing in itself. So yes there are occasions I think… well there must be because I’m talking to you about the struggle of negotiating and even in negotiation somebody has to somewhere make the, somebody makes that decision. I always like it more whenever I feel the patient’s done it I must admit I don’t like doing it but I think there might be times when its necessary to, not necessary to give an exact date but to keep pushing the fact that it won’t go on forever.

I: Do you think there is such a thing as a mutually agreed ending then?

P: Well I suppose that’s what I’ve just said, I suppose in when I’m saying we negotiate but somebody does have to make it so maybe in a way, no. We’d like to think there is but maybe, and I, I mean I think ideally its great if the patient’s the one that does it, appropriately, I mean patients might say they want to do it and you might think its not and you think about it, a bit like I was saying with my therapist she was definitely not pushing me out, it was like she was saying I don’t hear you sounding very sure about it, um, so I think there are times when, yes, so a patient might say I want to go and you might actually be trying to not let them, but you know at the end of the day you can’t stop them but its about thinking well, so no probably not when I think about it. It depends how we understand the term mutually agreed ending doesn’t it, but I think its something about the struggle and how the struggle’s managed to determine the outcome and I think that’s the best you can hope for.

I: When do you think that clients should know when their therapy will end, at what point?

P: I don’t think I have a particular point. Well they either know at the very beginning if
it's a focused therapy but as I say not many of my, I mainly work open-ended but its not
open-ended is it but you know what I mean, um, the ending is not known necessarily is
perhaps what, um. I think its when it arises, when I feel it arises and it might arise
because you start to feel that you’re getting stuck, nothing else is going on and what’s
this about or a patient’s been doing really well and they’ll suddenly become all
desperate and you think its like they feel you’re going to throw them out, you have these
sorts of discussions way before they finish, ‘oh you know it seems like you can’t be well
because you think you’ll lose me if you’re well, you can’t be well and keep me’. So you
start looking at it long before you say, and hopefully if you start to think about it they’ll
work on it then be able to do that. So I don’t think that, I think the point in everybody’s
therapy would be different, it might be early, it might be when a particular event occurs,
I can’t, I can’t, I hadn’t thought about it particularly but I can’t think there’s a.

I: What do you think that the clients prefer, do you think they prefer a time-limited
approach to the ending or kind of more of an open-ended, flexible approach?

P: It depends on the client, I think some prefer the boundaries of actually knowing and
can’t, I was just having this conversation with somebody actually. I think there are
some patients for example, its just an example, but patients who might have a
particularly obsessive sort of personality where everything’s in order and they like to
know exactly what’s happening, or if they’re extreme in that way I don’t think they
could hack a psychotherapy, but if they’re not so extreme that they can engage they find
it very difficult because they actually feel its very structureless. Its like they need to
know, you know, and I mean I think its quite boundaried from a therapists point of
view, but in terms of what can happen in the fifty minutes there’s no structure and
you’re not asking them questions and I think it can feel very unsafe. So I think there are
some patients that might actually prefer a much clearer structure and there are others
that couldn’t tolerate that I don’t think, that maybe would feel, that wouldn’t allow
themselves to get into something. So I don’t think its an all, I don’t think all patients
would prefer open-ended or a focused approach....

I: As a therapist if you were the one to raise ending for the first time or perhaps push for
it, under what circumstances would that be?

P: I’d struggle with it a lot in supervision for a start, I think you’d have to really think
about what was going on but I think if a patient, two, two examples come to mind that I
struggled to engage a patient and I think I’ve been extremely almost too good. I’ve
struggled to try and get this person to use some therapy for eight months and he’s not
here more than he’s here, and I feel, I feel he wants me to push him out and its like I feel
really cross about that and I feel I’ve put in a position I don’t, there’s been something
going on and its like trying to understand what’s going on. But at the end of the day he’s
not coming enough, so he’s not using the therapy, so it isn’t therapy and I’ve got to accept that so I have actually written to him now saying, I don’t know if this is quite what you mean but he’s half in and half out, but I have written saying, “I’m sorry you’ve not been for another session, it appears like we haven’t really resolved this issue”, and I’ve just said something like, “maybe you feel unable to take what therapy may have to offer you and if I don’t hear from you in two weeks I’ll have to discharge you”. So I’ve certainly set the end of that but I don’t feel good about it but I have to accept he’s not, its not working. What other reasons would I have... yeah I think if, it doesn’t happen too often I’m pleased to say usually but we do work through something, I did have a patient, very difficult, who was really stuck with something, quite disturbed, ended up getting in trouble with the courts and, no I didn’t end that, I was thinking about it but she wanted me to do something for her which wasn’t part of my role as a therapist and I wouldn’t do it and she ended up, she stopped coming. But actually I was feeling with her, I suppose this is what I’m saying, I was beginning to think she’s not really able to use this, I thought she could at the beginning, um, and then I thought no she’s not using this and how long do you go on before you think. But you’d think long and hard and discuss it as well, I wouldn’t sort of do it flippantly, it wouldn’t be an easy decision. But I might end up saying to the patient it really feels like its hard for you to use this at the moment, I think it might be best if, you know, you stop, and that’s not something I’ve done a lot of but. I think that’s why assessment is so important but you can’t always, you don’t always know what’s gonna come up. I suppose, again it hasn’t happened to me at all but I suppose there are practical, you know, I know what its like to feel pressured when you’ve got patient’s waiting and if you think somebody’s done quite a lot of work then you might think they could perhaps do a bit more but actually they’ve done quite well and you, the pressures are there. I’m not aware that I’ve done that to anybody but it might be around, I mean I’m not particularly pressured at the moment which is nice, but it might be around and there is the reality of the demands of the service and, you know, what’s a good outcome and has this been good enough and, you know, they can come back. I don’t like that, that’s very sort of flippant, I much prefer to, but there is some reality to that as well, I think that, yeah I think that’s likely to impact. I suppose the other logical thing is if I was to move or something, the very practical reasons where you’d have to end with your patients when you’ve got a new job or something.

