'The Long Goodbye'
An investigation of how personal, professional and social dimensions influence the creation of endings in psychodynamic counselling

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A thesis submitted in partial fulfilment of the requirements of the
University of the West of England
For the degree of Doctor of Philosophy

Faculty of Health and Applied Sciences
University of the West of England, Bristol

May 2014

Word count: 89,677

Abstract

This thesis explores the ending stages of psychodynamic counselling. Endings in counselling might be planned from the outset; negotiated through the course of the work; thrust upon participants due to external circumstances; or the work might end if the relationship between counsellor and client is not robust enough to be sustained. A psycho-social research methodology was used to gain a deeper understanding of the interaction between participants' internal worlds and the broader context of the social and cultural constructs around them.

The data for this research was supplied through thirty-eight interviews with nineteen participants: nine counsellors; six counselling clients; and four counselling supervisors, all involved with providing, receiving or supervising psychodynamic counselling in London or South West England. Data collection used free association narrative interviews, in conjunction with reflexive approaches such as field work notes and the researcher maintaining a reflexive journal. Data was analysed using thematic analysis.

The research findings produce a distinctive history of how endings in psychodynamic counselling are constructed, with a focus on the acculturation of new counsellors effecting how they approach endings. The adherence of new counsellors to a narrative of death, loss and mourning in relation to endings appears to lessen over time and to allow a broader interpretation of endings, with greater association to attachment based narratives of endings emerging.

Although not strongly linked, the research suggests counsellors who experienced sudden, rather than timely, deaths in their biographies, and those who have no children, tend to use a narrative of death, loss and mourning to frame their understanding of endings in counselling.

Finally, this research offers a unique view on how counselling clients experience the psychodynamic counselling relationship, which raises questions about professional practice serving as a defence against anxiety and counsellors' lack of awareness of the public's expectation of their role.

Acknowledgements

This thesis has been produced with the help and support of many people, whom I would like to acknowledge here.

Firstly, I wish to thank my research participants, who gave freely of their time, thoughts, feelings, memories and reflections. I am immensely grateful to you all, for without this generous input there would be no thesis. I hope the experience of the two interviews was as illuminating and thought-provoking to you, as it was to me. Perhaps we were all able to learn a little more about endings.

My thanks and appreciation is due to Lesley Murdin, Christine Driver and Joan Baxter, of WPF Therapy in London, who allowed me a unique opportunity to conduct my research within this esteemed organisation. The containment and helpful comment of the Ethics Committee enabled me to organise my research practice and administration.

I am very pleased to have engaged the services of Angelina Gibbs, in editing this thesis. Her sterling work has been invaluable.

My most profound thanks, regard and gratitude go to my supervisory team. Professor Paul Hoggett provided me with his unswerving optimism, detailed knowledge of the psycho-social approach and grounded engagement with the therapeutic process. Nigel Williams brought the complexities of group and cultural processes alive, and opened up and extended my thinking about the interaction of sociological and psychological domains. I have been the recipient of some envious attacks from my PhD peers, for having the "dream team" of supervisors, but it's been worth it!

Finally my love and thanks go to my family for their unfailing support over the past six years. My parents, for housing me and feeding me curry during my data gathering trips to London. My brother, for his vital 2.00am pep talk which kept me on track. And my love and thanks go especially to my children, Erin and Josh, and my husband Chris, for their cheerful support; for understanding my occasional physical and (more frequent) mental absences; and for having faith that I would get there in the end.

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Chapter 1 – Introduction

1.1 Introducing the Research: Its Origins, Aims and Objectives

1.1.1 The origins of my research

My PhD thesis is entitled 'The Long Goodbye - an investigation of how personal, professional and social dimensions influence the creation of endings in psychodynamic counselling'. So what is psychodynamic counselling? Psyche refers to what Higdon (2004, pg 17) calls "the human spirit, the soul, the mind" and dynamic refers to activity, to movement. Put together psychodynamic means "the interrelationship and activity between different parts of the individual's psyche. Psychodynamic counselling concerns the internal relationship with different aspects of the self and the external relationship with others". Where such technical terminology is used within this thesis I shall help the reader by explaining my understanding of it as it occurs. I need to draw the reader's attention to the close and sometimes overlapping terminology of counselling and therapy. In this thesis my discussion of psychoanalytic or psychodynamic ideas, discourse or theory is based upon the definition given above. This contrasts with a 'therapeutic discourse', which I use to describe the more diverse and socially constructed idea of what 'therapy' in all its forms entails.

This thesis is a reflexive account: the origins of the work lie in my personal history and responses to endings; and my understanding of endings through the research process is also mediated by my own personal history and affective responses to the research material. So research is a highly personal activity in which the research process allows something to be transformed within the researcher. Parker (2002, pg 190) states "In qualitative work, where an analysis of reflexivity is encouraged and where new forms of subjectivity are allowed to take shape in the course of the research, there is often a strong personal engagement with the material, a sense of being immersed, overwhelmed, and sometimes of being transformed by the subject matter." By allowing the personal engagement to be known, indeed by facilitating one's awareness of it from the pre-conscious to the conscious, the personal investments in the research might be seen more clearly. In this section I am going to explain why I am researching this aspect of my work, and give a taste of what has been the allure of endings that has kept me engaged in the challenging process of managing a PhD alongside work, family and the ongoing demands of life.

As a psychodynamic counsellor I cannot make sense of my present feelings, thoughts, understanding and actions without seeing these in the context of my earlier life experiences and the effects these have had on my conscious and unconscious engagement in the world. So I need to begin with my early experience of endings. A reader expecting a heart-breaking account of personal losses and early tragedies will be disappointed. One of the unusual characteristics of my childhood and teenage life – a lucky characteristic one may say – was the absence of serious endings. I grew up with my parents and older brother on the outskirts of the M25. Three of my grandparents were dead before I was born and my remaining grandmother lived in India, along with the rest of my father's family. This geographical distance meant that our family commitment was expressed through thin blue airmail letters and rare, shouted telephone calls. There were no deaths in my family here in Britain, no divorces. We didn't have particularly close family on my mother's side, in part the chronological effect of her being 13 years younger than her siblings, who were embarked upon their adult lives when she was a child. Most of my cousins were, therefore, distant and shadowy adult figures to me, rather than playmates with whom I shared grandparents or large family events. We never moved house or left our home town. Other than the occasional loss of school friends whose parents, inexplicably to me, moved them to other parts of the country, my life was marked by consistency, by a lack of endings.

As I became a young adult I was dimly aware of having some slight absence of experience. Leaving school might be considered an ending, but as many of my cohort moved with me to the local sixth form college, it did not seem like a major rupture. I was spared the teenage agonies of being dumped by boyfriends: I had a consistent boyfriend for over four years. When the time came to consider university or college I found I couldn't leave home. I was not prepared to leave my beloved horse behind or the boyfriend (in that order). So I studied locally and avoided an ending, even a temporary one. Eventually my relationship with my first boyfriend palled and I ended that relationship. I think people were surprised at my ruthlessness in how I managed this, certainly at my timing, but I was aware of two things: firstly, I had no experience of endings and therefore no template of how to do this difficult thing; secondly, I had my new boyfriend already in place, so in that sense there was no ending. A different person was going to fill the role. I had no time to think (or feel) anything much about the end of my first relationship, as there was something new and much more exciting to focus on.

Around this time I remember being given details of my next college placement (I was an occupational therapy student). It was at a hospice for people with terminal diseases. I

remember seeing my tutor and making a frantic plea to be found somewhere else to go – I could not possibly work there! What could be said or done for people who had no future, where there was only The Big Ending ahead? My request was accommodated and I was given a placement with people with learning disabilities in a long stay hospital. This work enthralled me and I made my career with this client group. So my work life was characterised by long term, ongoing relationships with people in institutional settings, working with the same people for many years. As I moved into my twenties my consistency at avoiding endings continued. I did move between relationships, but always with an overlap between partners and always with me being the one who did the ruthless termination and moving on quickly. I stayed in the rough geographical area where I was brought up. I stayed working in one NHS trust until I turned thirty, when I ventured to move further afield and got married. I still had not experienced a close bereavement or losses of other kinds. Even my horse, mine since I was fourteen years old, continued on reliably.

As my career interests changed and I began to train as a counsellor, I began to be more acutely aware of the absence of endings in my life. So I felt rather at sea when endings formed part of our lecture series and when colleagues could give voice to their life-changing accounts of endings they had survived. Where others expressed affect, I found a curious void in myself. When bereavement did come – my poor old horse eventually had to be put down in his thirties – my engagement with this was tangential. I had a ten-week old baby who was due for surgery so my attention was completely on my natal experiences and concerned with my care and attachment to our daughter. Attachment and the management of the micro-separations that having a baby brings were my world. In due course a second baby arrived and on we went with life being about new developments, growth, family and friends. I managed a big ending for myself – I left the NHS and my professional identity there and took up employment within the counselling service where I trained, practically a second home to me. It was a good move and I have not mourned the ending of my NHS career in any way, except for the pension. Needless to say, I still work at the same counselling service now, some ten years later…

In my forties I did begin to lose people who were important to me. My grandmother, in India, died. The distance meant there was no funeral to attend, no ritual to mark her passing. In the absence of any focus my father and I visited a Hindu temple in West London with an offering of fruit. My mother-in-law, whom I was very fond of, died in hospital. I felt privileged that we were with her when she died. Her funeral was the first in

which I had been actively involved as part of the family immediately affected. So I felt that I was catching up with the experiences of death, loss and endings that my counselling colleagues had been seemingly able to articulate so effectively. It began to have some meaning. I could engage with it. I began to feel less of a slow learner in this respect and more congruent with the experiences of other people my age.

Alongside this personal journey came my broader exposure to counselling training and practice within my employment at a local counselling service I shall call 'LCS'. As a counsellor, I have generally disliked having to end with a client – it's a tricky business. Sometimes I have felt a pull to delay an ending, perhaps due to a wish to maintain a relationship with a client, after their goals of counselling have been achieved. There are the feelings of sadness, of loss, that I have been left with, when a particularly fruitful or engaging counselling relationship comes to an end. There is the difficult issue of when I have had to finish the work prematurely – on two occasions due to taking a maternity break. The feelings of letting a client down because my attention was elsewhere were powerful. And there have been some occasions, which I am embarrassed to recount, where I have brought about a premature ending because of difficulties in the working alliance (see section 2.5) or my fear that I was out of my depth with the work – or simply couldn't bear the client any more. Then there are also unplanned endings – when the client either stops attending with no notice, or when a phone message is left saying they won't be back. In these instances, the fantasies about my lack of skill can grow unchecked. These can be accompanied by feelings of shame or anger when I've had to account for the unplanned loss of a client to my supervisor, especially in a group supervision setting. Two aspects of the counselling process come into sharp focus when endings are discussed, both with the client and in supervision. One is the effectiveness of the counselling experience and the other is the relationship between counsellor and client. In both of these I always felt there was a huge capacity for me to be found wanting, to be discovered as not being good enough for the client, and by inference, the profession.

Working as a supervisor opened up my awareness of the practice of endings across a wider range of counsellors than my own small supervision group. I became aware that my complex feelings regarding endings – particularly regarding the effectiveness of counselling and the quality of the counsellor-client relationship – were not just mine. From talking with my colleagues and supervisees, I know I am not alone in having these feelings – they permeate the profession. When I became manager of the counselling service I found our

data on unplanned endings produced interesting reading. The number of unplanned endings was much higher than I had anticipated.

This was concerning for a number of reasons. An unplanned ending suggests an unsatisfactory outcome for the client – the counselling has not produced the positive results they hoped for, or there has been a rupture to the working alliance that they have felt was not repairable. They are not likely to be leaving having achieved a therapeutic benefit and not likely to be positively recommending the service to others. Also associated with unplanned endings, although not in every case, are unpaid fees. In a service which invoices clients one month in arrears, and given the tendency for counsellors to keep sessions open until they really know the client is not returning, our service can be carrying unpaid fees for up to six sessions when clients end counselling suddenly and without giving notice. The final aspect of unplanned endings is the effect on the counsellor. In a job that is all about communication and engagement, having your client leave in this non-communicative manner inevitably dents one's confidence and leaves you with a host of unresolved feelings.

So the seeds for this research project were germinated from a mixture of both personal and professional reasons. The common theme to both aspects was a feeling of being *not quite sure how to do endings*. Since starting my PhD I have been keeping a personal journal of thoughts, feelings, dreams, synchronicities and so forth that I have noticed and feel make a reference to my research process. From this journal I can see that it was not until nearly a year after my initial overtures to the university that I had a sudden recollection of my own first experience of ending in counselling as a client: firstly my counsellor left her agency and took me into her private practice at her home; then she moved 100 miles away but would return weekly "for as long as you need me" to offer me counselling in a friend's house. It is of little surprise to me now how quickly I took a flight into health and thus helpfully spared her that long weekly journey. It was an interesting parallel of my presenting problem – how come I could, and did, leave relationships without a backward glance?

When I reflect upon my other two experiences of ending as a client I can see two other permutations of endings. One was a planned ending – planned by me, at any rate! I had completed four years in personal therapy (doubling my training requirement for therapy) and I was expecting my second baby. I decided I would finish at the end of my training year in September, leaving me with a few months clear before the baby was due. I remember my therapist saying, rather dryly, "Well, you seem to have that all worked out.

It's as if I'm not part of it." There was no doubt that this would be a final ending between us – there had been no mention from either of us of my making a return and I don't recall any comments about her still being there if needed; there being an open door or the like. I cried in my last session, but more from a sense it was expected of me than from a genuine sadness on my part. My mind, of course, was on my forthcoming new relationship with my second baby.

After a number of years I found myself engaged in a difficult dynamic with a client who had three times planned an ending with me but had returned each time after a gap of a few months. My supervisor suggested a spot more therapy might shed some light on this and I started work with a therapist of his recommendation. This piece of work lasted for about nine months and endings formed the substance of the work. Over time we realised together that we had resolved something and could think about an ending ourselves. This time the open door was clearly indicated and I felt comfortable, a year after ending, to send my therapist a postcard, letting her know that I had started this PhD. So I have three experiences myself of ending therapy as a client: one an ending effectively brought about by the counsellor; one an ending brought about by me without my therapist's agreement; and one mutually concluded ending.

What is curious to me now is why, given the subject of my research, it took me so long to think about my own experiences as a client. Am I so lodged in my position as a practitioner that I had forgotten, or perhaps devalued, my own formative experiences? I write this because it sheds some light on my motivation to research endings. There are professional endings and there are personal endings: for me neither is easy and I am still driven by a desire to understand and make sense of my responses to endings. So it seems that one intention of this research concerns my attempt to find out how I might get better at endings if I understood more about them; and to see if there is something else going on with endings which might explain why, other than a lack of exposure, I find them so difficult.

Another intention concerns my desire to undertake qualitative research that sits within my own professional sphere. When training to be a counsellor I was struck by how many of the papers, books and articles we were given were written for and by psychoanalysts and psychotherapists. It was as if counsellors had no voice (or wished to have no voice?) in proposing theory, challenging orthodoxy or undertaking research. Jean Knox (2013, pg 426) suggests that psychodynamic psychotherapy is marginalized within the National

Institute for Health and Clinical Excellence (NICE) guidelines and therefore within the NHS. She suggests "one rather dangerous aspect of our reaction (*to this crisis of clinical credibility*) is to withdraw into a psychic retreat (Steiner, 1993), a position from which we do not really engage with the critiques of and threats to our profession, but instead adopt an attitude of unquestioning certainty about our theory, training and clinical methods." Although my aim in this research is not linked to demonstrating the clinical effectiveness of psychodynamic counselling, I feel there are lessons to be learned from Knox's observations. Every piece of counselling work will have an ending, sooner or later. Can we really afford to assume our current theory and clinical practice are still best placed to undertake this element of our engagement with our clients? Have we checked out our practice in this most ubiquitous aspect of our work? Perhaps it is time for counsellors to come out from their psychic retreat and meet Knox's (2013, pg 428) challenge that we need evidence of this: "This includes research that directly investigates the observable processes that characterize psychodynamic psychotherapy and the evidence for which of those processes are linked to a good outcome."

1.1.1 The aims and objectives of my research

The overarching aim of my research is: to explore and articulate how psychodynamic counsellors, clinical supervisors and counselling clients think about their experiences of endings in psychodynamic counselling; and to unpick the conscious and unconscious practices within their experiences of endings. I have then broken down this aim into the following, more specific, research objectives:

1. To investigate whether the classic psychodynamic counselling model is still a robust and useful template for negotiating and effecting an end of the counselling relationship, in Britain in the 21st century.
2. To have an understanding of how endings are construed within the psychodynamic counselling world and to interrogate these constructs, using concepts and theories both within and outside of the psychoanalytic tradition.
3. To observe and describe the psychodynamic phenomena that can occur in the ending stages of counselling, for clients, counsellors and their clinical supervisors.
4. To identify the qualities of the counselling and supervisory relationships and to investigate whether specific qualities can be useful in predicting the likely outcomes of psychodynamic counselling.

5. To explore the opportunities, constraints and dynamics created by using psychodynamic counselling skills as part of a qualitative research methodology.
6. To articulate how my research findings may contribute to the education and practice of counsellors and clinical supervisors.

My research is in part a cultural observation of what it is like to have this thing called psychodynamic counselling. By taking a social view of psychodynamic counselling I hope to identify some of the implications for practice that might escape the view obtained if one only has a psychoanalytic eye on clinical practice. This is one of the unique aspects of my research and my success in this endeavor is shown in my conclusion, where I also show which of my numbered objectives above I was able, or not, to achieve and also what I rather unexpectedly found in the course of my research. In my conclusion I address these aims in a different order, with my responses weighted according to my findings. But I print them here in the order in which I structured them at the start of my research, as this shows something of what I expected to find in the early stages of my research process.

1.2 Introducing the Background Thinking

In approaching this research project I was aware of additional aims I had in mind, more to do with how I wanted to approach the topic rather than as specific outcomes of the research itself. One aspect was my wish to see how broader personal and social experiences impact upon the clinical work, rather than to focus on psychodynamic clinical material alone. One way of construing this might be that my previous work with people with learning disabilities had been very socially oriented: there was a rights based agenda that permeated my work then and issues of community presence and participation (such as the rights of people with learning disabilities to have their own tenancy, to hold down a job, to get married and so forth). I had managed multi-disciplinary community teams and commissioned external housing and employment support providers. The work was socially posited, albeit with the NHS as lead agency.

This contrasted strongly with my later work as a counsellor. Here the work was individual, clinical, conducted and contained within the therapy room. All the focus was on the individual, on their inner world, both conscious and unconscious. Even the relationship between myself and my clients was clinically defined – introjections, projections, transferences. It was as if the work began and ended at the door to the counselling room. So there is a parallel here that I want to use a physics metaphor to explore. Newtonian

physics explains the very large forces that define our universe (rather like sociology explaining group and societal-level behaviours), and quantum physics defines the forces within particles (like psychoanalytic thinking explaining individual drives and behaviours). The physics metaphor also links to the definition of psychodynamic counselling I used at the start of this chapter. There are the internal dynamic of relationships within the self (quantum) and the external dynamic of relationships with others (Newtonian). Each of these concepts is self-contained and logically congruent according to their own laws. But surely the large and small, the social and the individual, concepts must have a meeting point, or a relational quality to each other? I wanted my research to throw open the counselling room door and let the interplay between the social and the analytic be more fully explored. Thus this is a psycho-social project, rather than a purely clinical or sociological endeavour. I believe that my understanding of endings has to be grounded with the consideration of what endings mean in contemporary society, not simply within the clinical sphere. In turn, the clinical sphere permeates and affects contemporary society, giving interplay between the two. It is this interplay that lends itself to the psycho-social research method.

Another aim, also informed by the rights-based agendas which I used to work with, was a desire to hear the voice of the client: "*nothing about us without us".* There are many studies for counsellors, by counsellors, about counsellors. Surely the most important participant here is the client? Don't we need to hear what they think and feel about the service we offer them? Of course we do! We need to hear it without always making clinical interpretations of the material, but instead to simply hear it. So in spite of the ethical challenges of working with counselling clients, I was very clear that I wanted to find out what our clients made of their endings in counselling.

My third methodological aim was to include supervisors in the research. In psychodynamic work triangles feature strongly as a way of framing our understanding. For example, there is the Oedipal triangle of the two parents and the child. Malan (1979, pg 92) produces the triangle of conflict (a defence, anxiety and a hidden feeling) and (pg 80) the triangle of person (the other, transference and the parent). All of our clinical work is governed by another triangle: the client, the counsellor and the supervisor. There is never (or should never be) clinical work undertaken without a supervisor supporting the process in a regular and planned manner. So I wanted to ensure my research replicated this triangle and gave me an insight into psychodynamic endings from all of these three perspectives. The way I achieved this was to conduct two interviews each, at about a week apart, with a sample of

twenty participants, comprising nine counsellors, four supervisors and seven counselling clients who had completed their counselling episodes.