I: What do you think that clients experience after therapy has ended?

P: I think it depends whether they’re in a negative or positive transference at the time when they leave and it shifts or I think it shifts. I hope if its been a good enough experience overall they’ll carry a good enough internalised sense of the therapist or
whatever to, you know, generally have a more positive feel but I’m sure it swings
between good and bad, I hope its more good to be a good experience. I think they go on
working, I always say to patients they don’t start their therapy in therapy and they don’t
end it when they leave here, its just part of an underlying process... I suppose it may be
felt as a kind of grief as well, a period of grieving that they’ve got to... you see that’s
interesting isn’t it in my own experiences because I felt I wasn’t ready to go or I didn’t
want to go and I felt pushed out, I think I really was in a state of grief and it took me
along time to recover. I know I got good things from that therapy but I went through, I
really did experience a loss, as a loss. But my experience with ending this therapy I
don’t feel like that at all, its strange. I don’t particularly consciously even think about
her like I did with him for ages, in fact I had no room for anything else. Again whether
that’s gender issues, whether its about the different pieces of work or whether it is about
I had done something I needed to do therefore feel I can move on, I don’t know, it might
be all, a bit of all of those things but... like with my first therapy I always sent him a
Christmas card, in fact I probably won’t this year, I probably won’t send him one, and I
thought to myself shall I send, you know, having just finished that and I’m not even sure
I will, I’m not sure what I want to do. But for me to think well I don’t have to and its
okay feels something different, so its something about unfinished, I need to keep, not let
go, its something about loss isn’t it. But I don’t know whether that’s more, whether my
experience of not feeling like that is more about positive or whether its actually the
opposite, I had more positive feelings when it was hard to let go. So I think, yeah, I’m
sure patient’s experiences can be many and varied, and changeable, you know, you
could ask them how they feel a year after their therapy and you can ask them two years
after and I’m sure it changes as well.

1: So do you think that clients continue to benefit then after the therapy’s physically
ended?

P: Hopefully... if its been a reasonably good experience, hopefully. I mean none of us
know what the future’s got in store so there will always be the possibility that something
in their lives could disturb something again and they might end up having another, if its
somebody that’s got a very long history of depressions you don’t cure it, its about them
dealing with it differently and hopefully if nothing too drastic happens they’ll perhaps
carry, and its just to hold on to the other bit it doesn’t mean they can’t have bad times
again or they might lose the ability to, in terms of growth or moving on it might, and
they might need to come back and you don’t know what’s round the corner but overall,
yeah, its just a process, ongoing process.

1: And would you say that you’ve continued to benefit as a result of your therapies?

P: Yeah I, I’m thinking, I mean there’s no doubt I, I have no doubt I have benefited, and
I've done things or managed things that I don't think I would have done without and I'm sure I will continue to grow. I suppose an interesting thing is I will continue to grow because we all do anyway and its whether my continuing to grow is just a normal process that would happen anyway but I'm going from that point, but not so much that you continue, the impact of the therapy. We all grow and change anyway and if you have a good, nurturing, growing experience, whatever it might be, whether its therapy or something else that helps propel something doesn't it, so. Like I think I might have moved on and changed without any of my therapy but I don't think I'd be where I am now, I think I'd still be way back here somewhere, I'm sure I would have changed because other things change. So yes I suppose they continue to change but they would anyway so whether it's a direct impact of the therapy, I would hope, why would I hope so, I suppose I hope so because I believe in internalising good things and helping us to move on. I suppose it depends if its been a good enough experience, I think if somebody's stayed in therapy long enough and have worked through an ending then there must be something good in there because they wouldn't have been there doing that otherwise, they would have gone, you know, before that. So yeah I'm sure, well no I'm not sure...it might be because its not that long since I ended my last therapy its hard to actually think about it. I just know I haven't felt the ending of that as such a loss, unless I'm denying something, um, no I don't, yeah, so that feels different anyway and maybe I am going through a grieving process, its funny I feel very different to the ending of my first therapy where I clearly felt distressed and missed going and, and I haven't felt that, I've never once regretted leaving or felt I wish I was going or I need to be there. It doesn't mean I never think, I've not forgot her, do you know what I mean I'm not saying I never think about her, but I don't feel sort of a great pain of loss or, but its still an ending and it must be in there somewhere, I don't know what I've done with it really, or maybe I just deal with it better, maybe that's just the whole thing, maybe its been okay and maybe I've been able to acknowledge that and...I suppose what I'm saying is it may be, it might not sound like such a long time ago to some people but actually in terms of it being an open therapy, how many months is it, June, July, five months, do you know what I mean, in terms of a long therapy its not long. So maybe I can't answer because its too soon, maybe that's why I was thinking why am I finding this hard to answer but maybe that's why I'm finding it, I don't know yet, but I feel hopeful. I: How are endings prepared for in therapy? P: I guess it all comes in the things like, where its open ended, about negotiating, its about something that's often around from the beginning anyway, its around, its there, its thought about, its always on the agenda, it might not be the highest agenda at certain points in the therapy but its always there, its not forgotten about...and to me its all part
of that negotiation. And I, I mean I wouldn’t, I don’t dictate, if patient’s start, well in
this negotiation I don’t particularly dictate how long they have to give but I do say
something like, you know, if you’ve been working along time in therapy I think less
than, certainly less than two months I don’t think would be long enough, eight weeks, I
would prefer if it was somewhere between three, probably six, I prefer a six-month
ending. So there’s negotiation within, its about the negotiation I think and the working
and the setting a date where possible. Prepared, it’s a strange word to use that, prepared,
I don’t think you can, yes I don’t think, in a way I don’t think you can prepare it
because its false, because even when you work towards it things happen, go wrong... I
can’t really think of anything else to add because I think its things that I’ve covered
already really in the whole process of the therapy.
I: Do you think that clients feel prepared when the ending arrives?
P: As prepared as you can be hopefully in a good enough experience but I think that’s
the point you can’t, if I think about my own struggles to end my own therapy, I
struggled to leave myself, nobody was pushing me out at that time and nobody was
stopping me, I might have felt all those things, and I think overall I felt I was doing the
right thing but there was a little bit of doubt so I think its that sort of... you know, its sort
of like ‘oh well this is the last time I’m going’ and there might be the ‘oh thank god’.
Can we ever prepare ourselves, you see it’s a bit like, it’s a common thing to say isn’t it
we don’t know how we’ll cope with a loss until it happens, we can fantasise about how
we might cope with it, we think we might know but actually none of us knows until it
happens, so how much you prepare within your therapy, you probably won’t know quite
how you’re going to feel until its actually finished anyway. The patient I struggled with
I remember saying, I actually felt, I mean I told him this, I actually felt he didn’t need
any more therapy particularly, I knew he was struggling with the ending but I didn’t feel
he really needed, it was like I’ve struggled with something you need and isn’t it hard
ending I think, and I told him that and, but I also acknowledged that maybe I wasn’t,
because of all the feelings that were around I wasn’t sure whether I was, how accurate
that judgement was. But I said to him give yourself six months and you’ll know, you’ll
know whether you feel you need more therapy and if you do you get more therapy, but
not with me{laughing}, but I think that’s it, it is about the unknown isn’t it, its dealing
with the unknown dealing with loss. So no you can’t prepare.
I: Well that’s all my questions. Is there anything that you want to add?
P: I think I’ve gone on long enough. I’m sure I could think of other things but I’m not
giving you anything else {laughing}. 