1.3 Introducing the Structure of the Thesis

This thesis is structured in a conventional manner. After this introduction, chapter 2 gives a review of the literature associated with endings in counselling. Whilst my research is focused on endings in psychodynamic counselling specifically, much of the literature about endings, both in Britain and in the States, takes a broader perspective, so other modes of counselling and psychotherapy are included.

From here chapter 3 details my methodology and introduces the reader to the concept of the psycho-social method and the realities of how I approached my research design, ethical considerations, data collection and analyses for this project. I also introduce the reader to my participants in this chapter.

Chapters 4, 5, 6 and 7 are my data analysis chapters, showing the themes that I identified from the interviews, transcripts and field notes data.

Chapters 4 and 5 pick up on one of two primary ideas in psychodynamic thinking: death, loss and mourning. By tracing the origins and development of this narrative, I show how this is central to our thinking about endings in psychodynamic counselling. I also show how the ideas and practices associated with this narrative are brought to bear, both consciously and unconsciously, by practitioners. The broader context of death, loss and mourning within contemporary British society is also explored, with some ideas given about how this social context influences the thinking and practice within the psychotherapeutic realm and vice versa.

Chapter 6 takes another primary idea within psychodynamic thinking as its focus: attachment and separation. I explore this concept as a later development in psychodynamic practice and see how this is expressed in relation to endings in counselling.

Chapter 7 picks up the threads of a number of interesting concepts which were identified as additional themes from the research data and this chapter draws together these loose ends. The themes which I describe in this chapter include the client as social consumer,

issues of freedom and constraint, shame, altered states of time and the use of the metaphor of the natural world in thinking about endings.

Chapter 8 gives my summary and conclusions of the research, with a review of my outcomes set against the research aims given above, other findings that I generated through the research process, identification of the original research produced through this thesis and suggestions for further areas for research.

Chapter 2 – Literature Review

2.1 Introduction

"We must first of all decide what is meant by the ambiguous phrase 'the end of an analysis'…" (Freud, 1937, pg 219)

Just as in life, death is the only certainty, so in counselling, the end of counselling is the only certainty. But what exactly is ended? A particular episode of counselling? A relationship? The reliably regular meetings? Far from feeling like a certainty, endings in counselling, psychotherapy and psychoanalysis leave us with profound uncertainties, which can make a capacity to think about endings difficult. In order to steady ourselves we seek certainties, something solid to get hold of. This certainty might be found in a theory that explains what is happening in the enactment of an end, or in statistics that reassure one that a client leaving us after twelve sessions is within the normal mode of attendance for our clinical population. It is as if we seek a prism through which to view endings, a prism which keeps the end suitably reduced to be viewed objectively. In endings there is much anxiety and little capacity for play or for pleasure. This seems to translate into there being little capacity for play in thinking about endings - a sense of playfulness is conspicuously absent from literature that I have encountered in researching this topic; there is instead a heavy or sombre feeling associated with endings. And yet here is a paradox: one criteria for ending with our clients might be when they demonstrate a capacity to play and to be able to bear the end of the game … The analyst Coltart (1996, pg 150) observes the contrariness of the therapeutic ending: "all levels of object-relating, closeness, intimacy etc are at the very heart of analytic therapy… So what do we do? We bring it to an absolute end."

How are endings in psychodynamic counselling and therapy written about? Messler Davies (2010, pg 84) finds writing that is predicated upon "a fairly classical notion of mind and of the psychoanalytic process: resolution of a linear and oedipally organized transference neurosis; a relatively one-sided exploration of the patient's experience of loss, death, abandonment, and grief". The engagement with loss is then reproduced in the end of the analysis: "In essence, the mourning process at termination involves the analyst as a 'stand-in' of sorts, a representative in part for all of the unmourned, ungrieved, unresolved abandonments and separations suffered by the patient." I believe the literature concerned with the ending phases of psychodynamic work emphasises death, loss and mourning as ways of making sense of this part of the process, as the following examples illustrate.

Murdin (2000, pg 21) states "much that has belonged to previous partings and deaths can be remembered [in the ending stages] in order to be set aside". She also links endings to one's own death: "Ending is closely connected with dying at conscious and unconscious levels. One of life's most difficult tasks for all of us is to face personal death. Ending long-term therapy creates a microcosm of an individual's way of dealing with his own dying and his defences against it" (Murdin, 2000, pg 61 – 62).

Mander introduces the reader to Mann (1973), who, in developing his ideas about brief psychodynamic therapy, suggests that the avoidance of separation anxiety at ending causes the final stages of open-ended work to become ambiguous: "this ambiguity can be used as a defence by both patient and therapist to avoid confronting the inevitability of separation and death" (Mander, 2000, pg 102).

Silverman (2010, pg 168) notes the paradox that the finiteness of an analysis, like life, makes it feel more alive. She suggests we can "liken the avoidance of termination to the denial of time and mortality. But just as it is impossible to fully prepare for death, one's own or someone else's, it is also impossible to fully prepare for termination."

Salzberger-Wittenberg (2013, pg 4) recounts her experience of a two-week conference, in which she worked with psychotherapists considering their case work and, during the second week, their separation and ending work. She observed how the participants became withdrawn and morose on the final day and that "the enormous bouquet of flowers I was handed at the end of the meeting felt to me like a wreath for my grave".

Finally, Levine observes that many of his own patients do not conform to the ideals of a "true" termination phase. Instead, the work is characterised by some people who continue interminably in therapy, whilst others have their therapy interrupted because of changes in their personal life circumstances (moving house or changes in finances). He observes "although some moderate expression of loss or regret may be expressed or experienced at the point of ending, there does not appear to be the full-fledged mourning and working through that one would associate with a true termination phase" (Levine, 2014, pg 5).

These examples give a flavour of the close connection between death, loss and mourning and endings in psychodynamic work. This connection sets the backdrop against which particular aspects of ending are discussed below.

In this literature review I want to explore a number of key themes that have attracted me in the reading material relating to ending in counselling, psychotherapy and psychoanalysis. I begin with Freud's famous 'Analysis Terminable and Interminable', because I am struck by the number of issues contemporary to him which seem to be very much of the moment now. The key themes that fan out from this point of origin are reflections on time and European/American perspectives. From this paper I turn to Freud's 'Mourning and Melancholia', his dissection of conscious and unconscious loss. I then discuss other themes which have been identified through the literature including the working alliance, attachment and loss, unplanned endings and therapist-induced endings.

2.2 The Beginnings of Endings

My review of literature on therapeutic endings begins with Freud's (1937) 'Analysis Terminable and Interminable'. The very title itself is open to interpretation. De Simone (1997, pg 52) says "I feel, in fact, that the meaning of the title is not about deciding which analyses can be terminated and which not, but about singling out, within any analysis, which elements can be concluded and which cannot – or must not – reach an end." Freud's paper is a reflection on the issues of what, how and when we end, based on the work of a lifetime. Freud (1937, pg 219) asks "is there such a thing as a natural end to an analysis – is there any possibility at all of bringing an analysis to such an end?" From this point he goes on to clarify the difference between an *unfinished* analysis and an *incomplete* analysis, preferring the latter as indicative of "external difficulties" that might prevent an analyst achieving this goal. There is no consideration here that difficulties in completing the analysis might be 'internal' and lay with the analyst, or in the relationship between the two protagonists. Winnicott (1958, pg 143) suggests "It is possible for a good analysis to be incomplete because the end has come without itself being fully analysed; or it is possible for an analysis to be a prolonged one, partly because the end, and the successful outcome itself, become tolerable to a patient only when they have been analysed". These notions of an ending coming 'too early' and 'too late' are reflected in Holmes' (1997) paper discussed later, and they also relate to the capacity of the therapeutic dyad to talk about the process of counselling as well as the clinical content. This links to the quality of the working alliance, also discussed later.

The unfinished/incomplete distinction that Freud refers to takes into consideration the criteria required to enable an end to the work. Freud (1937, pg 219) sets himself a high

standard for the criteria of a successful analysis. In addition to the cure - "the patient shall no longer be suffering his symptoms and shall have overcome his anxieties and his inhibitions" – Freud expects an analysis to prevent a recurrence of difficulties in the future: "the analyst shall judge that so much repressed material has been made conscious, so much that was unintelligible has been explained, and so much internal resistance conquered that there is no need to fear a repetition of the pathological processes concerned." In addition, Freud also wonders if it is possible "by means of analysis to attain a level of absolute psychical normality" (pg 219 – 220) and he concludes that "every analyst will have treated a few cases which have had this gratifying outcome". In his dissection of the cases where this was possible, he concludes that if the patient comes with a disturbance that is essentially traumatic, with enough ego intact to work with the analyst, then will "analysis succeed in doing what it is so superlatively able to do… Only in such cases can one speak of an analysis having been definitively ended."

These positive statements are largely countered by Freud's pessimism in the rest of the paper. Mander (2000, pg 304) describes how Freud "bemoans the inability of analysis to prevent a recurrence of symptoms or to act prophylactically, admits its practical uselessness in crises, and observes the ultimate irresolvability of the very transference phenomena which prolong the treatment". De Simone (1997) states "Freud reaches the height of his pessimism in the last part of 'Analysis Terminable and Interminable' when he speaks of the absolute limit of analysis, the bedrock against which analytic work can do nothing, particularized in penis envy or, more globally, in the repudiation of femininity". The paper gives, as Mander (2000, pg 304)) says "his latter-day enemies plenty of ammunition to attack him with". Freud (1937, pg 223) himself was well aware of how his theory was under scrutiny and felt a need to demonstrate his outcomes – "My reason for choosing these two examples is, of course, precisely because they lie so far back in the past. It is obvious that the more recent the successful outcome of an analysis is, the less utilizable it is for our discussion, since we have no means of predicting what the later history of the recovery will be." This early concern with upholding the efficacy of method is consistent with our practice today and underlies much of the literature relating to unplanned endings – can we evaluate and defend our method when so many of our clients disappear?

I associate an ending of therapy with both losses and gains. The gains might be: an extra fifty minutes a week to oneself; the money saved in fees; the hard-won understanding of one's internal world; the resolution of difficult emotional issues and so on. Yet against all possible gains there remain potential losses: the loss of the face-to-face engagement with

the therapist or counsellor; the loss of containment offered by the reliable regularity and ritual of the therapeutic encounter; the loss of new 'a-ha!' moments and so forth. Freud addressed issues of loss in his 1917 paper 'Mourning and Melancholia', pg 243 - 244. He begins with the definition: "Mourning is regularly the reaction to the loss of a loved person, or to the loss of some abstraction which has taken the place of one, such as one's country, liberty, an ideal, and so on. In some people the same influences produce melancholia instead of mourning and we consequently suspect them of a pathological disposition. It is also well worth notice that, although mourning involves grave departures from the normal attitude of life, it never occurs to us to regard it as a pathological condition and to refer it to medical treatment".

Freud (1917, pg 244 - 245) considers mourning a reaction to a conscious loss and brings to bear the known facts of the loss against the internal processes within the grieving individual: "Reality-testing has shown that the loved object no longer exists, and it proceeds to demand that all libido shall be withdrawn from its attachments to that object." He goes on to explain that this produces an "understandable opposition" within the individual and this to and fro of reality testing against opposition takes place "bit by bit, at great expense of time and cathectic energy, and in the meantime the existence of the lost object is psychically prolonged". Freud makes some wonderfully straightforward observations: "Why this compromise by which command of reality is carried out piecemeal should be so extraordinarily painful is not at all easy to explain in terms of economics. It is remarkable that this painful unpleasure is taken as a matter of course by us."

The thinking Freud (1917, pg 245) applies to melancholia is more complex. He notes that "even if the patient is aware of the loss which has given rise to his melancholia, but only in the sense that he knows *whom* he has lost but not *what* he has lost in him. This would suggest that melancholia is in some way related to an object-loss which is withdrawn from consciousness, in contradistinction to mourning, in which there is nothing about the loss that is unconscious." He further explains (pg 246) "in mourning it is the world which has become poor and empty; in melancholia it is the ego itself." Today we would probably speak of 'depression' rather than 'melancholia'.

It is not my intention here to pursue the complexities of, and the resolution of, melancholia. What I want to draw attention to is how Freud's ideas about mourning and melancholia suggest an internalisation in relation to loss. Mourning is portrayed as a normal, if difficult, internal process that the individual has to battle through. Melancholia is

shown to be a pathological, unconscious and complex reaction to an acknowledged or unacknowledged loss. Both are internal processes, with the associated affect visible to others through the language and behaviour of the individual This concept of internalised loss is deeply embedded within psychodynamic thinking. At times, as we shall see, it appears to be so deep that it is hidden from view, yet like a seam of rock it emerges periodically as an outcrop that we come up hard against.

2.3 Time to End

In thinking about time in my research, I find a need to position the research context - the psychotherapeutic world – in a temporal context beyond that of simply operating within the 21st century. The psychotherapeutic world can be described as a *modern* institution. How is this description reached? The sociologist Giddens described disembededness and reflexivity as characteristics of modernity. What do these terms mean in relation to my placing psychotherapy and counselling (components of the psychotherapeutic world) as modern institutions? Giddens identified the separation of time and space as examples of disembedding. "If we look at pre-modern or traditional societies then social relations are embedded in time and space" (Clarke, 2006, pg 137). The close connections between the natural world and processes of sowing seeds, growing and harvesting foodstuffs, animal husbandry and rearing stock operated to imprecise and variable timeframes linked to the seasons. The spaces where these activities are undertaken were local. People operated in real time in the physical space of their activities; this was the context of their social relationships. Scientific advances such as the mechanical clock changed this relationship between people and their time sense and space. The advent of railways made the time taken to travel between physical spaces less than ever before. The social world and social relationships expanded beyond the immediate and intimate experiences of time and space.

An illustration of this is the move away from an acceptance of the months or years it might take a person to overcome a loss or bereavement, or other psychological trauma, within the 'where' of the family or local community, to the expectation of a quicker resolution within the reflexive framework of a psychotherapeutic engagement. As Clarke says, "There are huge opportunities for change as we break free from the constraints of local habits and practices… the separation of time and space enables the distinctive rationalised organisations of modernity to appear and function in a way that would not be possible in pre-modern times".

A second characteristic of a modern institution is reflexivity. This is the capacity to observe and reflect on the working of oneself, or of an organization to bring this capacity to bear on its own functioning, processes and aspirations. Clarke (2006, pg 139) says "Reflexivity is introduced into the very systems of modernity and the reproduction of those systems to the point where thought and action are constantly examined and refracted back on one another". An example of this within psychodynamic practice might be how supervision is used to examine and reflect on what has happened in counselling sessions, with the counsellor then using their reflections from supervision to support their continuous professional development for inclusion within a professional body.

So I place the psychotherapeutic world to be a modern institution. The advent of time-limited work and the popularity of cognitive-based approaches (which are usually time-limited) suggest there might be pressure for psychotherapeutic treatment to be concluded as speedily as possible. This fits with the notion of modernity. However, looked at from another perspective, there is something essentially anti-modern about the psychodynamic model with its concerns with the past and with the body (for example, psycho-somatics, hysteria, infantile phantasy). Is this stance an artifact created by the production of a modern 20th century institution, a reaction similar to the current resurgence of religious fundamentalism in an increasingly secular world?

Freud (1937, pg 216) opens 'Analysis Terminable and Interminable' with the observation that psychoanalytic therapy "is a time-consuming business." In addition to reasons of expediency, he also notes the influence of the medical model at work – "some trace of the impatient contempt with which the medical science of an earlier day regarded the neuroses as being uncalled-for consequences of invisible injuries. If it had now become necessary to attend to them, they should at least be disposed of as quickly as possible." This statement also echoes Clarke's (2006, pg 139) comment on the modern medical model which "is an overarching perspective in which other medical perspectives are labeled alternative, viewed as witchcraft or simply ridiculed."

Freud (1937, pg 216) rather scathingly writes of the requirement "to adapt the tempo of analytic therapy to the haste of American life". This takes him to a client who was disinclined to get better: Freud speaks of having (pg 217) "adopted another way of speeding up an analytic treatment… In this predicament I resorted to the heroic measure of fixing a time-limit for the analysis". Mander (2000, pg 303) observes this "makes him the first truly time-limited therapist and further confirms his reputation of having invented

practically everything single-handedly." However, Freud is more ambivalent about the notion of fixing a time limit, describing it as "a blackmailing device" (pg 218) and "a forcible technical device" (pg 219) which cannot guarantee a good outcome and is employed at the therapist's discretion in the knowledge that "a miscalculation cannot be rectified" (pg 219).

Concepts of time permeate Freud's work. De Simone (2000, pg 15) neatly summarizes: "Freud's first famous assertion on the lack of time sense of the unconscious, the birth of a sense of time in relation to the oral and anal stages, the temporal perspective in relation to object frustration, hallucinatory anticipation, connections with the events of the depressive position and the oedipal constellation, cyclicity, linearity, continuity and discontinuity." We hit upon another paradox: the way in which analytic time both proceeds ahead in a linear fashion towards an end point whilst simultaneously having a "rigid rhythm that promotes regression and seems to reflect a cyclical pattern… we find the dialectic terms of linearity and cyclicity that have always occupied the minds of thinkers in discussions of the concept of time" (pg 16).

What is the importance of time in ending processes? De Simone (pg 18) suggests that "only at the end, when analysis is reaching a conclusion, and sometimes only after the conclusion, can the two orbits gradually draw together to the point where the one in which the analytic process is going on disappears, or meets up again with everyday time." Such phenomena as the perceived orbits of time drawing together can be experienced within a psychotherapeutic setting and can be spoken about with the client, or in a supervision setting. But it is her intriguing comment "sometimes only after the conclusion" that invites the researcher working with therapeutic dyads to pursue this matter. How do we know when the process has ended, if ever? Williams (1997, pg 345) also refers to this notion of something happening after the formal conclusion of the therapeutic encounter: "those of us who have lived through the endings of our own therapy know the desolate taste of the weeks, perhaps even months following the end – a mourning done for the first time in years on one's own – before the gains of the therapy and ultimately also the relief of ending break through."

The idea of time ending for each of us at our death brings another perspective. Rather than dwelling on the parallels between death and the ending of therapy in terms of loss and mourning, de Simone draws on the writing of Marramao, in linking the adaptation to the knowledge of one's own finiteness with the development of identity. She describes "the

feelings that emerge are not discouragement and desperation, but quite the contrary – we feel a sense of fullness and potential creativity, precisely because a first step has been made towards the acquisition of identity" (de Simone, 2000, pg 25). This idea is also captured by Williams (1997, pg 349). "To live with a sense of infinity while being finite is a particularly human dilemma. To face all the implications of ending is, for both therapist and patient, to enter more fully into the experience of being human, which is both tragic and full of meaning."

Williams (1997, pg 339) locates this phenomenon within a Jungian framework: "The notion of 'ending' operates as an influential organizing principle from the start of therapy. As such, it has all the structuring and energizing functions of an archetype in the human psyche". She continues (pg 340) "The idea of limits, of the finitude of things, is written into the archetypal blueprint of our lives. The very framework of psychoanalytic therapy, with sessions that have a definite beginning and a fixed duration of 50 minutes, activates the archetype of ending." So we come back to Freud's 'blackmailing device'. As Williams (1997, pg 340) puts it:

> "the ending always, but perhaps especially, when it is invoked so deliberately in time-limited therapy, sets up an archetypal imperative that the patient should experience and be conducted through a rite of passage – setting the time-limit acts like all initiatory rites to propel the patient from an unconscious state into a conscious one. The date for the ending marks the threshold that must be crossed. Ending always indicates the possibility of a new beginning, and it is this that energises the will of the patient who like all initiates has to endure the ordeal of the rite."

What does this brief history of therapeutic time show? There appears to be an assumption that how time is experienced by each member of the therapeutic dyad will be the same. For example, there is no differentiation between 'client's time' and 'therapist's time'; the distinctions are between linear time and cyclical time, between analytic time and 'real life' time. Might a lack of shared perception of time be indicative of a dissonance in the therapeutic alliance? How often do we speak of how time has been experienced by both protagonists in the therapeutic hour? And yet this is the one aspect of the work we truly share with our clients – we have both been there for the same passage of time, each with our own perception of its acceleration and slowing, its linear waves or iterative circularity. One might argue that the same principle applies to the physical space where the therapy takes place, but this is not the case: the therapist has access to this both before and after

the session, even if only briefly. It is only the time that is truly shared and co-experienced. Why don't we talk about it more?

2.4 European and American Perspectives

The articles and books used in this literature review demonstrate clear differences between British and American approaches. Firstly, there is the language issue. British psychotherapists and counsellors tend to speak of 'endings' whilst American therapists of all persuasions use 'termination'. Analytic literature sticks with Freud's use of 'termination', on either side of the Atlantic. Williams (1997, pg 346) comments "In my opinion, nothing so surely gives away the nature of the therapist's anxieties at the end of a therapeutic relationship with a patient as the prevalence of the word 'termination' in analytic literature about endings. It is almost as if, by using a word with clinical associations, therapists seek to distance themselves from the vast emotional significance of the event." 'Ending' can seem homely, more prosaic and less professional somehow, than the white-coated authority of 'termination'. There are some interesting overtones associated with each word: one terminates a contract; one ends a relationship; one terminates an unwanted pregnancy; one ends a story; a condition is terminal; a life is ended. There also seem to be differences in how endings are written about between the two cultures. In general, papers published in the UK and Europe tend to be 'experience-led', with US papers being 'evidence-led'. UK writing on endings tends to be concerned with providing a theoretical overview, usually illustrated with one or two clinical vignettes.

Mander's (2000, pg 313) *Beginnings, Endings and Outcome – A Comparison of Methods and Goals* not only gives a helpful overview of the approaches of different therapeutic modes, but also rather uniquely comments on the bureaucratic processes that surround endings: "I remember how, in the 'olden days' at the Westminster Pastoral Foundation, counsellors were required to fill in a closure form on termination of a case which involved ticking various categories… the form's use for statistical purposes was of course nil, yet it satisfied a bureaucratic need for classifying and wrapping up work done before closing a file and it therefore had its uses." It is a curious phenomenon that the administrative protocols, which offer at an organisational level a process of containment and rituals of separation, get so little attention in terms of research and theorizing. It is as if these processes were somehow not part of the ending process, but additional to, or intrusive upon. An obvious parallel might be the registering of a death in the process of grief and mourning.

In relation to endings in particular, where the capacity for staff or clients to be left in a vulnerable or fragile state is great, careful thinking and management are required. Murdin (2000, pg 11) makes a clear connection between endings and complaints: "many complaints received by the professional organisations from patients relate to endings that were too precipitous and were brought about because of the therapist's anxiety and inability or unwillingness to sustain a difficult relationship" and (pg 118) "the ending process is subject to strife between patient and therapist. The number of complaints and appeals received by the United Kingdom Council for Psychotherapy (UKCP) and the British Association for Counselling that are connected with an ending that went wrong provides adequate testimony to the importance of considering the ethics of the therapist's behaviour in this area." Endings are not brought about in isolation, but often within an organisational context and, at the very least, within the purview of a clinical supervisor. It is curious then that so much emphasis is laid in the British literature on theoretical perspectives of what may take place in the therapeutic setting, but little if any is put on the containing and monitoring functions that might be in operation around the clinical engagement.

Freud's (1937) remark cited earlier concerning the need, "to adapt the tempo of analytic therapy to the haste of American life" is later expanded by him to include a comment on the economic situation: "The theory and practice of Rank's experiment are now things of the past – no less than American 'prosperity' itself" (pg 216). Aside from the current obvious parallel in global economics, the issues of endings and resources are closely represented in the American literature. A search on 'terminating therapy' produces a glut of research that is concerned in particular with attrition rates in services (Renk and Dinger (2002); Lampropoulous, Schneider and Spengler (2009); Owen, Smith and Rodolfa (2009); Hynan (1990); Callahan, Aubuchon-Endsley, Borja and Swift (2009); Aubuchon-Endsley and Callahan (2009); Pekarik (1992)). The majority of the services in which the research is situated are university counselling services, with a number of public mental health services or training clinics also involved. A glance at the statistics underlying these investigations demonstrates their importance: Renk and Dinger (2002, pg 1174) cite Wierzbicki and Pekarik (1993) in identifying that 47% of clients terminate their therapy prematurely. Lampropoulous et al (2009, pg 36) cite Reis and Brown (1999) in estimating therapy dropouts ranging from 30% to 60% of the client group and cite Garfield et al (1994) in estimating the percentage of clients who end treatment without completing ten sessions as 65 – 80%. Owen et al (2009) provide one of the few studies that consider the client perspective, in comparing the clients' expectations of number of sessions required with treatment outcomes and attrition rates.

These quantitative studies do offer interesting clinical insights. For example, Lampropoulous et al (2009, pg 43) found that age was a primary determinant of therapy non-completion, with clients age 40.5 years or older being more likely to terminate early regardless of other predictors; Renk and Dinger (2002, pg 1179) found that clients who experienced their therapist as initiating the end of therapy, had stayed in therapy significantly longer than other clients; Pekarik (1992, pg 91) found that the reasons given for dropping out of therapy were a perceived improvement, environmental obstacles to attending and dissatisfaction with the service received. However, when viewed *en masse*, this research falls into the positivist tradition of finding empirical truths that represent common experiences in quantitative terms. This is not necessarily a bad thing, but the reader is struck by the gulf between the research subject – therapeutic engagements – and the tone of the research itself. With these papers we find that Freud's internalisation of loss has gone to ground and is lost from sight. Although situated specifically within services that offer psychotherapy or counselling, the researchers seemed to give no account of unconscious processes and little overall comment about the dynamics between therapists and clients; additionally, the clients here seem to have little or no individual voice at all – there are no vignettes or quotes to enliven the results, nor any reflection of therapists' experiences.

2.5 The Working Alliance

It is clearly impossible in a literature review with a primary focus on endings to do justice to the wealth of material that exists regarding the client-counsellor/therapist relationship. This section will begin by looking at what might be considered the outer frame of the relationship – the working alliance, with the next section (2.6) then exploring some specific aspects of the client-counsellor relationship. Finally I consider issues related to attachment processes within the therapeutic dyad. Somewhere between the differing therapeutic modes and the outcomes achieved within a therapy or counselling episode, lies the relationship between counsellor and client. One aspect of this relationship is the working alliance. We hit again the question of terminology. American literature tends to refer to the 'therapeutic alliance' with European literature writing of the 'working alliance'.

What is the 'working alliance'? McLoughlin (1995, pg 36) reflects some of the difficulty that counsellors seem to have in being able to speak about this: the "alliance is about that intention of the client and the counsellor to allow their relationship to be therapeutic, while

it is not explicitly articulated, it is as if both parties agree that whatever happens between them they will seek to understand it in terms which service the underlying therapeutic aim of the counselling". Safran, McMain, Crocker and Murray (1990, pg 154) cite Bordin's (1979) integrative conceptualisation of the therapeutic or working alliance having three interdependent, dynamically linked components: "the relational bond between the client and the therapist; the tasks of psychotherapy (i.e. the specific action in which the client is required to engage); and the goals of psychotherapy (i.e. the general outcome that is sought.)". Binder, Holgersen and Nielsen (2008, pg 239) put this more succinctly: "A good working alliance unfolds when client and therapist are mutually engaged, value their emotional bond as laden with positive affect, and have a common understanding of the task and goal dimensions."

The working alliance as a predictor of the outcome of a therapeutic episode is well documented. Safran et al (1990) cite Alexander and Luborsky; Horvath and Greenberg; Marmar, Horowitz, Weiss and Marziali; and Suh, Strupp and O'Malley – all published in 1986. Muran, Gorman, Eubanks-Carter, Safran, Wallner Samstag and Winston (2009, pg 234) refer to more contemporary research: "one variable that has received considerable attention is the therapeutic alliance, which has consistently been shown to be a robust predictor of outcome regardless of treatment modality (Horvath and Symonds, 1991; Martin, Garske and Davis, 2000)". Hynan's quantitative study (1990, pg 891) investigated the reasons for termination between early terminators (<5 sessions) and late terminators (>6 sessions) in an American university counselling service, in a sample where the longest episode of counselling was 17 sessions. He suggested that "client reasons for termination perhaps can be conceptualized best as representing motivation in which conscious volition plays a major, direct role. That is, the more volitional elements of motivation for termination are probably reflected in the reasons clients identify for leaving treatment." Hynan found that "early terminators stopped treatment because of discomfort with services significantly more than did late terminators" (pg 894). 'Discomfort with services' comprised five reasons, including "dislike of therapist"; "therapy not helping"; "too difficult to talk about problems" and "left to see another therapist". These categories are illustrative of failures within the working alliance.

Hynan's secondary hypothesis was concerned with clients' experiences in relation to termination. This was rated using 15 dimensions relating to the clients' perceptions and beliefs about their therapy, which used Likert-type scales for measurement. Hynan found that late terminators "gave significantly more positive ratings than did early terminators on

three dimensions of client experience: therapist respect for client; therapist warmth; and therapist competency" (pg 894). Non-significant, but positive results were also given for therapist trustworthiness and therapist responsiveness to client verbalisations. Hynan sums up "these results fit a model of successful termination whereby relatively non-volitional elements, such as perceptions that the therapist is warm and respects the client, contribute to a positive treatment alliance (e.g. Luborsky, 1976), which, in turn, leads to an adequate duration of treatment" (pg 895).

Safran et al, (1990, pg 157 - 163) investigated ruptures to the therapeutic alliance and found that client expression of a rupture showed in one or several of seven themes: overt expression of negative sentiments; indirect communication of negative sentiment or hostility; disagreement about the goals or tasks of therapy; compliance; avoidance manoeuvres; self-esteem – enhancing operations; non-responsiveness to intervention. These themes are followed by five general principles for resolving ruptures (attending to ruptures in the alliance; awareness of one's own feelings; accepting responsibility; empathizing with the client's experience; maintaining the stance of the participant/observer). Safran et al then synthesise the themes with the principles to produce a preliminary model for working with alliance ruptures.

But are alliance ruptures and the consequent repairs necessarily an impediment to a successful therapeutic relationship? Barrett, Chua, Crits-Christoph, Gibbons and Thompson (2008, pg 254) cite Safran, Muran, Samstag and Stevens (2001) "Many researchers and clinicians have begun to suggest that alliance ruptures and repairs are so frequent as to form an intrinsic part of the change process." What becomes important here in relation to endings in counselling and therapy is the positioning of the end to any alliance rupture. In Barrett et al (2008, pg 254), Tracey's (2002) stage model of change is used to illustrate where in the relationship alliance ruptures may occur:

> "In the initial phase of treatment, attention is focused on rapport building. Once the client begins to recognize that the behavioural interaction with the therapist is problematic, the 'true' problem emerges and the therapist can begin to challenge the client's behaviour and shift the focus of treatment. It is during this period of conflict that ruptures or weaknesses in the alliance have been suggested to occur (Gelso and Carter, 1994; Westerman and Foote, 1995). If such ruptures are able to be addressed and repaired, it is hypothesized that improvement will occur and complementarity with the therapist will be re-established."

So an ending that occurs before the rupture can be addressed and repaired will have a qualitatively different feel to it, for both client and therapist, to an ending that occurs after the complementary relationship with the therapist is regained.

Another aspect of the working alliance is the expectation that both client and counsellor bring of how many sessions will be required. Barrett et al (2008, pg 248) noted that "research has also shown that therapists expect treatment to last significantly longer than do clients (Garfield, 1994; Pekarik and Finney-Owen, 1987), and client estimates of treatment duration are those most consistent with what happens (Pekarik, 1985)." Owen et al (2009, pg 129) suggest that "simply asking clients at the start of their treatment their expectations for treatment length may assist clinicians and therapists to clarify the frame of therapy and therefore, increase the ability for therapy to meet the needs." Williams (1997, pg 344) quotes Quinodoz's (1993) reference to Glover's survey of members of the British Psychoanalytical Society, in which he asked them for their personal termination criteria and reached the conclusion that the one consistent theme was that of the analyst's *clinical intuition*. How much of this intuitive sense of when to end is linked to the achievement of termination criteria and how much to a reflection of what might be happening in the relationship between client and therapist?

Therapists' expectations, which might also be called their clinical intuition, are not always as accurate as they think. In Barrett et al (2008, pg 253), the research of Lambert et al (2005) shows how by using "feedback or 'signal-alarm systems'" such as the Outcome Questionaire-45 (Lambert and Ogles, 2004), therapists can modulate their interventions accordingly: "Lambert et al, (2005) found that patients who were identified as not progressing or worsening showed significantly better outcomes when the therapist received this information and was able to alter treatment… In fact, when receiving such feedback, therapists tended to keep patients in treatment longer." The downside to this is that "clinicians often fail to appreciate the value of frequent assessments and place greater confidence in their own clinical judgement".

Todd, Deane and Bragdon (2003, pg 134) attempt to formulate a conceptualization of client and therapist reasons for termination: "the comparison of client and therapist reasons for termination might shed light on their respective views of outcome and of significant aspects of the therapeutic alliance". Their method was to code both client and therapist reasons for termination. Interestingly, 61% of the client group did not complete a 'client termination form' and were thus unable to be included in the research. Their results

suggested that their coding strategy was valid, but the small sample size made it difficult to generalize their findings. Their findings, given the limitation of sample size, suggested that therapists were more likely to record their client had improved and were feeling better as a reason for ending, whilst the clients were more likely to record changes in their environment as reasons for ending the work.

This is research in the classic psychological mode – clear hypotheses are set out and tested using validated assessment techniques, with a battery of statistical tools to define relationships between variables and producing significant or non-significant results. One striking factor from the research into the working alliance is the way in which straightforward and simple interactions between the therapeutic dyad, appear to have been deconstructed and thus made visible and possible to be spoken about. There is an odd juxtaposition of the complexity of the transference relationship being manageable, yet the ostensibly more straightforward working alliance seems to be harder for some counsellors, or perhaps for researchers, to address. Perhaps this is because the transference relationship is seen as emanating from the client, with the counsellor's countertransferential responses being in relation to the transference position they are placed in, whereas in the working alliance the counsellor is required to be themselves – and to be accountable for the part they play in the relationship. In relation to ending, Holmes (1997, pg 168) separates out these components: "But ending is necessarily an *action*, not an interpretation – albeit one that is an important subject for reflection and discussion. It is an action that may be initiated unilaterally by patient or therapist, but of course preferably as a collaborative decision. The analyst must be able to evaluate the balance between the desire for ending as a valid expression of the therapeutic process and a transferential/countertransferential enactment."

The working alliance reveals how the counsellor operates in relationships, rendering the personal, rather than the professional, self to be exposed. By asking about the client's expectations, or using on-going assessment tools for feedback, the counsellor has to acknowledge that they don't actually know how things are from the client's perspective; there is a letting go of omnipotent power that does not come easy. Losing the professional façade and getting deeper into relationship with the client are explored in the next section.

2.6 Attachment and Loss

In her work on moment-to-moment processes in psychoanalysis, Murray Harrison (2009, pg 178) offers a detailed description of how one aspect of the working alliance might operate, by drawing on Tronick's dyadic expansion of consciousness model. This is not the primary focus of her paper, which offers a developmental perspective on termination, but it serves our ends well in understanding more clearly a "necessary but not sufficient condition for developing a relationship" in a therapeutic engagement (Tronick, 2006, in a personal communication to Murray Harrison).

Murray Harrison sees an implicit meaning-making process running alongside the psychoanalytic process of the resolution of unconscious conflicts (a parallel might be to think of mentalization sitting alongside the psychoanalytic process). People are continuously making meaning of their experiences – these meanings (and the way they are made) might be adaptive and flexible, or maladaptive and rigid. This continuous meaning making suggests that people grow in complexity and some old structures must be given up to allow this growth. There is no certainty that the loss of the old order will give way to something more coherent – there is a risk of chaos. This risk is a valuable part of normal growth in the life cycle and also in psychoanalysis.

In the dyadic expansion model, the therapist supports the client's process through these periods of potential or actual chaos. The therapist assists them in regulating their affect, physiological arousal and cognition, and then in taking the risks together in opening up old meanings and meaning-making processes. From this, mutual affect regulation can support the development of new meanings, and meaning-making processes can be co-created, with a connection or relationship developing as part of this activity. This connection is not a single event, but an ongoing process – "out of the reparation or regulation of mismatches something new may emerge. It is also a crucial part of what a patient takes away from a successful analysis – effective ways of making a connection with another person and within oneself" (Murray Harrison, 2009, pg 178). The importance of both client and therapist being able to survive the loss of old meanings before new meanings can be established is clear: "The regulating connection must be continually restored, as it is strained or even ruptured during the coming apart of old meanings" (pg 178). In other words, another paradox: this key aspect of the working alliance – the connection or relationship that develops from the capacity for mutual affect regulation – is threatened by the very process it seeks to support.

In terms of outcome at termination, Murray Harrison does not explicitly speak of the resolution of conflicts but of the capacity to have enhanced meaning-making processes, or what Fonagy, Gergely, Jurist and Target (2004) call 'mentalization': "The process of co-creation and meaning-making suggests that termination is not a result, like a resolution, nor a definitive ending. Instead, it is useful to see termination as part of a process, of meanings into a new and more coherent form. Even the meaning of termination itself must be made sense of. Accordingly, after termination we expect that the process will continue" (pg 185).

Murray Harrison only gives examples of mutually satisfactory endings in her paper, illustrated with the microanalysis of moment-to-moment interactions. The capacity for a precipitous ending to erupt from a failure in mutual affect regulation with subsequent breakdown in the working alliance hovers. It is unspoken of in this paper. There is a beauty in the fine detail of the microanalysis of interaction that Murray Harrison gives, which is only achievable with *time*. It strikes me that a great deal of time is taken by the author: "I had watched the first session many times" (pg 174) and that, in common with any detailed analysis of a transcript or videotape, the understanding of subtle nuances of each utterance or look deepens with familiarity and reflection. Time by definition in the clinical session is 'moment-to-moment'. In effect, the model is a research process that makes available an understanding, or at least a hypothesis, of what has taken place; it is not a clinical tool. Murray Harrison wryly acknowledges this: "The way the observational data of the moment-to-moment world can be integrated into useful clinical theory is not yet clear" (pg 186).

However, the integration of a research method with clinical work, usefully or not, produces a double hermeneutic: The act of recording the first session, *and watching the tapes "many times",* means that Murray Harrison is making meanings of her observations of herself and her client making meanings. She is creating a Hawthorne effect (the act of the research itself alters the outcome) by identifying the moments of meaning-making which she cannot be unconscious of in her later engagement with her client. This is shown clearly at the start of the article when she 'plays into' the repertoire "My familiarity with the rhythms and repetitions of the first session influenced my contribution to our dialogue, and Laura, who did not have the benefit of the tapes, joined me in the co-creation of the familiar pattern" (pg 174). This gives rise to the question of whether the unsettling feeling of a 'poor' ending might be in part due to a struggle to co-create adaptive meanings, if this proves difficult for the dyad.

Zilberstein (2008, pg 302) takes an attachment perspective which questions the helpfulness of adherence to the notion of an ending being final, or else somehow incomplete. She quotes Wachtel (2002): "the very 'reality' that termination is something final that the patient comes to terms with is an artifact". This stance, coupled with her observation of Craige's (2002) research that "In one study, a full two-thirds of analytic clients contacted their therapist within 3 years of termination", helps us to dig underneath the commonly held tenets of a clinically good ending to the actual activity of clients and therapists in practice. Zilberstein also identifies that the feelings that clients express on ending include the positive feelings of accomplishment, pride in their achievements and increased self-respect. A therapist who focuses primarily on the more difficult feelings associated with loss may not be accurately reflecting the client's balance of emotions at ending.

Zilberstein (2008, pg 304) goes on to review the research on loss and shows there is a movement from earlier theories which "focused on the need to mourn a loss and move on, an idea echoed in the psychoanalytic view of termination involving separation, loss and autonomy." She contrasts this with more recent studies which place an emphasis on maintaining a connection: "Grief does not 'resolve' and rarely does it neatly conclude, allowing an individual to let go and move on. What is more the hallmark of secure individuals is that they can form a coherent representation of their loss and also balance grief with ongoing coping of daily events (Stroebe, 2002)." Using this approach in a therapeutic setting, Zilberstein suggests that endings could be constructed differently from the usual model (in psychodynamic work) where the regular, weekly sessions run to a final meeting and then there is no further contact from the counsellor. Instead, Zilberstein (2008, pg 305) suggests that endings should be "planned, tapered and focus not simply on loss but on accomplishments as well (Baum, 2005; Siebold 2004; Wachtel, 2002). Clients should also feel free to contact the therapist at a later date (Craige, 2002; Hill, 2005; Roe et al, 2006)… Lastly, rather than emphasizing issues of loss, issues of ongoing connection become paramount…A client's return to treatment or wish to remain in contact with the therapist should not be seen as an incomplete or failed treatment, but an important indicator of the attachment to the therapist (Brisch, 2002; Malin, 1990; Siebold, 2004)." This approach seems a kind and sensible way to go about separating from a practitioner after the development of a good working alliance. However, it is controversial in terms of psychodynamic work as it cuts across the embedded theory and practices which link ending to mourning and loss.