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Interview 9: Client
Interview Date
17/12/99
Interview 9

1 I: So why do you think that people enter therapy?
2 P: Um, I suppose in a way what comes to mind is they’re looking for an answer really,
3 I mean you do tend to, I mean I did when I first came into therapy, I thought somebody
4 else would be giving me the answer, I suppose everybody does at that time, and as
5 therapy continues you begin to answer yourself so therefore, you know, you’d be
6 answering yourself rather than somebody else finding your, the answers to the things.
7 I: Is there anything in particular that you’d like to talk about that you wanted an answer
8 to?
9 P: Um, to be accepted I think um, reassurance...um I think the main thing really I mean
10 I was, I was always a bit wary about how people would react because I was gay like sort
11 of thing so um, but I suppose sometimes you make more of an issue or more of a problem
12 of what they actually are um but apart from that everything was going okay.
13 I: Why do you think that people come for psychodynamic therapy, which is the kind of
14 therapy that your therapist practices?
15 P: ...I mean the way I saw it sort of thing was er...I mean I’d describe it as like a jigsaw
16 sort of thing um...its a way of understanding your feelings and why you feel like that.
17 I: Was it a choice you made to come for this particular kind of therapy or were you
18 directed here by somebody?
19 P: I was directed by my GP um but um, I mean I was, honestly I think everybody should
20 come for therapy because its, you know, its really, really good um, a lot of people tend to
21 be frightened because they tend to think you’ve got to be mentally ill or, you know,
22 something not quite right with you um I think a lot of people shy away from it because
23 um it’s a way of admitting you can’t quite cope with things, and a lot of people don’t like
24 to admit to that sort of thing um, I don’t think that at all I think if anything it makes you a
25 better, a better understanding of yourself and it makes you less judgmental as well.
26 I: How long were you in therapy for?
27 P: Um I think round about two and a half years I think.
28 I: And when did that end?
29 P: About a year ago.
30 I: And have you met with your therapist since?
31 P: Um, no I haven’t actually, I mean usually, sometimes I’ll see my therapist because
32 with me working in the hospital he’ll be there sometimes um, I mean it would be nice to
33 see him again but I think I’d probably feel a little bit silly in a way, its just with being a
34 bit shy I suppose.
35 I: And how do you think that people find the experience of therapy?
P: I suppose in a way it can be a, a sort of a shock to the system really um, you know, finding the real you or whatever um, it is um, I think until you know how it works and there’s like borderlines and things like that that you’ve got to um keep below sort of thing um, its quite difficult just talking about yourself all the time and when you try to ease the situation by sort of um trying to get nearer the therapist and, I think it was a shock at one time when, I suppose I was just like being er just friendly and I can’t remember, I can’t remember what I asked him anyway it was just some sort of day to day sort of thing and um it was a sort of well we’re here to talk about you not about me, and it sort of did put me off actually, it made me feel um, I suppose as if I’d done something wrong and I thought well how do you become comfortable without having to have sort of, communicate with the therapist but... .

1: So its kind of like an unnatural situation.

P: It is really, its like talking to the wall but the wall won’t talk back to you sort of thing, so er, but I mean after that, you know, I soon sort of picked myself up and just realised it was part of, you know, part of his job anyway, I think it was quite hard sometimes, I mean I used to come to therapy and I used to be sat downstairs thinking, you know, what shall I talk about today because I always thought if I didn’t have anything to talk about then it was like sort of, a waste of time but I suppose in a way it isn’t because if you’re reflecting all the time, you know, its quite a good, a good thing to do.

1: And what was it like coming back here today, what did that feel like?

P: Alright yeah, it feels like I’ve been here years.