Zilberstein's analysis of loss shows the development from a process which aims to reach a point of resolution, to an ongoing process of internalisation and integration. This raises questions, which I address further in chapter 4 (Death, loss and mourning as a primary narrative in psychodynamic thinking). Is it possible that whilst our understanding of the processes of loss and mourning has changed, the processes themselves have remained unchanged over time, or has the way in which we 'do' loss and mourning changed, as the way in which we think about them has changed?

There is also the way in which the organisation which contains the work responds to these changes. There are practical implications about reconnecting to a therapist within an organisational setting. If this potential for ongoing connection, or a return to the therapeutic relationship, is made available, the practicalities of it are fraught. Staff change jobs or retire or die. Organisations themselves are not stable, but subject to the pressures of economic and social changes. To *not offer* a capacity to reconnect may be, paradoxically, the equitable, reliable and consistent response to this need.

2.7 Unplanned Endings

The level of professional anxiety that unplanned endings elicit is perhaps best illustrated by the plethora of studies into 'therapy dropout' rates. As noted earlier, the majority of these studies choose to look at this phenomenon using quantitative methods, which perhaps serve to distance the difficult material from the researcher. The problem of definition hits us again. What is an unplanned ending? Clearly, it may have been planned from the client's perspective! At what point do 'missed sessions' become an unplanned ending? Barrett et al (2008 pg 247) reflect this difficulty:

> "…methodological problems obscure definitive answers. Primary among these is the range of definitions investigators use for attrition… for instance, whereas Kolb et al (1985) define dropout as the point at which two consecutive sessions were missed, Hatchett et al (2002) defined it as failure to attend the last scheduled session, and Frayn (1992) defined it as termination of therapy any time within the first 9 months. Dropout has also been defined as failure to return after an intake assessment (Longo, Lent and Brown, 1992) or consumer-initiated termination without therapist agreement regardless of the number of sessions completed (Berrigan and Garfield, 1981; Pekarik, 1992; Richmond, 1992; Tutin, 1987)."

The term 'dropout' itself might be viewed as pejorative. Why has this particular nomenclature been assigned for the clients who disappear from the therapeutic

relationship? The associations with students failing to make the grade, or of adults failing to take their place responsibly in society, do not rest easily with the notion of a client choosing not to return to their therapist or counsellor. If a failure has occurred, who or what has failed?

Murdin (2000, pg 61 – 62)) in her chapter 'Staying Alive – The Patient's Unilateral Ending' offers a complex and thought provoking exploration of the unplanned ending, with its links to death: "Ending long-term therapy creates a microcosm of an individual's way of dealing with his own and his defenses against it… Ending therapy, like dying, involves giving up the possibility of total control of the other person. The patient may begin in a state in which he or she is so afraid of what other people do that the only hope seems to be control… A unilateral ending is still an attempt at total control. Either the therapist has to be eliminated, or those parts of the self that the patient cannot tolerate must be silenced by ending the therapy that threatens to give them a voice." She goes on to link this idea to Klein's view of envy as omnipresent – "when envy is operative, the patient may prefer to deprive himself of the therapy that he needs rather than allow the therapist the satisfaction of doing good work reaching a planned ending". Alternative theories are explored: Freud's death instinct and a Lacanian perspective (pg 63): "devotion to pain, or the symptom, is caused by the death instinct working through *jouissance:* the irreducible need to suffer that lies at the depth of the unconscious."

Murdin (pg 66 - 67) is one of the few commentators to consider possible exploitative behaviour of the therapist or counsellor as a reason for a unilateral ending: "Unethical behaviour, most obviously the therapist's inability to control sexual attraction to the patient, or emotional exploitation may cause the patient to flee." Murdin goes on to quote Andrew Samuels "what we know from the psychological study of incest is that when one meets a universal moral taboo, with which everyone in a culture seems to agree, one is probably in the presence of a universal impulse". The converse of this is, Murdin suggests, "sometimes, however, patients leave because of the fear of their own unethical behaviour".

One thing that strikes the reader moving from Murdin's dissection of unplanned endings to surveying the related literature is the vast gap between theory and research. Relatively few (if any) studies have simply asked former clients 'why did you choose to leave therapy?' and then listened for an account. At best, former clients are asked to indicate their reasons from a list of specified options (Hynan, 1990), or what Owen et al (2009, pg 125) describe as a "forced choice format". These measures describe the mode of ending, for instance: client

initiated end without talking to therapist; end of therapy was mutually agreed and so forth, but in no sense do they explore the clients' rationale, narrative or feelings about the end of therapy. More commonly, the reason for the premature ending is defined by the counsellor or therapist, with this information being elicited by researchers from the case notes (Renk and Dinger, 2002; Lampropoulos et al, 2009; Callahan et al, 2009; Aubuchon-Endsley and Callahan, 2009; Pekarik, 1992).

Holmes (1997) has a theory about why unplanned endings (and conversely, prolonged therapies) might occur, based on the attachment style of the client and the working style of the therapist. He describes the two basic patterns of insecure attachment: an avoidant attachment, where the individual keeps a wary distance from his object and an ambivalent attachment, where the individual clings to his object, in fear of abandonment. Holmes then differentiates therapists by their preferred working style – those who are more structurally orientated and use the boundaries and process as a central feature in their work, and those who are more attunement orientated, using an empathic engagement as the defining core of their work. Holmes (1997, pg 167) links client and therapist attachment styles:

> "From an attachment perspective, these different styles of anxious attachment evoke differing therapeutic strategies. For avoidant individuals, holding is perhaps the key ingredient in successful therapy. Only when they feel securely held can these patients begin to confront their inner world and to put emotion-laden thoughts into words. Conversely, ambivalent individuals need a firm and consistent therapeutic frame if they are to feel safe enough to express the anger and protest that can lead to a sense of autonomy."

Using an analysis of patient attachment style plotted against the therapist preferred style of working (structurally based or focused on attunement to the patient) Holmes produces a grid, shown below, which plots therapist style (structurally orientated or attunement orientated) against patient attachment style (ambivalent or avoidant).

		THERAPIST	
		Structure	*Attunement*
PATIENT	*Ambivalent*	concordant	'too late'
	Avoidant	'too early'	concordant

(Holmes 1997 pg 169 Figure 1)

Thus for a client who has an ambivalent attachment, a therapist who over-emphasises empathy but is weaker on structure is likely to avoid the ending, with an eventual end emerging 'too late'. A client with an avoidant attachment working with a therapist whose orientation is more structurally orientated is likely to have the work ended prematurely by one or other of the dyad.

A rarer example of researchers trying to elicit the client experience comes from Adler, Skalina and McAdams (2008, pg 721), who undertook a piece of outcome research, comparing psychotherapy narratives after treatment had ended. 104 former clients were invited to write about their experiences in therapy, including a section specifically regarding ending: "a specific scene that described a time before, at, or after termination in which the impact of their therapy was especially clear or vivid". The authors, drawing on their earlier grounded theory research, focused on what the psychotherapy narratives of clients high in subjective well-being and ego development revealed. Adler et al (pg 721) provide a definition for ego development: "the complexity used in making meaning out of one's experience", but no definition is offered for 'subjective well-being'. They found that clients high in 'subjective well-being' described their sense of personal agency in struggling with a discrete problem; clients high in ego development described a coherent story of personal growth. These findings in both cases were observed "regardless of the duration of treatment, the client's mood at the time of writing the narrative, the client's satisfaction with the therapy, his or her ratings of the therapist's competence, and his or her willingness to seek therapy should the need arise in the future" (pg 730).

In addition to finding out about planned endings, Adler et al (pg 726 – 727) also catch glimpses into unplanned endings: "For some participants, the therapy episode ended with the final session of treatment. For others, the work of therapy persists despite their termination with their therapist … [for example] the client noted 'I do not really feel that my therapy story has completely ended … I simply did not return for another session. The closest thing to an ending would be that I made a conscious decision to try and improve my life by myself… since therapy I have continued to try and change my life.' "

This narrative research does not seek to distance the client in the manner of 'dropout' rate research. It stands out as having an ordinary observational quality to it. This is possibly because of the researchers' background in grounded theory, which underpins the paper under discussion. However, by moving closer to the client an ethical issue becomes apparent here. The authors (pg 730 – 731) cite Frank (1961) and Spence (1982) in

suggesting "that clients need a good story about their experience in psychotherapy in order to maintain the gains of treatment after it ends. The narrative one constructs about his or her therapy may serve as the foundation on which he or she relies to sustain the progress made by working with a therapist." This perhaps suggests an idealised narrative is required in order to maintain therapy gains. The act of eliciting the narrative through the research process seems to carry an ethical responsibility in much the same way that offering interpretations to a client might. Additionally, in traditional psychodynamic psychotherapy or counselling, the work is only partially located within the narrative. It is also held within affect, within internal object relations, within attachment styles, within defence structures. It is held within the somatic and the unconscious – parts of the self that might be partially revealed or hidden within a narrative, or may not be there at all.

2.8 Therapist-Induced Endings

Little is written about endings initiated by the counsellor. What happens if the counsellor or therapist needs to end? Just as clients have external realities which impact on their capacity to engage in a counselling relationship, so too do counsellors. And just as clients have internal conscious and unconscious motivations to engage or not, so too do counsellors and therapists. The requirement for a training therapy and ongoing supervision do not guarantee that these motivations will not erupt and be acted upon from time to time. The American Psychological Association dropped the use of 'abandonment' from their ethical code of conduct in 2002 and instead now refer to "inappropriate termination" (Vasquez, Bingham and Barnett, 2008, pg 654), but the alarmist feelings provoked by abandonment are kept alive by the regular use of the word throughout this paper on clinical and ethical responsibilities: "patients probably experience a sense of abandonment because unplanned events occurred and their psychotherapy had to end before anticipated" (pg 655).

In her paper 'Time to Go: Therapist-Induced Endings in Psychotherapy' Murdin (1994, pg 355 - 356) details her experience of closing her practice with a year's notice, to move to a different city. She notes "I found in the literature very little to help with the issues raised by such a move" and also, in telling her patients "partings involve for us, as well as for patients, a great struggle against unconscious love and hate and also, very often, against a superego which says that success in therapy means keeping patients at all costs." There is a refreshing honesty in her account, in which she acknowledges "I have been amazed at the

relief that seems to be experienced when a time of ending is established and seen as unavoidable. The possibility of a new beginning can be set alongside the loss".

A most profound ending is when the therapist dies. Curtis (2007, pg 299) writes a passionate and enlivened account of her relationship with her analyst, bringing him to life off the page. She says "All of us whose analyst has died have a story to tell. I know of little writing about this topic in the psychoanalytic literature. The literature I found that does exist, with one exception, is about the analyst or therapist telling patients about a life-threatening illness (Kaplan, 1986; Firestein, 1992; Feinsilver, 1998). I think it would be useful for us to be able to speak more publicly about these feelings… I think that my comments here are helping me mourn the loss of someone as important to my psychological life as my own family members".

2.9 Summary of Literature Review

In this literature review I have tried to show the range of papers, articles and books that exists in relation to endings in counselling and psychotherapy. Having immersed myself in this material for some months, what do I make of it? Perhaps the most striking aspect of reviewing the literature about endings has been, for me, the broad parameters of the topic. Just how differently can we construe the same phenomena? The cultural splits between the European and American use of language (endings versus termination) and the focus of attention (experience versus research) set the frame for this. There is a curious dichotomy in the European approach of apparently not wishing to bring research to bear upon an experiential understanding, and of the general distancing of therapist or researcher experience from research methodology in the US. It is interesting to note that Holmes (1997) doesn't give his own place on his therapist style scale.

There are of course exceptions to these rules (Murray Harrison, 2009) but the general trend prevails. Murray Harrison shows a lowering of her professional defenses by allowing us in to her personal responses to her clinical work and to the research process. It is as if a space is created where things can be thought about and some conclusion drawn, without an urgent grasping for definite findings. This of course illustrates something of the therapeutic process, which is perhaps why I found Harrison's paper engaging. A bridging of a gap also appears where researchers seek to plot therapist and client rationales alongside each other (Todd et al, 2003), but this has not been taken up with much alacrity. This is where I hope

to position my research – a drawing together of client, counsellor and supervisor experiences, combined with Murray Harrison's style of deeply reflexive interpretation.

I have given an outline of how different theoretical approaches describe and explain the process of ending (Mander, 2000; Holmes, 1997). And yet within this range of interpretations about endings, for myself as a psychodynamic clinician, there is a whiff of orthodoxy in the way in which endings are thought about. This seems to have originated in Freud's work on mourning and melancholia, with the task of mourning being applied to the ending stages of the therapeutic relationship. We use the planned, forthcoming ending of our relationship with the client as a metaphor for other losses they may have experienced. Through mourning the loss of the therapeutic relationship, our client will be able to re-visit these losses and allow some resolution to occur. It is then incumbent upon us, as far as possible, to have no further contact with our client as we perpetuate the notion of the final separation. As a trainee counsellor in my early 30s, having experienced an unusually low number of losses in my personal life at that point, I accepted this rationale with little question. How times change! I have many questions now.

What a curious half-journey we seem to expect our clients to go on. Firstly, the assumption that their mourning for earlier losses is somehow not completed, or not satisfactory, suggests a professional arrogance. We know something about mourning and loss that our clients do not. Freud writes of mourning much as one might write of pregnancy and labour: a complex and often difficult process that is an essentially normative human experience. He is clear that mourning, unlike melancholia, is not pathological. He is clear that the individual becomes withdrawn and self-absorbed whilst the work of mourning is taking place. He lets us see that, if the individual is allowed to get on with this work, they will reach a resolution of it themselves in due course. Why do we take a normative process and assume it to be inadequate to resolve itself without our professional interference? Or that we will be such a loss to our client…

Secondly, I am left wondering how much mourning can take place before the loss has occurred. Certainly an intellectual understanding of impeding finality can be grasped, and one might make conscious attempts to limit or withdraw engagement. But these seem to me to be qualitatively different from what Freud (1917, pg 245) describes as "each single one of the memories and expectations in which the libido is bound to the object is brought up and hyper-cathected, and the detachment of the libido is accomplished in respect of it".

These are unconscious processes which occur after the experience of loss – they are not thought about and discussed before the painful experience itself.

Within 'Analysis Terminable and Interminable' Freud (1937, pg 249 – 250) himself makes no connection back to 'Mourning and Melancholia', although he does refer to other, earlier papers of his. There is no mention of the ending of an analysis being in any way parallel to bereavement. Indeed, the whole tone of the paper has a practical quality to it; it is in some ways his own wrapping up of his contribution to enlightened thinking: "I am not intending to assert that analysis is altogether an endless business. Whatever one's theoretical attitude to the question may be, the termination of an analysis is, I think a practical matter. Every experienced analyst will be able to recall a number of cases in which he has bidden his patient a permanent farewell *rebus bene gestis*" ('Things having gone well'). The paper has more concern with the prophylactic properties of psychoanalysis and with assessing the outcome of a therapy, than it does with mourning the end of that or other relationships. His concern with *outcomes* is startlingly prescient; as a profession, counselling hovers on the edge of registration with the Health Professions Council (HPC) and the demand to demonstrate our outcomes is growing louder. Psychodynamic practitioners are not in the lead with this. Our colleagues working in Cognitive Behavioural Therapy (CBT) have lengths on us. The consequent levels of anxiety and resistance are considerable and, in my view, become constellated around the ending processes and around attempts to collect data relating to outcomes.

Thirdly, I am aware of the space of 20 years between 'Mourning and Melancholia' and 'Analysis Terminable and Interminable'. Freud wrote the former paper in 1914, with his final changes being made in May 1915. It was not published until 1917 and I am left wondering how Freud's observation and experiences of the First World War might have changed his outlook over this period. His 'Analysis Terminable and Interminable' was published in 1937, again soon to be overshadowed by what followed and impacted so personally on Freud. But from this relative spacing of these two papers I have a sense of the psychoanalytic world using 'Mourning and Melancholia' as a way of framing the practical application of 'how to end with a client'. When Freud later addresses this issue more specifically, much practice has been 'set'. A tradition of endings had been started. Psychoanalysts, and subsequently psychotherapists and counsellors, began to integrate his thinking on terminating an analysis, to layer it on top of the practice already in place, but the original construction of mourning seems to remain the dominant feature.

There is for me a parallel between the tensions created by the profession's internalization of Freud's papers described above, and the difficulties that became apparent in considering the working alliance. The somewhat exposing quality of the working alliance, coupled with the connection to outcome which is illustrated by the myriad of studies cited (Safran et al, 1990; Alexander and Luborsky, 1986; Horvath and Greenberg, 1986; Marmar et al, 1986; Suh et al, 1986; Muran et al, 2009; Horvath and Symonds, 1991; Martin et al, 2000) parallels the same exposing quality of the clinician in the practical and emotional task of ending, with the same raised attention to outcomes being activated. What do we lose when we lose a client? And what do we lose when our work is measured in terms of success or failure? This may be another example of where the internalisation of loss produces a rocky outcrop that blocks our path. Perhaps our adherence to the notion of loss is more to do with our own potential losses: personally, as individual professionals, and in regard to our professional identity and its place in society. In the same way that the sacredness of the therapeutic dyad is intruded upon by the profanity of paperwork processes and outcome measures at the end, the sacredness of the psychotherapeutic work taking place within the consulting room is intruded upon by the profanity of a social context outside of our work, which also is effective in containing and supporting psychological change. There is a lack of contextual placing of ending within organisational processes; a reluctance to give up intimacy to bureaucracy perhaps? The demands of the therapeutic dyad take precedence.

These issues are also concerned with modernity. I have referred in the text to the ambivalent response the psychodynamic therapies have to being a modern institution: our concerns with the past and with the soma; our desire to hold our own in the positivist research tradition and our compliance with the demands of a time-limited world. There is also within these papers a great breadth of thinking about time – as an indicator of a modern institution; the need for the quick fix; the microanalysis undertaken by Murray Harrison, which extends each moment of the therapy, leaving it laden with meaning, intent and feeling that might have gone almost unnoticed in 'real' time; circular vs linear time; how time fails to act as an indicator of an ending if the work continues after the final session… I have no sense now of how to use time as a construct in my research, except to keep my radar switched on for how my research participants use and refer to time. This will reveal something of their underlying constructs and I will see what I make of this. My exploration of time continues in chapter 7 (section 7.5).

My aim in this literature review has been to give an overview of the material relating to endings in counselling and psychotherapy. I hope I provide the reader with some

connecting threads through what I have experienced to be a very disparate field. Pulling these threads together does not leave me feeling that I have woven a blanket yet, more that I now have the *capacity* to weave something. The 'something' will, I hope, be formed from the integration of my research experiences and findings, set against this background of current literature.

Chapter 3 – Methodology

3.1 Introduction

In this chapter I will review some of the concepts underlying psycho-social research methods, in order to show how these might shed some light on my research questions and processes. I will focus primarily on philosophical, sociological and epistemological questions and concepts, rather than psychoanalytic ideas, because these are new to me and this research has given me the chance to get into the grain of this material more. The majority of these concepts became known to me through the 'Researching Beneath the Surface: New Methods of Social Enquiry' course which I undertook at the University of the West of England in May 2008; some have come from further reading. I will then describe the research method design that I have used for my work and justify these choices. I go on to consider in more detail my engagement in applying these research methods. I will take the reader through my thinking and practice about the ethical issues pertinent to my research. The context and practice of my research is reviewed. I will use the latter part of the chapter to explore how I approached the data analysis phase and to give my reflections on the methodology. Finally, I introduce the participants to the reader. My aim throughout is to keep a clear link between theory and practice, and to take the reader through my own development from being a novice researcher to conducting doctoral level psycho-social research in the field of psychodynamic counselling.

3.2 Ideas of Epistemology

A PhD research project is concerned with knowledge. In addition to mapping and critically evaluating existing knowledge (chapter 2, Literature Review) this project should generate new knowledge. But how do we know something to be true? My starting point goes to the positivist tradition of observation as a method of knowing. It would be simplistic to state that the natural sciences are based on the development of a series of laws about some kind of objective observation alone. Different scientific paradigms enable different interpretations of data – for example, Kuhn (1962, pg 118 - 119) offers the idea of how a pendulum swinging is interpreted in different ways: "To the Aristotelians who believed that a heavy body is moved by its own nature from a higher position to a state of natural rest at a lower one, the swinging body was simply falling with difficulty". While Galileo, "saw a pendulum, a body that almost succeeded in repeating the same motion over and over again ad infinitum. And having seen that much, Galileo observed other properties of the

pendulum as well and constructed many of the most significant and original parts of his new dynamics around them." Kuhn goes on to say that Galileo's different view, his "shift of vision", is not to do with "more accurate or objective observation of the swinging body" but rather "exploitation by genius of perceptual possibilities made available by a medieval paradigm shift".

What kind of knowledge do we seek? How do we know what we know? The sociologist Weber (1864 – 1920) articulated the differences between knowledge of the physical world and knowledge of human social action. "He argued that by necessity each of the sciences sought to obtain different kinds of knowledge. In the natural sciences, knowledge is of the external world which can be explained in terms of general laws, while in the social sciences knowledge must be of the 'internal or subjective states of individuals' in that human beings have an 'inner nature' that must be understood to explain outward events that lead to their social actions in the world" (Morrison, 2006, pg 348).

Alvesson and Sköldberg (2000, pg 124) give an overview of the work of critical theorist Habermas, who suggests there are three types of cognitive interests. Technical cognitive interest concerns itself with the knowledge required to ensure man's survival: how we produce food, treat disease, clothe ourselves and so forth. This knowledge is drawn from the application of natural sciences. Historical-hermeneutic knowledge interest focuses on the transmission of meanings within and between contemporary cultures and across historical divides. Communication, language and culture are used to foster shared understanding. Emancipatory knowledge interest is concerned with identifying and explaining the constraints that limit the potential of an individual or group. Alvesson and Sköldberg (2000, pg 125) write "Psychoanalysis is regarded as the model for the emancipatory project. By way of self-reflection and the critical inquiry into ideas, perceptions, fantasies and so on, it is possible to counteract the psychological barriers that restrict man's potential. The intellectual insight thus acquired helps to combat repression." So this helps me to locate the epistemology I seek, to answer my research questions – it lies in part in emancipatory knowledge and will also be concerned with historical-hermeneutic knowledge.

What is hermeneutics? In relation to philosophy rather than religion, the dictionary definition is "the study and interpretation of human behaviour and social institutions" (Hanks, 1986, pg 717). The word is derived from the Greek *hermeneus,* meaning 'interpreter' and is of uncertain origin. Habermas turned to the German tradition of hermeneutics: the

science of interpreting texts, which has its historical roots in the work of Schleiermacher (1768 – 1834) who studied biblical texts in order to find their true meaning. Dilthey (1833 – 1911), whose work later influenced Weber, described our understanding having a fore structure that disallows pure knowledge. Dilthey considered other texts (outside of biblical texts) and artefacts, to be open to hermeneutic interpretation and then realised this might also be applied to human actions, which have meaning and a narrative structure like a text does (from a presentation by Jem Thomas at the UWE workshop 'Researching Beneath the Surface' in May 2008). Parker (2002, pg 147) helpfully elucidates the notion of what 'texts' might be:

> "It is useful, as a first step, to consider all tissues of meanings as texts and to understand which texts will be studied. All of the world, as a world understood by us and so given meaning by us, can be described as being textual and it is in this sense that, once this process of interpretation and reflection has been started, we can adopt the post-structuralist maxim *'there is nothing outside of the text'* (Derrida, 1976;158)."

This seems to me, however, to have a quality of being in denial of the 'real' world, and ignorant of the affective realm. Life cannot be lived as if there were no physical reality to the world. Psychoanalytic thinking is permeated with notions of internalisation and somatisation, so attention to the affective is important for me. Indeed, Freud's whole notion of drives and impulses is concerned with affect rather than thought.

Is there an epistemology of affect? Getting hold of a clear sense of what affect is, is in itself difficult. "For those new to this area, or perhaps only beginning to encounter the importance of affect in your own work, this might entail a response to an imagined and perceived question, 'what is affect?' However, a more cautious response might be to consider what different versions of affect *do* in our theorizing." (Blackman and Venn, 2010, pg 8-9). My conceptualisation of affect is that the non-verbal conscious and unconscious self, and the physical self, have responses to external and internal events that are registered by the individual at conscious and pre-conscious levels, but are not necessarily accessible in verbal terms. We are affected by events at a level that precedes giving meaning. Imagery, movement, sculpture or metaphor might more usefully access affect. Blackman and Venn (2010, pg 9) suggest "it is clear that in the shift to bodies as processes (rather than fixed or unchanging objects or entities) that affect is invoked to gesture towards something that perhaps escapes or remains in excess of the practices of the 'speaking subject'." Papoulias and Callard (2010, pg 34) write:

> "the turn to affect is thereby a turn to that 'non-reflective' bodily space before thought, cognition and representation – a space of visceral processing. Importantly, this non-reflective space is not without intelligence: although characterized by a certain kind of automaticity, this does not equal dumbness but is understood to be 'a different kind of intelligence about the world' (Thrift, 2004: 60). Affect thus names an inherent dynamism of the body, a biological productivity that undoes the mind-body distinction."

An interest in affect brings us back to the natural sciences, to biology and to neuroscience. It feels to me that inter-disciplinary territory is not easily negotiated. On one hand, the cross-fertilisation of knowledge, theory and methods is rich and informative, but on the other we run the risk of falling back into using natural sciences as a justification of psycho-social concepts. Blackman and Venn (2010, pg 13) note "the plundering of concepts from the neurological and psychological sciences by humanities scholars to substantiate the concept of affect should be approached with some hesitation and caution". I am also aware of my predisposition to want to excavate back to the earliest layers of a topic, in order to feel I really know and understand it. But in terms of deeply understanding affect, researching the biology and neuroscience implicated is beyond the scope of this thesis. I am left with my natural affective responses and my psychodynamic training to make meaning from these responses within a psycho-social framework. The psycho-social model, still new as a conceptual turn, needs to find its own line in methodology rather than seek justification in other disciplines. Part of the knowledge that this thesis generates, then, is a critique of the use of affective responses in researching phenomena related to psychotherapeutic relationships.

In my literature review I identified the prominence of loss, mourning and attachment as key themes within the psychodynamic model. From this I inferred that my research would be located in participants' feelings and emotions related to loss, mourning and attachment. As a psychodynamic counsellor I use my own feelings and somatic responses as useful data: to illuminate what might be happening in the client's inner world; to gauge my own reaction to the encounter; and to make sense of the dynamic between us. I anticipated drawing on a similar process within my research. An exploration of affect is therefore central to my research.

Moving from the individual and inter-subjectivity of affect, my research also attempts to generate knowledge about both the position of counselling in 21st century Britain and

contemporary discourses on endings. My first research objective is to investigate whether the classic psychodynamic counselling model is still a robust and useful template for negotiating and effecting an end of the counselling relationship, in Britain in the 21st century. Parker (2002, pg 125) describes a Foucauldian approach to discourse in which "Foucault's task was to lay bare the 'conditions of possibility' for modern experience, and he engaged in an 'archaeology' of culture and a 'genealogy' of knowledge which uncovers the ways the phenomena psychology takes for granted came into being." Parker (2002, pg 125 – 126) goes on to give a helpful comparison:

> "many psychological and social phenomena can seem trivial if they are studied on their own, separated from culture… There is an illusion in this type of research the psychologist will be able to reveal the 'essence' of the phenomenon, to discover what (for example) 'memory' or 'prejudice' really are. A discourse researcher asks instead 'how has this phenomenon come to be like this?' The most innocent bits of consumer culture can help us understand the workings of power, ideology and forms of subjectivity in a society if we ask what discursive conditions made them possible. Foucauldians would then look at how the organization of language in a culture provided places for the phenomenon to make sense, and at the 'surfaces of emergence' for certain representations and practices of the self. We would then study the kinds of representation, or 'orders of discourse' that comment on the phenomenon, elaborating it, making it natural and encouraging us to take it for granted."

From these notions of different kinds of knowledge lie a range of ideas that inform methodological practice more directly. Let's begin with observation. Weber's contribution to method includes Social Action – the intended meaning of an action, or our interpretation of it. "Weber is clear that action is social when it takes into account the behaviour of others and is orientated toward this" (Clarke, 2006, pg10). Weber said we needed to draw together the directly observable and the motivation behind the action: these two aspects of understanding will enable us to make sense of the relationship between motivation, meaning and the social action.

The directly observable means "that we basically understand on face value, what we see is what we understand, and what we understand is based on observation" (Clarke, 2006, pg 11). Motivation is trickier – it is harder to know if our interpretation of the motivation is accurate: "an action can be understood only within a sequence of events where we understand motivation then we can understand the behaviour and actions of a social actor"

(Clarke, 2006, pg 11). Weber is keen to for us to know that an interpretation is only an interpretation and in this he touches on what Clarke describes as "a curiously psychoanalytic understanding of motive", concerned with the motives and repressions which comprise the drive behind a social action. He cites Weber's argument that we need to reflect upon and analyse motivation "even though it has not actually been concretely part of the conscious intention of the actor; possibly not at all, at least not fully" (Clarke, 2006, pg 11).

Weber described social actions, within which are embedded his conceptualisation of rationality – formal rationality (a matter of fact) and substantive rationality (a matter of value). The four types of social actions are: instrumentally rational (the means to the actor's own rationally pursued ends); value-rational (determined by conscious beliefs, ethics, religion and so on, independent of its prospects of success); affectual (determined by the actor's affects and feeling states); and traditional (determined through habituation) (Weber, 1978, cited in Clarke, 2006, pg 12). Bringing formal and substantive rationality together moves us towards what Clarke (2006, pg 21) describes as 'a sociology of emotion': "We start to see the development of a sociology of emotion when we think about the links between affectual, traditional, instrumental and value-rational action. This is particularly the case if we look at the relationship between emotion and attachment to ways of life, to communities whether they be religious or secular, and the way in which emotional attachment is often rationalised as a value system develops." These descriptions are ideal types; one is rarely operating purely in one mode in a clear cut manner. The way these social actions are cross-cutting provides a rich frame for interpreting and understanding behaviour.

I note my response to Weber's affectual social actions. What of affect? I am aware of my feelings of being on thin ice when I write about affect, but I suspect this comes with the territory. At the conference 'Researching Affect and Affective Communication', at Cardiff University (26th March 2010), Wendy Hollway said "The truth that emotion carries as its cargo…using one's subjectivity as an instrument of knowing will not be a popular paradigm. I can imagine what my colleagues in psychology will be thinking of this!" Still conceptually confusing, we need to resist the urge to rush towards a concept or method that defines it and instead think of researching affect as a developing craft. Affect, in terms of my research process, needs to be worked with in both my research participants and within myself. Affect is to do with entanglement, is relational, is connective and intersubjective. I will be trying to see what the participants' affective responses might tell

me about endings in counselling, and also to see how my affective responses generate data for the research process. I have further explored my struggle to understand affect in section 3.4 below.

3.3 Attempting Reflexive Research

The model for accessing data produced from my own affective responses is through the use of reflexivity. Hollway and Jefferson (2000, pg 45) construe "both researcher and researched as anxious, defended subjects, whose mental boundaries are porous where unconscious material is concerned. This means that both will be subject to projections and introjections of ideas and feelings coming from the other person." This notion of the unconscious intersubjectivity between researcher and researched raises the importance of qualitative research being reflexive research in this context. I referenced Parker (2002, pg 190) in chapter 1, referring to the overwhelming personal engagement with qualitative research subject matter and also the capacity for the researcher to be transformed by the process.

Parker (2002, pg 189) also states "a focus on reflexivity in particular, requires theoretical grounding." We find this in the work of the critical theorists: "What distinguishes critical theory is the lack of objective distance between subject and object that is the focus of research. Critical theorists regard themselves as part of the research process, a process that is dialectical and self-reflexive, hence the Freudian theory – critical theory is critical of itself" (Clarke, 2006, pg 69). Habermas believed that applying self-reflection systemically would lead to increased self-knowledge and in turn to freedom from ideological domination. He "is particularly concerned about how we bring back into our lives the idea of a substantive rationality – in other words, how we bring back the ethical into our sense of what reason is about" (Clarke, 2006, pg 60).

Reflexivity is also applicable to hermeneutics. Giddens described the 'double hermeneutic'. "The *double hermeneutic* in which knowledge reflexivity is applied to system reproduction invariably means that the goal posts are for ever changing. Reflexive appropriation of knowledge is both energising and unstable, and at the same time extends out to huge spans of time and space egged on by the disembedding mechanisms which facilitate this progress" (Clarke, 2006, pg 140). So in social sciences research, subjects have theories about the researcher, there are meanings on meanings, hermeneutic research on hermeneutic interpretations. The knowledge generated by hermeneutic research is applied

to the objects of study, both consciously and unconsciously, which will create a change in their organisation.

Alexandrov (2009, pg 31) suggests "unlike common sense thinking, which naïvely mistakes reifications for natural facts, research activity is bound to address objectified interpretations critically, which entails second-order interpretations, or interpretations of the interpretations. This hierarchical relation is captured in the notion of 'double hermeneutics' introduced into the methodological discourse by Giddens". So for me, a reflexive approach was necessary across all aspects of my research. I have had to deepen my reflexive awareness; to begin to question and re-question my engagement with my research subjects, my theoretical frame, the research process and myself. This process could be described as a 'triple hermeneutic'. The feeling that I had in thinking about this was of heightened anxiety: deeper levels of reflexive practice are about questioning the very rocks that I might want to clamber onto when I needed to come up for air…

The practical implication for reflexive research is that I have kept a reflexive journal. I use this to record my thoughts, feelings, dreams, synchronicities and other phenomena, in relation to my research. Synchronicity could be simply described as the experience of noticing meaningful coincidences. However, this rather reductionist rendering of it loses the richness and intriguing metaphysical qualities that Jung interpreted in synchronicity. By way of example Jung (1961, pg 160) described waking in the night with a sensation "of dull pain, as though something had struck my forehead and then the back of my skull." Jung learnt the next day that his client had committed suicide with a shot through the forehead. He described his experience as "a genuine synchronistic phenomenon such as is quite often observed in connection with an archetypal situation – in this case, death. By means of a relativisation of time and space in the unconscious it could well be that I had perceived something which in reality was taking place elsewhere." A contemporary approach to synchronicity is provided by Mathers (2001, pg 140) who suggests that "Synchronicity describes meaning raining all around us – irrigating, rather than flooding."

My reflexive journal is, in practice, a personal journal or log, in which ordinary life and research related thoughts, feelings and so forth are recorded. These are blended in together, interwoven, for how can I know at the time which is which? One way of unpicking this has been through using the role consultation sessions at the UWE post-graduate workshops. These sessions operate using a Balint-style group. This means that one researcher gives voice to their thoughts about one aspect of their work that is currently occupying them.

The rest of the group listens in silence. After ten minutes the group has a chance to ask any simple, clarifying questions they may have. The researcher then sits outside of the group, who freely associate to the material they have just heard. With assistance from the group facilitator, they hypothesize what may be happening in the research process and draw attention to verbal and non-verbal communications from the researcher that may get beneath the surface of the presenting issue. The researcher is then invited into the group to reflect on what they have heard and what meaning they make from this.

For me, the role consultation sessions have shown how the personal impacts practically, consciously and unconsciously on how I position my research, my assumptions and my investment in it. And in turn, the process of undertaking research changes the person I am – this is one of my reasons for engaging in it; it would be disingenuous not to acknowledge this. So it becomes very important to have some way of tracking one's engagement and development, to be able to notice and own the effect one might have on the research process. This is at the macro level, across the whole project, and at the micro level in each particular engagement with each individual participant. My reflexive account is contained within the excerpts from transcripts, where they are used, which illustrate how my thoughts, feelings and experiences connected with and deepened by understanding of the research process.

3.4 The Place of Affect in my Research

Wetherell (2012, pg 2) suggests that affect, for social researchers, is "about infusing social analysis with what could be called psychosocial 'texture'… It leads to a focus on embodiment, to attempts to understand how people are moved, and what attracts them, to an emphasis on repetitions, pains and pleasures, feelings and memories". This definition, which is one of a number of complex ways of constructing affect that Wetherell offers, suggests a broader reach of affect than I have engaged with here. Manley (in Clarke and Hoggett Eds. 2009, pg 81 - 82) also attempts to broker a definition: "Affect is always in a state of becoming, always in transition between other states that may be passive; that is to say, our images are always 'becoming' affects, in transformation and conjunction with the mind. Affect does not 'belong' to either the subject or the exterior world; it is a thing in itself."

I have found both of these definitions confusing – and these are some of the more accessible definitions I met. Part of my struggle to engage with discourses of affect may be

located in my psychodynamic thinking. As Clarke and Hoggett (Eds. 2009, pg 12 – 13) note in relation to the affective dynamics of the research encounter:

> "Such affective and non-discursive communications have been conceptualized by psychoanalysis in terms of the transference and countertransference. As psychoanalysis has become increasingly relational, so it has tended to consider the transference-countertransference relationally as a co-produced dynamic process (i.e., no transference without countertransference). These concepts have been adopted by psycho-social researchers to examine some of the 'affective ways of knowing' that may be available to the researcher."

I suspect my struggle with getting to grips with what 'affect' is, is due to my having affect construed in psychodynamic terms. It is as if I have an ingrained and familiar concept of an elephant which I am attempting to reconceptualise using an unfamiliar frame of reference.

I think I found something of the same struggle, but in the opposite direction, in Wetherell's (2012, pg 122 – 123) engagement with psychoanalytic thinking. She suggests that in relation to affect it "offers useful ways of describing the fragmented, inconsistent and heterogenous nature of individual affective patterns" but also "rests on a theory of the dynamic unconscious and a way of thinking about the psychological that is incoherent and too cut off from social practices. Psychoanalysis creates obfuscating psychological mysteries that weaken attempts to forge a genuinely psychosocial style of analysis." So rather than focus my attention further on gaining a fuller understanding of affect outside of psychoanalytic thinking, I state here that my engagement with affect in this research is enacted through my psychodynamic theory and practice in interviews, reflexive practice and data analysis.

3.5 Discourse Analysis and Thematic Analysis

In this section I want to consider the two, related, approaches towards data analysis which have informed my research practice. My learning initially took me to discourse analysis as a way of making sense of the transcripts I produced. Discourse analysis is an established approach which has literature describing and supporting its application. Thematic analysis is "a poorly demarcated and rarely acknowledged, yet widely used qualitative analytic method" (Braun and Clarke, 2006, pg 77). My understanding of how to engage with the job of data analysis began with a more theoretical understanding of discourse analysis and moved into the practical application of thematic analysis of my data.

3.5.1 Discourse analysis as a methodology

What is discourse? Hollway and Jefferson (2013, pg 13) explain that discourse is more than just the language people use: "it refers beyond language to sets of organized meanings (which can include images as well as words) on a given theme. The term 'discourse' has been used to emphasize the organized way in which meanings cohere around an assumed central proposition, which gives them their value and significance". Discourses on endings are central to my research and straddle a number of my research objectives. I want to find out about endings in counselling in contemporary Britain, so I need to understand the social discourses on endings more generally to provide the context for this. I also want to find out how endings are construed within the psychodynamic counselling and supervision world, so I need to understand the professional discourses on endings as well. My participants would hold a number of discourses related to endings. Hollway and Jefferson (2013, pg 13) suggest "A label for this idea – of how people are formed by discursive representations – is 'the discursive subject'."

What is discourse analysis? Like reflexive research, this was a new concept for me. Parker (2002, pg 129 - 131) offers three characteristics of discourse analysis. Firstly, the search for variability and contradiction in discourse: "whilst the notion of variability tends to celebrate diversity of meaning in pluralist spirit, the notion of contradiction links more directly with struggle, power and the deconstruction of discourse in practice." Secondly, the notion of construction: "People cannot make up the meaning of symbols as they go along, but they participate in already existing meanings. Meanings are not transmitted from one head to another, but are produced in discourse as people construct new texts. Discourses then construct ways in which people are able to relate to one another." Thirdly, the characteristic of 'function': "Language organized through discourse always does things. When we seem to be merely describing a state of affairs, our commentary always has other effects; it plays its part in legitimizing or challenging, supporting or ironizing, endorsing or subverting what it describes." These functions of speech are known as 'speech acts'. In functional 'speech acts' a Foucauldian attention to power can radicalize our understanding of what happens through discourse: "Power is bound up with knowledge, and those who are subject to power continually remake it and their subjection to it as they participate in discourse and regulative practices." Finally, linked to the notion of power as a primary axis within discourse, there are 'subject positions' – "places in the discourse which carry certain rights to speak and specification for what may be spoken, places which people must assume for it to work" (Davies and Harré, 1990, in Parker, 2002, pg 131).

Parker's characterization of discourse analysis is complex. How could I go about actually undertaking this task? My sense was that I probably needed to roll up my sleeves and immerse myself in the language, and the layers of meaning inherent in language and its social construction, of the interviews and transcripts I would be dealing with. McLeod (2001, pg 100 - 101) notes:

> "Discourse analysis is an *approach* or a stance rather than a method. In terms of specifying or recommending procedures for conducting research studies, discourse analysts place most weight on the capacity of the researcher to understand the *idea* of discourse analysis, rather than on his or her own willingness to master particular research techniques… discourse analysis can only really be learned through being passed on from one person to another … for most qualitative researchers, the complexities of their 'art' or 'tricks of the trade' are passed on from supervisors or colleagues rather than being gleaned from textbooks."