1: Did you have any of the feelings that you used to have when you came here?

P: No, not really and the funny thing was after I’d done, after I’d finished my therapy um I actually went and signed up for a counselling course, which I found was very, very interesting and I really enjoyed it um, I mean I’ve always been like a good listener anyway and things like that so I think its just brought more out of me.

1: So did you feel that it was kind of the therapy experience which perhaps planted the seed?

P: Um I think its probably the therapy that I had that’s probably watered the seed that I had, which has made it grow sort of thing.

1: And do you think that people benefit from psychotherapy?

P: Um...I’d say yes and no I think if anything, um I think people would benefit if they’d let themselves benefit um, because I suppose sometimes um...I was going to say if you push somebody a bit too hard then they’ll just close up and they won’t, you know, let themselves go sort of thing...

1: What’s the kind of yes then, how do you think people could benefit or do benefit?
P: I think they benefit from understanding really um, I think if you’re at peace with
yourself sort of thing you tend to be more or less at peace with everybody else around
you um, I think if people took time to stop and listen to somebody they’d probably go
away thinking more... I don’t know what I was going to say now um... I mean a lot of it
has to be to do with judgmental issues and non-judgmental issues and stuff I suppose and
I think people tend to go, tend to tag people a lot er, instead of actually getting to know
the actual person, I mean whether they’re black or white, gay or whatever they’ll always
tend to go by the colour of the book rather than the person inside really, I think once
you’ve discovered that person inside then it doesn’t really matter what the book looks
like at all.

I: And its therapy that helped you to do that?

P: Um, yeah, I mean I didn’t really have any problem with anybody else or, I mean I’ve
always like sort of been um an easy go lucky sort of thing, you know, it doesn’t matter
what people are to me I mean I’ll talk to anybody.

I: So how do think that the ending of therapy is experienced by clients?

P: Um it can be frightening er I think um, I think towards, we were just over a year and
half and he’d mentioned, you know, how it would feel er, if, you know, if he said to start
to think about ending therapy. I thought, “ooh”, it was like um, I suppose like taking the
stabilisers off your bike really um, I suppose you can get, oh I wonder if its attached or
something um to therapy, which I suppose you can do, but you’ve got to learn I suppose
as well to draw the line, let go as well um... .

I: Did you feel you’d become attached to the process?

P: Um, no, not really I suppose I always knew underneath somewhere it was going to
end sooner or later and I suppose its um having enough confidence to go out sort of thing
on your own, you know, its got to happen one day so, and then when it came around
about, oh I think it was about another six months after that and he mentioned it again and
I said, “yeah, no problem”.

I: But it sounds like perhaps you were a bit shocked the first time it was mentioned.

P: Yeah, I suppose its like thinking well have we got anything else more to talk about, is
there something that I’ve not mentioned, you know, that sort of thing so just checking
your luggage at the last minute sort of thing.

I: Do you understand his reasons for raising it at the point that he did?

P: Oh yeah, yeah, I mean I suppose a lot of them don’t actually go that long, you know,
keep you going that long actually, some don’t believe in going over eight weeks or
whatever or, I suppose it depends on the person’s situation... I mean somebody might
come to therapy just for a short while and come out of it okay and somebody might need
that little bit more so you know I suppose it differs from one to the other.
What do you think would make for a bad experience of ending from therapy?

Um...um I think it depends whether things, you know, I mean if things have been rushed or if they feel that the therapist has not listened properly or, which can give sort of a bad experience and they'll probably think once its ended I'll never do it again sort of thing...

What do you think would make for a good experience of ending for clients?

For some strange reason I know what you mean but I don't know what you mean, I suppose its nerves um, I mean you've got to have a good rapport anyway between yourself and your therapist.

I guess what I'm asking is, you know, is there anything particularly about the ending of therapy which might make it good or bad, so for example some people might say that it would be a bad experience of ending if say the client was told a week before the date.

Oh yeah, yeah, you've got to give um, I suppose in a way its like being rushed or something or, and not giving the client time to sort of prepare themselves um, you know, I mean I think the length of time that my therapist gave me was enough, I think if it had been like a few weeks or something it might have been a little bit like jumping in at the deep end.

How long was the period?

Um, I think, I think it was about a month or so, a couple of months before, I think it was about, we talked about it September time and it finished in November.

But that was the second time it was raised was it?

Yeah, I mean I think the first time that he raised it I think he was just testing to see how I reacted I suppose, I mean you soon know whether you're ready or not don't you if somebody says do you want to see the door straight away or whatever um.

Can you remember how you did react to that first, I mean I know you said you felt shocked but can you remember how you reacted?

Um, I suppose I was quite frightened really.

And what was the fear about?

I think the main fear was if there was something else I hadn't talked about that I needed to because I thought if I finish now sort of thing then like say next week or the week after if I have a bad day or something, you know, how am I going to cope or whatever.

Were you able to raise those concerns?

Yeah, I think, yeah I did, yeah...I mean I had a bit of a bad time at work about it because um they were trying to say because it was in work time they didn't want it to be in work time, they wanted it to be outside work but it was not possible to do that at the time, they didn't believe me either I think because um the therapist hadn't um sent any
letter to say, you know, this, that and the other. I mean I can remember the first, when I
first started therapy I showed my actual letter and I think my doctor had written a letter
as well and they still didn’t believe me, I mean I suppose they think I was just skiving off
or something, and then they were saying oh we think you should, you know, you
shouldn’t take that long and all this, that and the other and we’ll give you until such a
time and then you’ll have to change the date or stop going, and that really threw me um,
suppose that was about at the time when he first asked me as well.

I: That was around at the time when he first raised the idea of ending?
P: Yeah.