This view proved to be accurate. My skills in discourse analysis have developed slowly over time. Some of my skill development has been within a group setting: at post-graduate workshops alongside other psycho-social researchers; with counselling peers at events where I have presented some of the transcribed material; and in sessions I have facilitated for the UWE Masters course 'Researching the Unconscious'. But the majority of my learning in discourse analysis has taken place within my PhD supervision sessions. Here it has been possible to set my interpretations alongside those of my supervisors and see where our views converge and diverge – and what I have on occasion missed altogether. The gradual creation of shared discourses, of greater convergence of ideas, suggests to me that I am developing the art of discourse analysis.

3.5.2 Thematic analysis as a methodology

As stated previously, thematic analysis is a widely used but little described approach to data analysis. Braun and Clarke's (2006) paper attempts to redress this situation by describing both theory and method. I am probably not the first researcher to think they were doing a limited form of discourse analysis, only for it to dawn on them that they were actually engaged in a full and coherent form of thematic analysis! This relates to research as an action learning process, whereby understanding and knowledge are generating through engagement with the task in hand. There is also the role of academic supervision in steering the researcher towards good practice through suggestion and, as described above, passing on 'the tricks of the trade'.

Braun and Clarke (2006, pg 79) describe thematic analysis as "a method for identifying, analyzing and reporting patterns (themes) within data. It minimally organizes and describes your data set in (rich) detail. However, frequently it goes further than this, and interprets various aspects of the research topic (Boyatzis, 1998)." They go on to describe a common misconception of the approach: it is not about themes 'emerging' from the data, which positions thematic analysis as "a passive account of the process of analysis and denies the active role the researcher always plays in identifying patterns/themes" (pg 80). This then is one area in which discourse analysis and thematic analysis meet. Braun and Clarke (2006, pg 80) cite Ely et al in saying "if themes 'reside' anywhere, they reside in our heads from thinking about our data and creating links as we understand them." I make sense of this statement by thinking of themes as discourses – I can probably only recognize them if they at some level chime with a discourse that makes sense to me (in my head). There will therefore be themes (discourses) which I fail to notice.

The first stage of thematic analysis is to immerse oneself in the data. In addition to collecting the data, via interviews and my own reflexive responses detailed in field notes, there is the issue of transcription. Ideally the researcher transcribes their own interview recordings. When the transcriptions are complete the researcher needs to read and re-read the transcripts as well as checking these back against the digital recordings. From this initial immersion the next step is to begin to code the data. This means working "systematically though the entire data set, giving full and *equal* attention to each data item, and identifying interesting aspects in the data items that may form the basis of repeated patterns (themes) across the data set" (Braun and Clarke, 2006, pg 89). Once the data has been coded it can be organized into themes.

What counts as a theme and how do you identify it? Braun and Clarke (2006, pg 82) suggest "a theme captures something important about the data in relation to the research question, and represents some level of *patterned* response or meaning within the data set." They go on to say (pg 83) "Part of the flexibility of thematic analysis is that it allows you to determine themes (and prevalence) in a number of ways. What is important is that you are consistent in how you do this within any particular analysis." My approach to identifying themes has been to take a 'bottom up' or 'inductive' stance: to organize and make sense of the data without having categories in mind within which to fit it. Identifying themes is an iterative process of interrogating one's suggested themes. Is there enough data to support the theme? Is the theme discrete? Can two themes be more usefully combined under one heading? Does the theme contain sub-themes? Braun and Clarke (2006, pg 92) warn: "as

coding data and generating themes could go on *ad infinitum,* it is important not to get over-enthusiastic with endless re-coding."

Having identified themes I have then based my analysis at what Braun and Clarke (2006, pg 84) describe as "a latent or interpretive level". This is in keeping with my psycho-social methodology, where the researcher looks beyond the surface content of what the participant has said. Braun and Clarke (2006, pg 84 – 85) comment: "in this form, thematic analysis overlaps with some forms of discourse analysis… where broader assumptions, structures and/or meanings are theorized as underpinning what is actually articulated in the data. Increasingly, a number of discourse analysts are also revisiting psycho-analytic modes of interpretation (eg Hollway and Jefferson, 2000), and latent thematic analysis would also be compatible with that framework." These observations assure me that my mode of data analysis is appropriate for my particular research questions and compatible with work being done by my contemporaries.

3.5.3 My approach to data analysis

In summary, my approach to data analysis has been theoretically informed by ideas of discourse analysis and practically informed by thematic analysis. I have been interested in and identified data extracts within the overall data set which I have then refined into themes. These themes have been analysed at a latent, or interpretive level, using the framework of psychoanalytic thinking and ideas of socially-posited discourses, to generate psycho-social constructs about the research participants in response to my research questions. The practical detail of how I went about my data analysis is given in section 3.9 below.

3.6 Methodological Design

My starting point for methodological design was to consider my own experience of endings in counselling. I connected to a range of emotions. There was often the satisfaction of 'a good job done', the pleasure at seeing someone leave feeling much better than when they first started counselling, and accepting their thanks for my part in this change. This is the easily accessible component of endings. But other feelings emerged, that are perhaps less acceptable and correspondingly less accessible. There can be feelings of relief at no longer having to sit with a client with whom I felt out of my depth, or useless to help; relief at the departure of a boring or annoying client. Are these my own feelings anyway? Might they be, in part at least, a projection of the client's feelings? There can be concerns that the

counselling engagement has in fact made things worse for the client – what responsibility do I hold in these cases? Where a client ends without notice, and makes no response to my phone messages or letters, the fantasies can run riot: have they killed themselves? Have I failed them so badly they never wish to have contact with me again? Do they see me as an encumbrance, a waste of time and money? And there can be the ongoing feelings of sadness, loss or abandonment that I feel after a particularly meaningful counselling relationship has ended … are my feelings congruent with my role as a practitioner or have I become too personally entangled with my client? In its monthly journal, the British Association for Counselling and Psychotherapy (BACP) publishes details of 'sanctions' taken against practitioners, which include details of those who ended too precipitously or those who brokered a personal relationship with their client in parallel with their counselling role. I squirm at the public humiliation of the 'naming and shaming' of these counsellors and I am left wondering firstly, what goes underground in the face of this practice and secondly, how might I find out about it.

The issue of ethics is present throughout clinical practice and also throughout research. The client-counsellor relationship is often thought of as confidential, and although a client may give informed consent to their own participation in research, it does not follow that their counsellor will necessarily agree to participate. The notion of confidentiality is held dear within the profession and this incorporates the notion that the work undertaken is internalized and can continue after the termination of the actual counselling sessions. There is a view that to 'intrude' on this, to re-examine the counselling relationship and process, changes the internalized relationship. I was concerned that by inviting former clients and counsellors to re-visit endings, in the interests of research, this might be seen as breaching confidentiality and potentially changing how clients had seen and internalized their counsellors.

I was aware that to research a phenomenon that included potential 'failure' was a counter-cultural theme within the current development of counselling as a profession. Keen to show our effectiveness in a culture that requires evidenced outcomes, failures can become hidden. This meant that researching a topic where failure might be a component would need a methodological framework that could enable participants to feel contained and safe. If this was achieved, they would allow their ambivalent feelings or partially formed responses, in their conscious and unconscious communications, to be considered and reflected upon. With these difficult emotions in mind, in addition to the more positive

feelings people wanted to express, how did I choose a participant sample and how did I engage in collecting data?

As a counselling service manager I had access to a potential research sample from the number of clients, counsellors and supervisors within the service. However, I felt uncomfortable at the possible dynamics which might result from introducing myself in a new role as researcher within the service. I felt there was a capacity for ethical dilemmas to occur and for role conflicts to abound.

Looking outside of my own service, I decided to approach WPF Therapy based at London Bridge. WPF Therapy originated from the Westminster Pastoral Foundation (WPF). WPF was founded by Bill Kyle, a Methodist minister, in 1969. His original aim was to set up "a London Methodist Centre or Foundation of Pastoral Care" (Black, 1991, pg 5). From this start a network of over 20 psychodynamic counselling centres was created across England, my own employing centre being one of them. As the oldest of the network centres, and the largest service, WPF Therapy was perceived as the 'hub' of the network. The training and clinical approach of the counsellors and supervisors there was very familiar to me – my own training had been WPF accredited – so I knew I would be encountering the psychodynamic counselling model in which I wished to base my research. Additionally, at the time I approached them, Lesley Murdin, the author of 'How Much is Enough?' was the Chief Executive of WPF Therapy. Finally, WPF Therapy had a history of undertaking counselling research and an ethics committee to support this. I made contact with Lesley, she expressed an interest and suggested I meet with her and the Head of Training and, in due course, with the ethics committee. The ethical considerations of the research are detailed in section 3.7.

My method for identifying counsellors and supervisors was straightforward: in discussion with WPF Therapy we agreed that both qualified and trainee counsellors would be invited to take part, in addition to all supervisors. I produced a brief, two paragraph note of introduction (Appendix 1) to give an overview of the research project, which was sent to these staff via the internal email system. I wanted to begin my research activities with counsellors and supervisors, honing my skills with fellow professionals before embarking upon client interviews.

A separate letter was produced to be sent to former clients (Appendix 2). WPF Therapy actively supports research activities and to this end they ask all clients, on completion of

their counselling, if they would be willing for their contact details to be retained on a database in order to be invited to take part in any future research. The database comprises consenting clients – a great asset to the researcher hoping to engage with this group – giving names and addresses for my invitation to be sent to. I did not have access to the database myself, but produced the letter which WPF Therapy then forwarded on.

My research design is based on undertaking two interviews each, with counsellors, supervisors and clients who had ended their counselling, with a week between the interviews. I chose this design because of both methodological and ethical reasons. Firstly, my research objectives are concerned with finding out about endings in psychodynamic counselling and in life more generally, in order to have a social context in which to set my clinical findings. I felt it was not possible to fully understand the meaning that participants attributed to their endings in counselling, without having a sense of where this sat in relation to their life history.

I thought it would not be possible to gather this breadth of data within one interview. This gave me a clear sense of wanting to address endings in counselling at the first interview, with an opportunity to find out about other, more personal endings in the second. There was also an issue here of the first interview being, potentially, less revealing. I wanted my participants to feel secure and contained enough to bring their life stories of endings outside of the counselling setting and thought this was better served by their having had some experience of me and the interview process first.

The second reason was concerned with the ethics of opening up the counselling relationship for further scrutiny. If participants felt that there were adverse or disconcerting effects from revisiting their endings in counselling in the first interview, the second interview gave a chance for this to be aired, explored and contained.

From discussion with my supervisors, I estimated I needed to interview about seven of each of the participant groups, in order to have enough viable material. My interview method utilized the technique of free association narrative interviews (FANI) promoted by Hollway and Jefferson (2000). They describe free association as a psychoanalytic method: "by asking the patient to say whatever comes to mind, the psychoanalyst is eliciting the kind of narrative that is not structured according to conscious logic, but according to unconscious logic; that is, the associations follow pathways defined by emotional motivations, rather than rational intentions" Hollway and Jefferson (2000, pg 37).

FANI evolved from the use of biographic-interpretive interviews, which require the interviewer to apply many of the skills central to psychodynamic counselling. For example, Wengraf (2001, pg 125 - 126) draws attention to the importance of active listening: "Your task is always to *remain actively listening* – interviewees will immediately sense when you have stopped listening to them, and this 'no longer listening' will end or distort the expression of their gestalt – *and always to be prepared to notice that the interviewee is needing support,* not necessarily verbal, from you to continue in this often difficult task". He goes on (pg 128 – 129) to list the positive and negative forms of active listening desired, many of which are identical to those found in counselling skills. For example: "*Do allow the interviewee the length of pause, of silences that they need to think through or recall material they are trying to access; if strong emotions arise during the interview, you should be prepared if necessary, to 'mirror' them; don't console; don't give advice; don't suggest what the interviewee might next well talk about!!"*

Wengraf (2001, pg 125) flags up the differences between a therapeutic and a research based interview: "We deviate from the free association rule by framing the interaction as a research interview rather than a session of psychoanalysis or of therapy or of counselling. We also deviate because we start the first session by a request not for any free association but for a very specific type of account: a biographical narrative." An important enactment of this distinction is that the researcher keeps their focus on the data and can point the interviewee back to the narrative when they dry up. Wengraf suggests (pg 129) "You are doing research. Try to get more story / any more stories: 'Any other things you remember happening?'; 'Do you remember / recall anything else' – without specifying what the storying [sic] should be about."

Biographic-interpretive interviews are based on four principles designed to elicit the production of interviewees' meaning-frames (or *Gestalts*), namely: using open questions, elicit stories, avoid 'why' questions and follow respondent's ordering and phrasing. In addition to using these four principles, Hollway and Jefferson (2000, pg 34 – 36) posit the notions of the 'discursive subject' (mentioned earlier) and the 'defended subject' (described below). The importance of Gestalts should be emphasized. Wengraf (2001, pg 69) reports "In interviewing terms, this means, for those who wish to allow the gestalt of the interviewee to become observable, adopting an interview strategy that minimizes (for as long as possible) the interview*er's* concerns (system of values and significance) to allow fullest possible expression of the concerns, the systems of value and significance, the life-

world of the interviewee." This notion sits well alongside the framework of psychodynamic counselling.

Another element of FANI that Clarke (2002, pg 174) cites is "Psychoanalytic interpretation does not take place within the interview but is confined to interpretation of the data collected." I am not in the habit of making frequent interpretations in my counselling practice, but the notion of these being off the agenda altogether needed to be absorbed. My initial belief was that I would have no problem with FANI given my counselling skills and experience. As my understanding of the approach grew I began to feel much more aware of the different stance I would have to employ in research interviews. This was going to be a challenge to me. The notion of 'therapeutic abstinence' came to mind: "Freud's original dictum, written in 1915, was that 'The treatment must be carried through in a state of abstinence', by which he meant that the patient must be given unconditional acceptance and understanding, and *nothing else*" (Malan, 1979, pg 140). I have tried to cultivate my 'researcher abstinence' and put aside some interpretations that might have come as second nature to me in interviews. However, this has not been altogether successful. Nor am I convinced that it is a necessary condition. When I have made an interpretation it seems to serve a similar function to interpretations made in counselling. As Malan (1979, pg 211) puts it "There is a saying that well illustrates the sterility of certain kinds of interview: 'All I asked was questions and all I got was answers'. What this means is that if the interviewer does no more than ask questions without taking pains to deepen rapport, then the answers he gets may well be defensive, cursory, and superficial, may leave out crucial information, and may lack the element of spontaneous and intimate communication that is so necessary to true understanding… the best way of deepening rapport is to *make interpretations*. Sometimes indeed this is absolutely essential to being able to continue the interview at all". After all, a psychodynamic interpretation made in the interview does not preclude a different meaning being made of the same exchange in data analysis. My belief is that as long as one does not confuse the objective of the interview with a therapeutic encounter, a well-placed interpretation deepens the exploration and better reveals the conscious and unconscious motivations and associations of both researcher and participant.

What of the 'defended subject' mentioned above? Boydell (2009, pg 242) says the defended subject "is explicitly based on a psychoanalytic understanding that threats to the self create anxiety, which in turn precipitate defences that operate largely unconsciously." Hollway and Jefferson (2000, pg 20) have interpreted Klein in developing their ideas: "in this notion of unconscious defences against anxiety, Klein departs radically from the assumption that the

self is a single unit, with unproblematic boundaries separating it from the external world of objects (both people and things). Her proposition (based on clinical work) is that these defences against anxiety are intersubjective, that is, they come into play in relations between people. The separation of good and bad (splitting) is achieved through the unconscious projection (putting out) and introjection (taking in) of mental objects."

When the concept of a defended subject is combined with that of the discursive subject, I can see how "the idea of the defended subject shows how subjects invest in discourses when these offer positions which provide protection against anxiety and therefore supports to identity" (Hollway and Jefferson, 2000, pg 23). My participants can be described as 'psycho-social subjects'. Viewing my participants in this way, keeping my research radar alert for conscious and unconscious defences and for the discourses they may have invested in; and using a biographic-interpretive framework, sets the scene for the use of free association narrative interviews as my research method. In my research, I anticipated that addressing issues of loss associated with endings, and issues of failure, would produce degrees of defence in my participants. I imagined that counsellors and supervisors would have an investment in a psychoanalytic discourse and in a discourse of professionalism, amongst others. I was unsure what discourses clients might have investments in and was intrigued to find out. My assumption was that when former clients put themselves forward to be included in my research this might be to do with untreated losses. This could be an affective state of mind that drew them into the research and how they thought about ending. There might be element of grief or grievance towards their endings in counselling which might affect their take on it. Also, they would have investments in ways of thinking affected by their experiences of life. This made it important for me to find out whether their experiences of endings in life connected to wider social discourses and how this might give meaning.

Before embarking on my actual data collection with 'real' participants I wanted to practice my research skills and thought that my own service was an appropriate place for this. I asked if colleagues would be willing to be interviewed. This provided me with a chance to hone my interviewing skills and also to create some background information on the topic of endings. The interviews I undertook were not recorded. I made field notes of my recollections of what was said and my thoughts and feelings around the process each time.

My experience of these interviews was that I had relatively little to do after my opening remarks. It felt like this produced a flood of material from each participant. (This surprised

me but proved to be a useful early research experience: exactly the same thing happened in my actual research interviews, so I was helpfully prepared for this and able to go with it.) My sense was that I used, rather as second nature, my counselling skills to facilitate the interviews. These skills are largely congruent with Hollway and Jefferson's (2000, pg 34 - 36) biographic-interpretive method in that I used open-ended questions; I tried to elicit a story ("Perhaps you could tell me something about an ending you have had with a client?"); I avoided using 'why' questions. I tried very hard to apply the final principle of using participants' ordering and phrasing. The latter was manageable, because I am skilled in using mirroring and reflective techniques that keep to the speaker's language and phrasing, but I soon found myself lost in trying to keep the ordering! There was too much material and I was nervous of breaking into a flow of speech.

The overall sense I was left with from participants was one of relief at being able to revisit the experiences of ending with clients. I am not sure if this relief related to being able to think about the clients in a setting that was not formalized as the counsellor/supervisor relationship. The supervisory setting can in some cases be riven with complex power relationships. Mander (in Clarkson, Ed. 1997, pg 155) observes "In training, supervision is a compulsory procedure, involving the terrors of being judged and assessed, of competing with an expert and fearing to be found wanting. For the experienced therapist it can be a powerful challenge to his professional competence, to his unconscious need to stay in dyadic relationships and to his fear of exposure and vulnerability." I suggest that a research encounter, based on its voluntary participation and transient nature, is a less charged experience. The information gained from these encounters has been tremendously helpful in developing my thinking, both in terms of issues relating to endings, to the research process overall, and to how I 'handle' myself in the role of researcher.

A year later I approached three senior staff members with a request for a similar pilot interview, but this time to make a digital recording and transcript, so that I might begin to practice data analysis as well as understand my own interview technique better. My approach was more formal, in that I provided each interviewee with a written statement about my research, including details of how long the interview might take and notice that it would be recorded and transcribed. Interviewees were offered a copy of the transcript if they wished. The statement informed them that I would ensure the transcript was anonymous and would be kept in a locked cabinet; and that my digital recording of the interview would be deleted from my computer when I completed my research. I let them know that the information produced would be background material that would not appear

in my final thesis. I also asked for their consent for me to use excerpts from the transcripts for training purposes.

These pilot interviews produced three experiences and transcripts of surprisingly different content. The first detailed a painful parting with a client to whom the counsellor was strongly attached; the second spoke of issues of ethics and the rights and wrongs in starting a piece of work that the counsellor sensed was going to end badly; the third addressed issues of inner resources which the counsellor connected back to their own early life experiences. What I would like to note is that the night before the third interview I had a dream. I recorded it in my reflexive diary: *"I was going into a hospital to conduct my interviews. I kept thinking I must keep Menzies Lyth's study in mind, that I must keep how organisations defend against anxiety on my radar, or I would not achieve anything in my interviews... the hospital was a big Victorian labyrinth, like so many I know from when I did my Occupational Therapy training..."* I take this dream to be informative of at least three things: my anxiety (or excitement?) at undertaking this next small step in the research process was occupying me both consciously and unconsciously; that the new theory I had encountered as a PhD student was being internalised by me; and that there was a regressive return to my former trainee status. Perhaps this latter point also links with the struggle to find a professional identity. The word labyrinth has many connotations – minotaurs, of getting lost, of keeping one's balance... I also wondered if this dream was concerned with my engagement with WPF Therapy as the site for my research proper. Did this reveal something of my transference towards the organisation? Was I scared of the potential monster ahead; or going in to slay the institution armed with my newly discovered psycho-social weapons?