I: So did that mean that you felt pressurised then?
P: Yeah, yeah definitely, yeah, yeah, I thought you know am I going to say yes to
ending therapy because they wanted me to or for myself um, I think if anything it made
me more determined to stick it out, I mean as soon as they got a letter that explained the
situation that I was coming for therapy then they just backed off and said they were sorry
and all this, that and the other.

I: And was your therapist aware of that context?
P: Oh yeah, definitely yeah, yeah, I mean he was very good actually, I think he was
quite horrified that they could act like that, I mean it wasn’t as if I wasn’t making my
time up because I was so they weren’t losing any of my production or anything.

I: So why, I mean you said it was raised once, why then was it kind of not raised again
until six months later?
P: Um I presume it was something like six months later um, I mean I don’t know
whether or not that just unearthed some other things or, or not or if it just brought a lot
more feelings and fears out, I think because of that time I think then he decided that he
didn’t think I was quite ready, um.

I: And is that what you felt as well?
P: Yeah, I think sometimes when something confronts you you’ll know whether you’re
ready or not, and I suppose with that at work I think it made me realise, you know, I
wasn’t quite ready...

I: Is it possible though that you could never be quite ready for the ending of therapy?
P: Um, I think I would agree, you know, there’s never a right time really but you’ve got
to be um, I think you’ve just got to be right with yourself or near enough.

I: And so the second time when your therapist raised it, were you more certain of that
then or?
P: Um, yeah, yeah, you know, I think I thought, you know, I’ve been coming along
enough really anyway um, you know, I think you can get a bit too comfortable with
things, I think sometimes the best thing as well to improve a little bit more is to um, go,
183 go it alone sort of thing.
184 I: And after the point where ending's raised, what gets talked about?
185 P: Um...I'm just trying to think, I think we'd gone over quite a few of the issues that 186 had, you know, been brought up over the couple of years, I think more if anything, I was 187 more um...more talking about the future more than anything, more today and tomorrow 188 than, you know, yesterday and years ago past or whatever. As I say its like a jigsaw, you 189 know, it's a bit messed up at first but, you know, it does come into order, you can see 190 things hopefully slotting in, into place, feelings and what have you.
191 I: Do you think, I mean what you've just mentioned about what you talked about in 192 your therapy, do you think that's the case for other clients as well when ending's been 193 raised?
194 P: Um...I mean I could say well somebody could beg to differ I suppose um...I mean I 195 suppose some people will like sort of find some issues that haven't been resolved or, or 196 whatever and probably feel a bit, you know, well they helped me on that but not on that, 197 but I think there's just some things that you've got to sort of cope with yourself more 198 than anything um, I think you, its there, I think with therapy things are brought to the 199 front but I think in a way its for yourself to sort them out, its for you to see um where 200 problems might have been or, or problems might occur, but I think its for you to sort, 201 you know, sort them out.
202 I: What about feelings after ending's raised, I mean you've mentioned fear and perhaps 203 shock as well, you know, are there any other feelings do you think that are around after 204 ending's raised?
205 P: Um, I suppose after a time you do sort of like bond with a person, you know, I did 206 feel quite sad actually really, I mean I think if I can remember I had to try and stop 207 myself from crying sort of thing um, you know, cause I was very thankful for the time 208 that he'd spent really...it's a person that you've not known for very long but who sort of 209 knows you, knows all, you know, all my life sort of thing, more or less um, so I suppose 210 while I spoke about it and talked about it and everything, you know, he's been there sort 211 of thing, you know, and he wasn't judgmental, you know, and he wasn't, you know, so it 212 was a bit sad as well.
213 I: So in a sense it's a special kind of relationship?
214 P: Yeah, yeah and I suppose sometimes you're a little bit, its like sort of um express 215 your feelings because like sometimes you can express your feelings and it'll push 216 somebody away rather than, you know, but I suppose in a way its like sort of, you know, 217 you wouldn't be able to find the right words anyway to say how much, you know, you 218 feel and thank them.
219 I: Is that perhaps something that you were afraid of that you might push your therapist
220 away?

221 P: Yeah I did, yeah, I suppose you do with anybody that you’ve sort of like um become close to sort of thing.

223 I: Did that stop you expressing your feelings that fear?

224 P: Um, yeah sometimes, yeah.

225 I: And the kind of feelings that you’ve talked about, what do you think those feelings reflect?

227 P: I suppose it could’ve been all sorts of things really, you know, anxieties, fears, loneliness, sadness, happiness, the majority of things really.

229 I: So it was a real mixed bag?

230 P: Yeah, I think it was at the, you know, at the beginning and halfway through probably yeah, I mean the most interesting er, when I did arrive, you know, a few minutes late or whatever um, what did he say, he wondered why I was late and I thought well does he, what does he mean by that and I was like thinking does he mean I was being late um...not that I couldn’t be bothered but there was nothing to rush for, and at first, I think at first that it sort of like worried me then, you know, that he should think that.

236 I: What did you conclude about that?

237 P: Um, I don’t know I think I thought all sorts of things really um, I suppose in a way I don’t know I was becoming comfortable.

239 I: And did you think perhaps that by being a few minutes late that reflected the fact that you were quite comfortable or?

241 P: Um, possibly yeah, or it might come across as not as urgent, you know, sort of thing...because I suppose when you become comfortable with things you slacken off a little bit, not because you don’t want to go or anything, I suppose as time goes on then you sort of do run out of things to say I think, you know, I was always frightened of running out of things to say and I think towards the end I was finding it difficult to find something that I hadn’t sort of dug up before um.

247 I: So you didn’t find that the ending, the approaching ending kind of threw up new things for you?

249 P: Um I think the only thing that um caused more fright was being emotional on the last, on the last day sort of thing.