Nicholls (2009, pg 188) used dreams in her psycho-social research. She observed:

> "the dreams I recorded became one of the least comfortable ways I used to approach a description and analysis of the study. They were often in response to an event and seemed to fall into different categories: those about the methodology and my supervisors, those about the participants (therapists), and those about the clients… Having decided to use them as part of my reflexive account, I could not ignore them, and they would often disturb my equanimity, but they did draw my attention to something I might have ignored or overlooked in doing the work of data collection or in trying to give an account of the project."

Nicholls approach gave me more than just the sense that the dream might tell me how I was feeling: I could use the dream as research data and *think* about how to use it. I will

refer back to this in section 3.8 when I later consider my actual engagement with WPF Therapy.

My sense of these pilot interviews, in conjunction with the range of responses I encountered in my early, non-recorded interviews, was of the disparate nature of the data: an image of a river separating out into a delta comes to mind. It is as if in the research process I had been travelling on the somewhat winding course of a river, contained on both sides by banks, until I reached the point of engaging with participants when suddenly everything spreads out in a number of directions, at varying depths and to reach various points. This suggested to me that my research findings may well not show a convergence, a single coherent line emerging, but may indicate major differences and experiences of isolation, otherness or separation in relation to the research topic. This felt important to be kept in mind, as the notion of a Gestalt, or getting a whole picture, operates across each interview, and across the research project overall.

During the three recorded pilot interviews I again found myself struggling to keep to the ordering that my interviewees used. It seemed impossible to keep up with, so I had to let my concern with this slide away. It may be that rather than a strict adherence to order, a more dialogic approach could usefully be employed, following an interpretive line (reflective, intuitive and imaginative) rather than getting caught in Socratic dialogue (intellectual, rational). Instead, I tried to keep my focus on eliciting a narrative, something that seemed to actually require very little input from me. In the interviews I was aware of my contributions mainly consisting of "mmhmm" and "right" and "yes…" I began to have some fluttery feelings of 'what exactly am I supposed to be doing here as a researcher?' I felt in this, and to a lesser extent in the subsequent actual interviews, a degree of passivity that was not comfortable.

In my research supervision, I was later able to draw a parallel between my feelings and performance, and the trainee counsellors I work with. Trainees can, in the early stages of their professional development, find themselves 'following' the client's narrative, with a sense that they must only listen and not intervene, challenge or draw attention to anything in case it puts the client off their stroke. So I noted my regression and the need for me to recover my capabilities.

It is also interesting for me to reflect that in my application to the UWE Ethics Committee I had rather arrogantly written "my contention is that the knowledge, skills and attitudes

held by me as a psychodynamic counsellor will better enable free association and exploration of the meaning created in the narrative by subjects, than may be experienced by a researcher who does not have this clinical background"… I was beginning, even at this early stage, to find answers to my fifth research objective (to explore the opportunities, constraints and dynamics created by using psychodynamic counselling skills as part of a qualitative research methodology).

My perceived passivity might in part have been to do with having 'expert' participants when it comes to engaging in a mode that facilitates free association. Allowing oneself to reflect upon an engagement with a client in a free-flowing, non-censorious way is a capacity that emerges in a secure supervisory relationship, so this way of being was familiar to my interviewees. What I noticed from my transcript of the first interview was *my* limitation in allowing freely associative material to coalesce. In addition to the countless "mmm"s and "right"s I noticed that on several occasions my interviewee spoke about some quite piercing personal feelings. Instead of allowing this to hover between us and be reflected upon, I had a tendency (which I was not conscious of in the interview) of drawing my interviewee back to the frame of the psychodynamic model she works to. It was as if I drew away from the difficult feelings.

On reflection, I don't think this was to do with my discomfort about the feelings themselves. I think I was getting drawn into my own interest, which underpins my motivation in pursuing this research, that the model of psychodynamic counselling pushes practitioners into a place of denying their own more personal feelings, which may be considered taboo. The anthropologist Douglas (1966, pg xi) writes of the function of taboo "as a spontaneous device for protecting the distinctive categories of the universe. Taboo protects the local consensus on how the world is organised. It shores up wavering certainty. It reduces intellectual and social disorder." In the same way that a less experienced counsellor can lead or suggest a psychological connection to a client before the client is ready, so I felt I was making links, in an entirely unnecessary fashion, for my interviewees. The recognition of this was somewhat dampening to me, but undeniably useful. In later interviews I was able to be mindful of this and more consciously attempt to enable personal feelings to be explored at the interviewee's own tempo and direction.

3.7 Ethical Issues

I have successfully presented my research proposal to both the UWE Faculty Research Ethics Sub-Committee (Appendix 3) and to the Ethics Committee at WPF Therapy (Appendix 4). There were a number of issues relating to good ethical practice, that I came to understand in more detail through my engagement with WPF Therapy and in discussion with my PhD supervisory team. The written feedback I received from the UWE Faculty Research Ethics Sub-Committee stated:

> *"The research within this project involves counselling and although considered ethically risky within a very sensitive area, it was agreed that robust procedures were to be put in place. This doctorate is also to be supervised in the Centre for Psycho-Social Studies which provides extensive experience, professional knowledge and back-up for any ethical issues that might arise. The letters attached were detailed and an example of good practice. The application was also very comprehensive."*

In this section I detail the issues, and my responses to ensure my research took place in an ethically sound framework. I begin with potential risks and then detail my practice around maintaining confidentiality and participants' choices and input into the research process.

3.7.1 Potential risks to participants

The potential risks associated with my research fall into two categories. The first are those concerned with the 'opening up' of the therapeutic relationship, which I have mentioned earlier. The second are those concerned with how counsellors and supervisors might feel towards the agency in which they work. These two issues are explored in more detail below.

For clients, there was the possibility that the free association narrative interview approach might reawaken feelings or memories relating to the content of the counselling. This in itself was not a difficult or undesirable outcome, particularly given the context of the two interview structure I adopted, which gave an opportunity for thoughts, feelings or questions arising from the first interview to be explored and resolved in the second. However, I had to allow for the possibility that for some clients the reconnection to this material might bring up issues that required further psychotherapeutic attention. For counsellors and supervisors, there was the possibility that the interview process might raise greater awareness of the relationships between counsellor, supervisor and service. For example, after an interview a counsellor might feel they had not been appropriately supported by their supervisor in managing the ending discussed. My response was to produce a letter of consent, which was signed on behalf of WPF Therapy (Appendix 5).

This was referred to in the participant information and consent sheets, detailing that it would be the responsibility of WPF Therapy to offer an appropriate response in support of a former client, counsellor or supervisor. For a client this might be exploring the option of further counselling. For a counsellor or supervisor this might be a meeting to discuss their work within the service and the support they received for this. I felt this measure offered appropriate protection to people involved in the research process from WPF Therapy.

Over time my search for supervisor participants extended beyond WPF Therapy, resulting in four supervisors, all working in both private practice and various organizational settings, taking part in the research. The reason for this and the route for finding supervisor participants are detailed in section 3.8 below. I was also approached by two additional senior counsellors who work within my own service, Local Counselling Service (LCS). Both wished to take part in the research, although I had not been soliciting participants from LCS for reasons given earlier. This meant that I then had a small cohort of independent practitioner participants who were not covered by the arrangement I had put in place with WPF Therapy. I discussed this with my academic supervisors. We felt this situation fell under the category of an *"ethical issue arising"* and we agreed the potential risk for clinical supervisors and experienced counsellors was qualitatively different from those in training and certainly from clients. After discussion, for the counsellors from my own service I obtained verbal agreement from the Chief Executive that any issues raised would be taken up within the organization. This agreement was shared, again verbally, with the two counsellors concerned. For the independent supervisors I asked each to think about how they would respond to any potential issues raised and checked that they knew with whom, or where, they would address any such issues.

A participant information sheet was provided, categorized according to client (Appendix 6), counsellor within WPF Therapy (Appendix 7), supervisor (Appendix 8) or counsellor with LCS (Appendix 9). These sheets gave more information about the research process and about the potential risks of taking part. I ensured that everyone who expressed an interest in taking part in my research received a participant information sheet and, as shall be shown later, signed to say they had read it.

3.7.2 Confidentiality

There are issues of confidentiality both within counselling and clinical supervision, and within the research process itself. For participants, and perhaps especially for clients, knowing that what they say will remain confidential is very important. Outside of this

research project, I do not have any contact with WPF Therapy. In order to maintain absolute confidentiality I took the following steps:

(a) Although I required the assistance of WPF Therapy in identifying former clients, counsellors and supervisors, I did not tell them who responded to my request for research participants.

(b) I ensured that all participants' identifying information was stored in a locked filing cabinet, separate from the associated non-identifying information.

(c) I anonymized all participants using a simple approach – the first person I interviewed was given a pseudonym beginning with A, the second with B and so forth.

(d) All data was stored in locked filing cabinets or with e-versions of transcripts anonymized and stored on my own password protected home computer (not networked to others).

(e) Only I and my professional transcriber had access to my data in raw form. My transcriber was recommended to me by my Director of Studies – she was known to the department and had previously transcribed PhD research interviews. I would send her a memory stick containing an interview by recorded delivery. She would complete the transcription and then return the memory stick, containing the digital recording and transcription, to me also by recorded delivery. We communicated by email to say when the memory stick had been posted, so the recipient knew when to expect it. This proved to be a water-tight system with no material getting lost.

(f) My supervision team, and the peer groups I used to help me analyse the data, were given copies of anonymous data, which were returned to me for shredding upon completion of the data analysis session.

(g) I have undertaken that in my selection of quotes from transcripts, and in any sections used from my accompanying field notes, in my thesis or in any subsequent publications, I will ensure that no personal description or details can give away the identity of any participants.

(h) I have stated that all data will be kept for the duration of the PhD. Upon completion, all data will be destroyed.

I have found the confidentiality measures that I have put in place to be effective for the type and amount of data produced. One participant had concerns, which are detailed along with my response to these, in the next section.

3.7.3 Participants' choices and input into the research process

I have tried to ensure that all participants were fully informed about the research process and took part willingly at all stages of the research process. I have done this by ensuring that all participants were given participant information sheets and I used an open and accessible communication style which invited questions and further debate via email, telephone or face to face. Before commencing each first interview I checked out that my interviewee had read and digested the participant information sheet. I drew particular attention to the statement "It is up to you to decide whether to take part or not. If you do decide to take part, you will be given this information sheet and asked to sign a consent form. *If you decide to take part, you are still free to withdraw at any time and without giving a reason.*"

In addition to the information sheets, I asked each participant to sign two copies of the consent form (Appendix 10) prior to the first interview starting. The consent form again reiterated that participants could withdraw at any time without giving a reason, in addition to confirming they had read the information sheet and had had a chance to ask questions. All participants signed the consent form without question. They then kept one copy with me taking the other.

During the first of each pair of interviews I asked participants if they would like a copy of the interview transcripts and a research summary on completion of my thesis. Asking at this juncture gave them time to reconsider their response – I checked out my understanding of their requirements in the second interview. Seven of nine counsellors wanted to see their transcripts, with all nine wanting a research summary. Two of four supervisors wanted their transcripts with all four wanting a research summary. Two of seven clients wanted their transcripts, with one person wanting to see the summary.

Only one person, a supervisor, came back to me having read the interview transcripts. She felt concerned whether her comments about her supervisees might result in a breach of their confidentiality. We discussed this via email and reached the conclusion that she didn't want any material from her interview transcripts to be directly quoted, a decision which I understood, respected and acted upon.

3.8 Research Context and Practical Arrangements

In section 3.6 I mentioned how I made contact with Lesley Murdin, then Chief Executive at WPF. In this section I want to give the history of my engagement with WPF, from that

first contact to my undertaking research interviews there, as this was not altogether straightforward. The process of entering the organisation itself produced valuable data in its own right. I will also detail how I found other research participants outside of WPF and give a picture of the practical arrangements I set up to enable the research to take place.

My met with Lesley Murdin, who was interested in the idea of WPF being involved in that process. I could hire a counselling room from them for the purposes of my interviews. She explained the role and function of the Ethics Committee and we agreed that I would prepare a paper for their next meeting, which I duly did. I attended the Ethics Committee, which again seemed relatively painless: I was asked some questions about my research aims and the suggestion that WPF take on any responsibility for follow-up resulting from the interviews. After this I sent my introductory email (Appendix 1) for WPF to forward on to counsellors and supervisors. A short while after this Lesley retired from her role and a new Chief Executive was appointed.

I received no response to my request for research participants. After a couple of weeks I checked with the WPF administrative team who confirmed the email had been sent. I felt deflated at the total lack of interest in my project. In supervision we discussed what this absence of response might mean. Was I being treated as another trainee? Was there a split between the wish to be involved in research and the fear of what this might reveal, particularly given the close relationship between endings in counselling and outcomes? My supervisors urged me to take hold of my status as a researcher, rather than feeling apologetic for being a nuisance to the organisation, and chase up what was happening with more energy. They suggested I offer something to give some focus to my research: run an event, or attend a team meeting.

I did not reflect on this but acted on instruction. I rang WPF Therapy that afternoon, telling them to re-issue my email and ensure it was sent to all counsellors and supervisors, and I offered to run a workshop on endings for them. Within twenty four hours I began to receive expressions of interest from counsellors. I was able to link my experience of making my way into WPF Therapy with the labyrinthine dream I have detailed in section 3.6. Rather than being the slayer, or being eaten alive, I could engage in a process of thinking with them about my research. This I enacted through running the workshop which offered (rather than gave) some psycho-social interpretations of endings in counselling. I also presented myself as a counsellor-researcher (an uncommon beast, like

the Minotaur) who could be enthusiastic about the challenges and pleasures of the role, to offer this as another way of being a counsellor.

Within two weeks I had accumulated responses from seven counsellors (which included my participants Anna through to Edith) but had no response from supervisors. The majority emailed me, but some communicated by text. I responded using their mode of communication, to ask if they would be open to my phoning them. All agreed and I spoke to each person individually. At this stage my priority was to ensure that all potential participants received the participant information sheet. These were duly emailed or posted out. After this I heard back from six of the counsellors who continued to express an interest in taking part. I telephoned them again and we agreed dates and times to meet at WPF Therapy for the first interview, with the expectation that the second interview would be a week later. With one potential participant I was unable to find a time that we could both manage and we agreed that I could contact them in the future if I needed more counsellor participants.

I booked rooms at WPF Therapy, clustering the interviews around a one week period. This meant taking time off work and travelling to London as WPF Therapy was not local to me. Although disadvantageous in this way, the distance did mean that I was personally and professionally remote from any connections with my participants. There were no unwelcome boundary issues to be considered.

I arranged to meet my participants in the reception area at WPF Therapy, which also functions as their waiting room. This was a curious experience. I found myself waiting alongside counselling clients, which gave me a chance to observe the arrival and departure rituals in place. The clients would sit, heads in magazines or studying their mobile phones, in silence. A counsellor would walk at a stately and unhurried pace down the long corridor towards the waiting area, eyes cast downwards, with an expression of solemn preoccupation. About ten yards from the waiting area the counsellor would, wordlessly, incline their head towards their client who would silently rise and join them in the stately, unhurried walk back along the corridor. I never heard a word exchanged: clearly these clients had been well schooled out of any social chit-chat. This mode of operating was, I felt, rather rudely interrupted by my own cheery loudness in greeting counsellors (my participants), who on completing the stately walk would look confused as they realised they were waiting to be met, rather than vice versa. Clients left the service at a brisk pace, heads down, no eye contact and out of the door.

Before starting the first interview with each person I had a series of set questions. These included: making sure they had read the participant information sheet; checking if they had any questions; asking them to read and sign two copies of the consent form (Appendix 10) and giving them one copy of this to keep; checking how long they had available for the interview; asking if they were comfortable (I provided bottled water and cups) and ready to begin. I would then switch on my digital recorder and begin the interview. At the end of the interview, after I had switched off the recorder I would again ask them if they had any questions, confirm our second meeting and thank them profusely for their time and input.

Having completed the two interviews with my first five counsellor participants I was surprised to find that I was contacted by two further counsellors later in the year. My email requesting research participants had been re-issued by WPF Therapy without my requesting this. I was slightly surprised, but could see no reason to take issue with this. I made arrangements to meet with them: one preferred to meet at WPF Therapy and one suggested I book a room to meet with her in the suite of hired consulting rooms she used for her own private practice. Again, both pairs of interviews were completed at a week apart.

Having made a start with my counsellor participants I felt confident about proceeding with client participants. I asked WPF Therapy to forward my letter (Appendix 2) to the clients on their research database. The response came quickly. I had been worried that finding client participants might be a challenge, but in the event it was straightforward thanks to the WPF database. I was contacted by seven interested people, all of whom took part having read the participant information sheet. I followed the same procedure described above, of communicating with people, sending out the participant information sheets and arranging the interviews. The majority of clients did not want to be seen at WPF Therapy. Five suggested alternative venues: Keith wanted me to interview him at home; Lena at her workplace; Megan at her own home for the first interview and a café for the second; Roberta in hired consulting rooms where she saw an alternative health practitioner. Patsy had moved abroad when she contacted me. We did the two interviews on the telephone, with me recording the conversation by holding the digital recorder up to the handset. The resultant quality, particularly of the second interview, was not good enough to make a transcription. Irina and Jason were seen at WPF Therapy.

Having completed the client interviews I was concerned that I still had no supervisor participants. I asked WPF Therapy to re-issue my invitation to take part, this time to supervisors only. There was no response. We discussed the situation in supervision and decided that I should try to access supervisors from an organisation which worked with them in this capacity only. I used the website of the British Association of Psychodynamic and Psychoanalytic Supervisors (BAPPS) to draw off a list of practicing supervisors in the South West region. I identified a number of counsellor supervisors who were based outside of my immediate area, but close enough to travel to. I then emailed them my invitation to participate in my research. Again, within a two week period, I had responses from three supervisors (Olivia, Susie and Tina) who I arranged to meet with at their own homes, and from Heather, who I met at her workplace.

On completion of these interviews I felt I had completed my data gathering. However, I was approached by two counsellors at my own service. One was Nina, who had been one of the recorded pilot interviewees. She expressed an interest in completing a second interview and being included in the research project. This meant that there was a gap of over eighteen months between the two interviews, rather than the customary gap of one week. I discussed this in supervision. Would this difference, along with the fact that I knew her well, disrupt the methodology? On reflection we concluded that as long as these differences could be kept in mind, there should be no bar to the inclusion of this material in the work. I have a particular working relationship with Nina. However, with each participant I brokered a different kind of relationship. In this sense there was no 'researcher objectivity' for any of my participants. Again I thought I had then completed my data collection – but no. Ursula, also a counsellor where I work, approached me and requested to take part. She had a number of endings to reflect on in her clinical work and was also beginning to broker an ending with her own therapist. This showed a change in how my research was being posited. It was no longer seen as me taking data for my own ends, but as a relational engagement from which both parties might have a chance for exploration, reflection and learning.

After completing the interviews with Ursula I decided I really did have enough data. I had two interviews each with seven clients, nine counsellors and four supervisors. This amounted to a considerable body of data which I had to then transcribe and analyse.

3.9 Data Collection and Management

In this section I want to briefly describe how I managed the data that I collected. My data was initially collected via three sources: my reflexive journal, my handwritten field notes and my digital recorder. The reflexive journal has been described in chapter 1 and earlier in this chapter. It was a notebook into which I jotted any thoughts, feelings, dreams, observations and so I had that I felt pertained to my research. The notebook was marked 'Private!' and I carried it around with me in my bag. There was no confidential data in it, in the sense of giving away information about my participants for instance. Looking back at the journal (which feels rather too grand a name for my myriad scribbles) I can see how my mind was initially concerned with theory, then role, then practicalities and then back to theory again.

My field notes were in some way an extension of my journal, but with a particular focus on my experience of events leading up to, during and after each interview. I would note: how my journey to the interview venue had been; how I had been feeling; what my gut reactions and first thoughts were on meeting my participant; how I felt during the interview and any stray thoughts or connections that had come to me then; how I felt after the interview and then my journey home. The field notes provided a practical account of what happened, but also enabled me to retain odd synchronicities, my own affective responses and to see patterns emerge across the interview process.

The digital recorder was never allowed to contain interview recordings for longer than twenty four hours. I felt aware that it contained precious cargo which could not be replaced if lost. As soon as I returned home from completing the interviews I downloaded the interviews onto my lap-top and deleted them from the recorder. I made a back-up copy on an external hard drive, which was kept in a locked filing cabinet. Similarly my field notes were transcribed by me onto the computer on my return home. This felt important as it gave me an opportunity to revisit my observations and add any later thoughts to them. All of my interviews and field notes used the pseudonyms I had given participants.