251 I: And were you?

252 P: What emotional or frightened of them?

253 I: Both.

254 P: Um, I think there was tears in my eyes, I mean I did have problems to like sort of think about it, I think when it actually came to the end it was more difficult to sort of, I mean eye contact’s got a lot to do with it and that’s probably why I’m looking at that
257 wall now, I mean you’re, you’re meant to give quite a bit of eye contact but not, you
258 know, too much to make you feel a bit uncomfortable um, I mean it was funny at the
259 beginning because I didn’t dare look at him in case I thought, no, in case he thought that
260 I liked him or something, something stupid like that but er, I mean I can laugh about it
261 now but yeah um…
262 I: What do you think ending’s like for therapists?
263 P: Well I think, I would imagine that could be a mixed bag as well really, they’ll either
264 be glad of it or um, I don’t know I mean everybody has feelings, um I think it must be
265 really difficult sometimes to actually not advise people, um because it is because like
266 also since I’ve left I work for a lesbian and gay switchboard but you know you
267 communicate with people over the phone rather than face to face um, its just something
268 you’ve got to try and, not to advise anybody, as I say you know you’ve got to make
269 them, try and make them, you know, sort it out for themselves or whatever, um, I mean I
270 would imagine with some of the things that a lot of people come to therapy for… well I
271 think if, if anything I think probably the therapist has got to be more strong, stronger than
272 the actual client really um, cause I mean you don’t want to say something and then
273 you’ve got a look of shock on your face sort of thing, you know, because that can make
274 somebody just close up straight away, um.
275 I: What do you think ending was like for your therapist?
276 P: Um, I don’t know really um, I think, you know, he, he was really nice and everything
277 um, and I think he showed that more towards the end because I suppose he could do
278 because, you know, um he said you know he’d really enjoyed, you know, nice to meet
279 me and everything um, I think he actually said that you know um after a while you do
280 become concerned and er, I suppose as if you would for anybody really.
281 I: How did it feel to hear him say that?
282 P: Um, quite nice actually, a bit of a lump in the throat I think um, because I think
283 sometimes I mean probably some people think that you’ve got to be really cold and heart
284 of stone sort of thing…
285 I: I mean we’ve already talked a little bit about the time of ending, maybe the last
286 session um, you know, what was that like, how did you experience that when it was
287 coming closer to the ending?
288 P: Um, I think I handled it quite well, I think underneath you’ll always get a little voice
289 saying ‘ooh, a bit frightened’ but I knew at the end of the day that I’d got to get on with
290 it, you know, and I couldn’t possibly um keep coming to therapy just because I was
291 slightly frightened about things um… I mean also I sort of um, in the first time when he
292 mentioned it I think, you know, I was like as I said before I panicked because what
293 happens if I come across another crisis and I won’t be able to come back into therapy as
Quick as I left sort of thing, and will I be able to see the same person and all this, that and the other, I was more or less thinking negative things really rather than positive things.

I: And what was your therapist's approach to those kind of questions?

P: Um, I'm trying to think, I mean he was reassuring and what have you and he did say that, you know, if he thought I wasn't quite ready then he wouldn't have let me go anyway but um, I mean I think he would have said if ever I, I think he, I think he did say that there'd be a possibility of coming back but then I don't know how quick or how soon sort of thing that it happens or whatever um, and then I, I mean I thought the way he was going to end it was like dropping down in my sessions, rather than once a week I'd probably just go down to twice a month but he didn't work like that, it carries, carries on as normal sort of thing and, you know, starts to prepare things about a month or so beforehand.

I: Can you remember what the last session was like then?

P: Nervous but um content if that's the right word, you know I feel as if I'd um handled everything sort of thing, I don't think there were many stones that weren't unturned sort of thing, I mean if there was then it was just something that I could do myself anyway.

I: And when your therapist said to you that he felt you were ready, what did you understand by that, how do you think he'd reached that conclusion?

P: I think it made me laugh actually, a nervous laugh more than anything, um... I suppose its when like people notice things about you that you don't notice yourself and you think 'oh', you know, so then it goes to show that he was taking notice and was listening, most of the time I think.

I: So you think perhaps he saw something in you that told him you were ready?

P: Yeah, yeah, I mean I suppose in a way you do notice when a person um changes.

I: How, how do you think though he would know you were ready to end?

P: Um, change of mood I would imagine... I suppose er things we'd talked about um, I suppose like the big issues that there were before I don't talk about now and I suppose that shows a way of um, I mean if you were still carrying on about it then obviously its still creating a bit of a problem... .

I: Do you think that the ending of therapy relates to other endings and, or separations in people's lives?

P: Yeah, now you're gonna ask me like what.

I: Why?

P: Um, I don't know I suppose its just like... like finishing a chapter off and going on to another one um, I think as well sometimes over a period of time you can actually carry things on that don't need to be, um it could be feelings or bad feelings or family or anything like that... I think sometimes you can dwell as well too much on the past, I
I think sometimes that's what I um, I think people find it so hard because they've dwelled that much and they've got themselves into a rut that, you know, you don't see any way out um... .  

I: What do you think the differences are between the ending of therapy and other separations and endings in people's lives?  

P: I think the end of anything sort of creates any sort of feelings whether its good feelings or a mixture, or bad feelings... .  

I: I mean do you think that the ending of therapy and say the ending of a relationship are kind of distinct in anyway?  

P: Um... I think, I mean I think it helps you cope with things that bit more easier, easier than beforehand... I can't think of anything else to say.  

I: Well I guess what I'm asking is sort of you've talked about the ending of therapy and why its similar to the ending of other things like maybe leaving a job, leaving home um but what I was asking is, you know, what do think are the differences between them as well, if you can think of any?.  

P: What are the differences um... I don't know if that's a difficult one to answer or not.  

I: We can come back to it if you like.  

P: Go on then.  

I: I mean what do you think the therapist's view would be, do you think they would say that other endings in people's lives are relevant to the ending of therapy?  

P: Um, I mean I think the endings can be different but... but its how you deal with them I suppose... .  

I: I mean in the ending of your therapy or in the run up to the ending, were previous relationship endings and separations and things like that, were they discussed?  

P: Yeah.  

I: And so that seemed, did that seem kind of relevant or appropriate to you?  

P: What to mention those kind of things?  

I: Yeah, to be talking about them.  

P: Um, yeah because I mean things like that can... cause problems or whatever in your, you know, in other sort of places, so I mean if I had finished a relationship with somebody or whatever then I suppose you'd be able to tell or not from what sort of things I talked about, about how I express myself about certain things.  

I: Was it you who raised kind of the issue of all this?  

P: Um, yeah, I mean I, at first I weren't sure whether to mention things like that or not um, I mean I did like sort of think well he probably doesn't want to really, to hear about people like that um, but I suppose then I was like sort of more worrying what he thought than what um, instead of thinking about myself.
And was it, I mean was it particularly after ending had been raised or after you were facing the ending of therapy that you began to talk about things like that or?

More or less all the way through I think...I mean I suppose in a way I was like sort of wanting to pick out things that were relevant or, you know, um, it was like sort of, you know, this is a serious thing now you know I've got to talk about things that are relevant um, to why I'm feeling like this um, you know, if I, like I started to talk about whether I'd had a good day at work it would make me feel as if it wasn't relevant and I was wasting time, plus the fact would he be interested in listening anyway, that sort of thing.

So did, I mean, you know, when you talked about previous relationship endings, well endings and separations, did you feel that that came up more towards the ending of therapy?

Um, yeah I suppose so because I mean, you know, as time goes on and the more comfortable we are the easier it is to talk about things, I think you tend to sort of get er, sort out all the nitty, gritty stuff rather than, than most, I suppose its like if you start at the beginning rather than start in the middle or at the end, you know, the story I would imagine would be easier to pick up for him and for me as well to understand, rather than keep coming backwards and forwards to um subjects or whatever, I suppose in a way um how I grew up as a kid, feeling like so ugly, obviously um is going to come out in relationships that I've had or whatever...so therefore you know why you was like it when you were younger and why you were like it as you got older.

In connection with what you've just said, the feelings that came out for you towards the end of your relationship with your therapist, did they make any sense in terms of previous relationships, previous endings, could you make any links?

Um, yeah I think so, I think if anything I could make quite a few links with quite a few things really.

Like what?

Um like what...I suppose, I mean there's like the lack of communication between myself and my parents um, and the lack of love I would imagine, I think the love was there but it wasn't shown that often, and therefore later on in relationships um I suppose, you know, I was frightened, once somebody started getting closer to me I sort of like started to back off a bit because its something that you know is right but its too much to take in sort of thing um, I suppose its like somebody showing you something that you've not seen before which is strange or whatever you know, I mean I was somebody that used to go for the barriers and the barriers would be up and then that'd be it.

Did you have those feelings in your therapy as well?

Yeah, yeah, I suppose I did yeah, I mean I tried to sort of um...not to get to know him but sort of...I don't know how to put it um...I suppose you like to get to know a
I didn't know... but like when you're like sort of as say showed the boundaries or whatever um that sort of made me back off then and put my barriers up.

I: Did you keep your barriers up for the rest of therapy?
P: I think I did for a little while, yeah, I was always like sort of um, trying to think of things before I came to therapy to talk about, that way I got things out of the way and I didn't have to communicate with him too much um...

I: So did you, I mean do you think you allowed yourself to be in the relationship enough, or maybe enough to experience the ending as painful?
P: Um...I think yes at the beginning and then after a while I backed off a bit and then I suppose towards the end, it just made me a little bit unstable at the time I think.

I: What did?
P: I suppose just the way he reacted.
I: Do you mean when he set the boundaries?
P: Yeah, yeah.
I: Was it a similar sort of thing then when he brought up the ending?
P: Um...I think it was more like losing a friend at the end of therapy, you know, I probably knew I wouldn't see him again, you know, unless I saw him in the hospital or something um, yeah I think at the end of it, it was like losing a friend if anything.

I: When should clients know when their therapy will end do you think?
P: Um...I think um when they're able to cope with either situations they've been talking about or if you're more at ease with yourself or whatever um...

I: Did you have any idea, I mean the first time when your therapist raised it was that the first idea that you'd had of when it would end or did you know any earlier what the timescale was?
P: I suppose, I mean when you first go into therapy they'll mention, you know, the beginning and the middle bit and the ending bit um, and I suppose for a while I never really thought, I didn't want to think about the ending bit...because I thought if I mention it it'll probably come too soon than it needs to be. I suppose in a way its like leaving one school to go to another, its always terrifying for the first couple of days but after that its fine. I mean I was like sort of, I wasn't worried as much when therapy ended, I think it became quite funny for the first few weeks, you know, not actually coming down here on a Thursday or whatever um but then I think the next time I thought about it was probably about six months after I'd, you know, and it was like sort of, you know, I've coped alright now so, you know, I think if anything it made me stronger to think that I've actually coped that amount of time without thinking about anything, thinking 'oh, I need to talk to somebody about this, that and the other'.
I: So maybe it's the kind of not having therapy or being aware that you're not having therapy that can be more therapeutic than having it?
P: Yeah, I mean I think when I told my sister that I'd finished therapy she was, you know she said well 'well done' sort of thing, strange thing to say but I can understand what she means as well, I mean she said obviously you must think you're ready and what have you and I said 'yeah', you know, I don't think there was any sort of, any great doubt or anything towards the end, I think if you, if you probably just sat down and thought about things long enough you could find something, but obviously if you've got to sit down long enough and think about something then, you know, it can't be that important um, yeah I think I've done really well since then.

I: Who do you think decides generally to end in therapy, do you think its generally the therapist or?
P: Um, I think if anything its... both, I would have thought, because I mean, you know, somebody could have a different view on something... I mean I think its got to be a mutual thing because I mean its no good if, you know, you're saying 'yes I'm ready' but not and he notices that I'm not ready and vice versa really, I think there's got to be an understanding between each individual for you to know whether you're ready or not.

I: So are you saying that your ending was kind of mutually negotiated even though your therapist raised it first?
P: Yeah, yeah, I think you come to an understanding I suppose really, an agreement as such, I think in a way you come to think well, you know, I don't want to have to keep coming any more, I want to get on with my life now sort of thing so, not that I wanted to forget anything about therapy um, I mean if, I mean its like now if anybody mentions it I'll say 'yeah, go for it', you know, I mean, I think its just a really good way um of getting to know yourself, and your feelings.

I: What do you think that clients experience after therapy has ended?
P: Um... I suppose it could be a number of things really... I would imagine they want to, they wouldn't be in um, you know, in a lot of pressure there that there might have been beforehand... I think after therapy you can like sort of decide more for yourself rather than waiting around for an answer or whatever...

I: Do you think that therapy continues in any way?
P: Yeah, within yourself I think um, it makes you go over things, experiences um... I suppose in a way it makes you feel sometimes that there's um, there's a reason for why everybody acts the way they do um, you know, I think your childhood and family life or whatever does have a lot to do like with people when they're older.

I: So they were ideas that you carried with you after therapy had ended?
P: Yeah, yeah.
Has therapy continued for you in any other ways?

Um yeah cause I think, you know, if like sometimes when you are a bit down again it
doesn't take you as long as it would have done before to get back up on your feet again
um, because I mean like beforehand you could be, you know, fed up or depressed for
quite a few days um, I suppose in a way looking for not attention um, I think you can
notice things more now and learn to um...not cope but learn to um...deal with that
moment at the time sort of thing um, I mean I've found, you know, if I am a bit down
and depressed I'm soon out of it...yeah, so I think that way, in that way therapy does
because you um reflect on how you were and how you are now and notice a big
difference and its like sort of you know um...you soon notice the more positive things
about yourself rather than the negative things, so I think each time, you know, I've done
quite a lot since the end of therapy I'm on my second stage for sign language now which
at one time I wouldn't have thought I would even consider going to a night school or
anything like that, and I'm doing a computer course now and I've done my counselling
which I've got three credits for so its like I think its done, done me the world of good
um...

How are endings prepared for in therapy do you think?

...can you say it again.

Having gone through the ending of your therapy, what are your ideas about how
endings are prepared for by client and therapist?

...I suppose you um, I've forgotten what words I was going to use, I suppose you
reflect back on why you've come to therapy um, um I suppose you, I mean you talk
about how um, what therapy has done. I suppose, I suppose its like tidying up, I don't
know if I'm on the right track or not here, probably not um...I suppose it's a way of
making sure everything's tied up, no loose ends um...I suppose, I suppose making sure
that person is um, I can't find the word at all but I know what I mean um, yeah I suppose
sometimes the way you ask a question it can make, it can be an easy question but when
you relate it to somebody its like sort of I don't understand it but you do understand it
and its like, I don't know...

But I mean you were saying that, is that what it felt like though for you that things
were being tied up, is that what the process was?

Um, yeah, making sure that everything was alright before, I mean I suppose its like
making sure that an elderly person has got a package to go home to, you know, it'll be
alright if they need to talk to somebody or they know they're not alone or, I suppose it's
a way of not just chucking you out of the door after the session um.

Did you feel that you were preparing for it in any way?

Yeah I think you learn to prepare yourself for things, I mean I know there are certain
516 things in life that you can’t prepare yourself for but I think it helps you learn to cope with
517 the majority of things that you’ve got to like sort of confront or be ready for.
518 I: Okay well I don’t have any more questions.
519 P: There’s quite a few that I passed on.
520 I: Is there anything that you want to add that we haven’t talked about?
521 P: Um, no I can’t think of anything really... no, I just hope that what I’ve said makes
522 some sort of sense, you see there I am again thinking that probably what I’ve talked
523 about you probably don’t quite understand.
524 I: Can I just ask why you came forward to be interviewed?
525 P: I suppose that was just me being a caring person um I don’t know I just sort of, you
526 know, I find it interesting and I think its helped me a great deal and if it helps somebody
527 else to write a few words down then that’s a good thing at the end of the day.
528 I: And what was the experience of being interviewed like?
529 P: I suppose like therapy um... a bit nerve racking, I mean with anything I think the first
530 fifteen minutes or whatever are so icy anyway, I think once you’ve broke the ice which
531 its like, I mean when you’re a couple stuck in a room and you’re, the way you’re going
532 to be able to talk to them more fluently and more at ease is to break the ice and like as I
533 said before in therapy when I did that I just wanted it to ice back up again um.
534 I: Is that kind of how you felt here?
535 P: No I mean I was alright actually because I mean, you know, I sort of know how
536 things run now so its, I think once you learn to understand all the barriers and everything,
537 you know, you can understand it, I mean for a while I couldn’t understand it and then,
538 you know, you do, you learnt to accept certain things, you learn to... .
539 I: Use it perhaps.
540 P: Yeah.
541 I: Okay, well thank you very much for your time.