I initially transcribed the interviews myself. Although I am a competent typist I had to face the reality that I was not going to be able to undertake all the transcription myself, no matter how desirable this might be in research terms. I had over thirty hours of recorded material. I have detailed in section 3.7.2 how I sent copies of the digital recordings to a professional transcriber. On receipt of her transcripts I would listen to the digital recording

against the transcription to correct the occasional error and to experience the voices against the written copy. This gave me a chance to add in any additional details, such as 'long pause' or 'tone of voice suddenly drops'. The transcription service was for me, as a part-time researcher with a challenging job and family commitments, an expensive necessity. Without it, I don't believe I would have been able to complete this research project.

3.10 Data Analysis

In sections 3.5 and 3.6 above I showed my thinking related to the methodological design of my research, including the issue of data analysis. In this section I explore my experience of the reality of analysing nearly forty transcripts.

When analyzing the transcripts from my three recorded pilot interviews, I initially found my proximity to the interviewees got in the way of my being able to step back and make sense of the data. In chapter 1 I described my approach being informed by my work with people with learning disabilities, where a rights-based stance gave precedence to ensuring their voice was heard. For a long time in the data analysis process I kept getting caught up in wanting to give participants (clients in particular) their voice, to enable their story to be told. It took some pointed feedback from a tutor at one of the role consultation sessions for me to really get the point that *giving clients their voice* was not the object of my thesis. This is reinforced by Braun and Clarke (2006, pg 80): "We do not subscribe to a naïve realist view of qualitative research, where the researcher can simply 'give voice' to their participants." I think my relative slowness in taking this point is to do with making the final shift into the role of researcher. Feeling confident in the role of researcher, and giving my opinion of what I inferred from the data and why, initially felt like I was being arrogant: it was a much less comfortable position than that of giving someone else their voice. But of course it is not arrogant - it is the job in hand. I have now become much more at ease in this role.

However, what was useful to me in these early stages of data analysis was presenting extracts of the transcripts to two different data analysis panels for consideration. The first panel comprised fellow PhD students at one of the post-grad workshops run by the Centre for Psycho-Social Studies. We used a Balint-style group session for the analysis, as described earlier in section 3.3, for the role consultation sessions. The method involved me reading out a ten minute excerpt from a transcript and then listening whilst the group free-associated to the material. I was then invited to join the discussion. The process was, for

me, both illuminating and frustrating. An immediate frustration was from the 'flattening of affect' that I experienced in reading the excerpt out. The feelings which were tangible to me in the interview process were less tangible when heard again on the recording; they became less strong when I read the transcript to myself and more dilute again when I read the transcript out loud to an audience. This is not to suggest that the feeling content, when read out, is in a homeopathic dose, but rather that it is more muted, less 'in your face'.

My sense was that the group unconsciously took on a critical, almost super-egoic stance to the material. Quick to find fault with the interviewee's practice ("Is this a trainee we're talking about?"; "Does this counsellor actually have supervision?") they interrogated her motives, suggesting that she wanted to perpetuate the counselling to meet her own emotional needs rather than those of the client; that she could not let go; that she wanted to maintain control over the client. Initially I interpreted my frustration at these suggestions as my loyalty to my friend and colleague, whom I know to be an experienced counsellor of considerable skill and integrity. But of course as a researcher I might also find myself allied alongside my interviewee in such a situation. A capacity to be both attached to one's interviewee, and able to have enough reflective space from them, can be a struggle to achieve.

The group's outrage that the counsellor wanted to maintain the relationship with the client, put me in mind of the kind of response that the encounter with a taboo might elicit. This links back to my comments in section 3.6 where I discussed Douglas's (1966, pg xi) ideas of how taboo is a mechanism for reducing intellectual and social disorder. The group had encountered a taboo in the psychodynamic world: the counsellor was talking about her personal attachment to her client. I found I was moving more firmly into the position of researcher from the position of counsellor: I could notice their discomfort and begin to make meaning of it using non-psychodynamic concepts.

I was also very struck by an interesting parallel process that occurred in the discussion. The group became confused about the client's gender, although this was transparently and consistently referred to throughout the transcript ("he"; "his"; "him"). They began to refer to the client as "she" and this went unquestioned for a period of time. Then a group member noticed the inconsistency and the group embarked upon a discussion about the client's gender, finally deciding to go with "she". Although there was no mention of the client's presenting problem, their discussion paralleled the clinical presentation of gender identity issues. This experience validated the group analysis of the transcript for me, which

of course meant I could not reject the parts of the analysis that I found less palatable. I was also left wondering if the group super-ego that I had encountered might be to do with the setting – a first presentation of my work to my PhD peers. It had a rite of passage quality to it.

The second data analysis panel to engage with the transcript comprised a group of students engaged in an MSc module 'Researching the Unconscious'. We used a different way of looking at the transcript. I divided the transcript into three sections (beginning, middle and end) and let a pair of students read and discuss one section between them. We then reconvened as a group to share the reflections that had taken place. What came of this discussion was a much gentler, more empathic identification with both the counsellor and the client. There was a concern with the emotions of both and wondering about the relationship that existed between them. The group were quick to pick up on what I felt was an allusion to a suppressed erotic countertransference, which they spoke of quite tenderly and without judging. Again, confusion about gender was present. I was left wondering if the group also unconsciously picked up on a notion of love in its various forms… my wish to provide a space for my friend and colleague to speak freely about this special client was perhaps a form of love. The response of the second group to this attachment had none of the qualities of the breaking of a taboo which the first group expressed. The place of love and tenderness is further explored in chapter 6 (Attachment and Separation in Endings) through the work of Suttie.

These very different responses from two data analysis panels show how different truths, different realities can be drawn from the same data. One does not negate the other, but instead both enriched my understanding. This connects back to my third research objective (to observe and describe the psychodynamic phenomena that can occur in the ending stages of counselling, for clients, counsellors and their supervisors) and fourth objective (to identify the qualities of the counselling and supervisory relationships and to investigate whether specific qualities can be useful in predicting the likely outcomes of psychodynamic counselling).

For my actual data, rather than the pilot data, most of the analysis was done by me alone, with samples of data being considered in supervision meetings. This proved to be a valuable method of triangulating my findings. Using the method described by Braun and Clarke (2006) and detailed in section 3.5.2, the first thing I had to do was to identify the data extracts that interested me. These I gave my close attention and began to code.

Although there are software programs available for this, I undertook the task manually. I wanted the security that I felt would come from having a 'hands on' relationship to my data; a direct and intimate engagement with the material. My method was to use the 'track changes' function on the computer, so that I could highlight a section of text and then list my comments about the section. I did this in conjunction with listening to the digital recording. This enabled me to put a timing next to my comments (eg. 12 minutes 37 secs) so I could locate the point in the digital recording if I wanted to listen to it again.

Braun and Clarke (2006, pg 89) helpfully point out "Note that no data set is without contradiction, and a satisfactory thematic 'map' that you will eventually produce – an overall conceptualization of the data patterns, and relationships between them – does not have to smooth out or ignore the tensions and inconsistencies within and across data items." This awareness helped me retain and interpret the inconsistencies which were present. (Classic examples of these can be found in chapter 6, section 6.4.5. 'Contradictory accounts of attachment to the counsellor'.)

Once I had done this for a whole transcript I would then start on the second interview for that participant. This enabled me to see the pair of transcripts as related data. It helped me to 'tune in' to the discourses, tones, reflections and references across the two interviews. There is also the important issue of retaining the Gestalt here. This is an identifying feature of the biographical-interpretive method, which has been carried forward into FANI: "the idea that there is a *Gestalt* (a whole that is more than the sum of its parts, an order or hidden agenda) informing each person's life which it is the job of biographers to elicit intact" (Hollway and Jefferson, 2013, pg 32). Retaining the Gestalt needs to be attended to not only in the interview process, but also in the data analysis process. If data is fragmented into coded sections and only considered in this way then the overarching themes, tones or story can be lost.

Once a pair of interviews had been considered in terms of coding data extracts, I re-read the transcripts. This bringing back together of the narrative, alongside the coded extracts enabled me to identify and interpret what I perceived to be the broader themes in the data. I recorded this process by writing down what I thought to be a theme related to the first piece of coded data; then the next and so forth. I found that extracts of coded data began to fit into earlier themes. Sometimes these themes remained connected to only one data extract; others had many extracts clustered around them. Some themes with clusters remained clearly related to the central idea; others seemed to sprout sub-themes. And then

there were themes which I was aware were not centrally located in the coded extracts, but came from my field notes and related journal entries. This knowledge came from my own memory and experience of having met the participants and undertaken the interviews myself; this data would not have been present had I been working with data collected from other researchers. By reviewing and considering how the themes linked, I was able to engage in the iterative process of refining the themes by participant until I felt I had an accurate representation of my analysis of the data from their interviews transcripts, my field notes and my reflexive journal. For each participant I produced a 'key themes' page (Appendix 11 gives an example), detailing the themes I identified and showing which interviews the corresponding data extracts belonged to. Where we had listened to data extracts in supervision, and identified further themes here, these were identified on the key themes page.

Once I had completed this task across all participants (my inter-case analysis), I then needed to identify the themes across the participants (cross-case analysis). My first attempt at cross-case analysis was very 'hands on'. I made copies of all my 'key themes' pages and put the participant's initial against each theme recorded. I then cut up the pages to leave one theme per piece of paper (which I could track back to its origins by the participant initial). Then I sorted the pieces of paper, stacking similar themes in piles. In some cases the piles were comprised of themes that ran across participant groups, in others they were specific to participant groups. Having these initial groups enabled me to return to the process of reviewing and considering the 'fit' of the themes against my research objectives, my epistemology and the psycho-social theoretical framework within which this research is constructed. This activity sounds as if it took place over an afternoon. In reality it was an extended exercise which included several supervision sessions, reflection and re-working over several months and was still being refined in the writing up of this thesis, during which some of my thematic assumptions really began to be tested. Appendix 12 shows a final map cross-referencing the overarching cross-case themes by participants organised by group. From this map I then began the final stage of my data analysis: writing up my findings by theme. The writing up stage of research is not to be underestimated, both in terms of the amount of time it takes, but also in terms of the process of active engagement with the material and with the literature review. This is where arguments are honed, a finer and deeper level of understanding of the meaning of the data is wrought and the solidity of the research findings are demonstrated.

3.11 Reflections on the Methodology Used

Perhaps the benchmark for reflecting upon the methodology I used for this research is to ask myself 'If I were to pursue the same research questions again, would I use the same methodology?' For me the response is, yes but with an additional focus.

Having set out my epistemological stall at the start of this chapter, I believe my research has found a good home in the psycho-social realm. Using FANI as my method for structuring my interviews has not been without its challenges: as a psychodynamic counsellor I believe that many of my existing skills have been deployed to good effect. However, the closeness of the skill set to that of the FANI interviewer also makes it difficult to make some of the small but essential differences necessary. I believe my research would have been stronger for my keeping a clearer focus on my research agenda and using some more specifically targeted narrative-pointed questions in interviews.

Perhaps the one major change I would have made would have been to request a biographic-narrative interview for the second interview, rather than asking about endings more generally in life. This might have revealed more about participants' broader social and personal world within which to contextualise their reflections on endings in counselling; and may have allowed a stronger engagement with discourses of endings in society at large.

In terms of my data analysis I am largely happy with what I found and how this was triangulated by my supervisory team and the data analysis panels I worked with. There can be a pull to get a broader consensus on whether an interpretation is 'correct' or not, but this rather denies the importance of reflexive research: this is *my* research and I have attempted to be open about my own investments in it and show something of my own autobiographical inputs to my engagement with endings.

I noted in section 3.6 the breadth of responses I encountered on my fieldwork pilot. An alternative image from the river delta is of a crystal. There are many facets which give me different perspectives on my research topic. This is not be confused with 'crystal clear vision'. A filtering of my data would not give me a closer approximation to the truth; I needed to be able to let my gaze dwell across a number of truths. This notion takes me back to my starting point of Galileo's different view. His 'shift of vision' is not to do with increasingly accurate observation of the pendulum, but with a paradigm change that opens up different ways of perceiving and making sense of the world around us and ourselves

within it. Our contemporary paradigm shift is from the objective to the intersubjective, and I am pleased to be part of what feels like a pioneering group of psycho-social researchers in this respect.

3.12 Introducing the Participants

In this section I want to briefly introduce my research participants to the reader. As described previously, my participants came from three categories associated with psychodynamic counselling: clients, counsellors and supervisors. Here they are, with some identifying details changed and with names that I have given them:

The clients:

Irina was in her thirties, originally from New Zealand and working in London for a number of years. She had experiences of psychodynamic counselling and cognitive behavioural therapy (CBT) both in New Zealand and Britain and her account spanned work across these places.

Jason was in his thirties, of mixed race (white British and Middle-Eastern) and working in London in the finance industry. He had experiences of time-limited psychodynamic counselling and CBT and also of couples counselling. His account mainly referred to his time-limited counselling.

Keith was in his late forties, a white British man who worked for a major supermarket chain. His counselling was also time-limited psychodynamic work, with other experiences of CBT via his GP practice. He lived in London.

Lena was in her twenties, a British Asian woman who moved from the West Country to live and work in London. She had experience of counselling in her teenage years following a suicide in her family and then accessed psychodynamic counselling as an adult.

Megan was in her early thirties, a white British woman originally from the north and now lived and worked in London. She had one episode of open-ended psychodynamic counselling which she discussed.

Patsy had actually moved abroad when she contacted me to participate. We undertook telephone interviews, but the resulting record quality was very poor, which meant I could not transcribe both interviews fully. As a result I have not included these in the thesis.

Roberta was a retired white British woman in her sixties. She had one experience of open-ended psychodynamic counselling which she found difficult. She lived in London.

The counsellors:
Anna was a white British newly qualified counsellor in her early thirties. She had a research background, although I don't know in what field. She was London based.

Ben was a white British second year counselling student in his fifties. He had previously worked in the law. He was based just outside of London.

Carol was a white British newly qualified counsellor in her fifties. She also worked in a university library. Carol lived just to the north of London.

Denise was a white British second year counselling student in her late thirties. She was also in employment, although I don't know in what field. She was London based.

Edith was a white British counsellor in her late thirties. She was about to embark on her MA in psychodynamic counselling. She described having therapy herself for a long time before embarking on her training as a counsellor. She was London based.

Fiona was a white American counsellor of some experience. She worked in a private practice and also in a care setting with older people. She was London based.

Grace was a white British counsellor in her early sixties. She worked as a head teacher in a primary school. I am not sure where she came from, but she had trained in London.

Nina was a white German counsellor in her fifties. She was employed as clinical manager in the counselling service where I worked so was well known to me. She lived and worked in Gloucestershire.

Ursula was a white British counsellor in her early sixties. She worked too at the counselling service with me and so was known to me. She had previously worked as a teacher. She lived and worked in Gloucestershire.

The supervisors:
Heather was a white British group analyst and supervisor. She was concerned about confidentiality issues and eventually elected for me to not use any direct quotes from her transcripts, so none appear in this thesis. She was Bristol based.

Olivia was a white British counsellor and supervisor in her forties in private practice and also working within a number of organisations. She had written and spoken on the subject of 'sadism in supervision' which was a theme she kept referring to in her narrative. She lived and worked in Herefordshire.

Susie was a white British counsellor and supervisor in her sixties. She worked in private practice and also had input into a university training course. She lived in the Home Counties.

Tina was a white German counsellor and supervisor in her sixties. Like Susie, she worked in private practice and also within training settings. She had recently moved from London to the West Country and was in the process of moving her practice too.

Chapter 4 – Death, Loss and Mourning as a Primary Narrative in Psychodynamic Thinking

4.1 Introduction

This chapter and the next are both about death, loss and mourning. It may be helpful for the reader to take these two chapters as a pair: the contents are closely linked. The narrative of death, loss and mourning was the most consistent that I identified from my interviews. This narrative took two forms. One referred to the experience of endings in therapy and one referred to the experience of endings more generally in life, following the structure of the two interview format described in chapter 3 (Methodology). This chapter focuses on the first form, with the next chapter focusing on the second.

In my literature review I suggested that Freud's 1917 paper, 'Mourning and Melancholia', inadvertently set the theory and practice for ending psychotherapeutic relationships, in lieu of clearer direction about how to actually manage the ending process. The resulting relationship between endings and death runs deeply through the psychodynamic model, at times clearly visible in the consciousness of the profession. At other times its presence appears in the subconscious or unconscious of the profession: it can be deduced through the actions, metaphors, dreams and Freudian slips of those thinking about, talking about or enacting endings. I am not alone in noticing the lack of practical suggestion: Messler Davies (2010, pg 83) says "It has always been of interest to me that Freud had little to say about the termination of a psychoanalysis. He never wrote a technical paper on the subject, and there are very few technical suggestions sprinkled throughout his other papers, even 'Analysis Terminable and Interminable.'"

4.2 The Social Context of Death, Loss and Mourning

In this section I want to develop some of the ideas I wrote about in chapter 2 (Literature Review). I posed some questions relating to the larger social construction of loss and mourning: has the process of loss and mourning itself remained consistent, with our understanding of it changing and developing? Or has the process, which is in large part socially constructed, changed?

Fonagy et al (2004, pg 37) are quoted in chapter 2 as describing the attachment system as "an open biosocial homeostatic regulatory system". Stepping outside of the therapeutic

dyad to explore the social issues, we can find a response in Craib's (1995) paper 'What's Happened to Mourning'. Whilst not dealing with endings in psychotherapy, Craib does engage with the social and professional processes at work in the construction of mourning. He describes (pg 359) the process of mourning as becoming "what the sociologist Anthony Giddens calls 'sequestered' – split off from the rest of social life and given its own specialised space governed by experts." This connects to the references earlier in this review, to Gidden's work on modernity. Craib is interested in how the psychotherapy and counselling professions may have both consciously and unconsciously played a part in this sequestration, which seeks to produce the kind of person who is both useful to society and not a burden upon it.

Carol, one of the counsellors I interviewed, explained how she sought counselling because she had taken time off work following the death of her mother. Although she described being "*absolutely knocked me for six when my mum died"* she felt that having six weeks off work was not acceptable, "*so I needed to see a counsellor and get back to work… um, and… but at the time I hadn't been in the job that long, um, I'd recently had a promotion, and er, I, I hadn't really found my feet in the new job and, er, so there was a sense that I had to get back to work…".* The idea of efficiency comes into play here: systems need to function efficiently hence the workers within the systems need to function efficiently. Counselling in the workplace plays a role in managing the return of workers, like Carol, back to efficiency. This business-like attitude might be replayed in the ending stages of counselling, where there is a pull to be efficient and thorough –can we tick the boxes of having achieved what the client needed to work through? Have we completed the tasks of ending an efficient and effective piece of therapeutic work? Have we managed the ending properly?

Craib (1995, pg 361 - 362) suggests that the works of Bowlby (1960, 1961) and Parkes (1972), in emphasising "the aetiology of mourning and focus on 'environmental failure', rather than the dynamics of the internal world", marks the beginnings of the contemporary discourse on mourning. He suggests that the classic work of Parkes (1987) 'Bereavement' marks "the claim of psychiatry over this realm, arguing now that *all* mourning is pathological and should be regarded as a mental illness". Parkes (1987, pg 25 – 26) defends this stance by saying "On the whole, grief resembles a physical injury more closely than any other type of illness…. As in the case of physical injury, the 'wound' gradually heals; at least it usually does… I know of only one functional psychiatric disorder whose cause is known, whose features are distinctive, and whose course is usually predictable, and that is grief, the reaction to loss" According to Craib, by placing mourning within an illness framework

(Parkes identifies three stages of grief with associated presenting symptoms), mourning "is seen as less of an internal psychological process, of conflicts and reorganisation in the internal world, and the emphasis is more on the emotions, the external presenting symptoms… I do not think that what Parkes says is *wrong* – it is less complete than either the Freudian or Kleinian accounts of mourning, seeing it in terms of cause and effect rather than as an internal processing of experience" (Craib, 1995, pg 362). Freud's thoughts on the use of medical treatment for mourning were detailed earlier in Chapter 2. With Craib, the internalisation of loss emerges as an outcrop that he pulls us into sharp contact with.

Part of the concern Craib articulates relates not only to individuals and their needs, but to the lure of a wider social discourse about embracing change, being positive, looking ahead. Mourning provides a discrete phenomenon which can be sequestered within a therapeutic discourse. This therapeutic sequestration places mourning at risk of being taken up by the wider social discourses of manageability. This contrasts with the painstakingly slow and unpredictable rate which Freud observed mourning required. The pace of modern life demands that modern institutions bring the human psyche up to speed and not inconvenience others in their work and social roles. It is interesting to note how easily notions of 'working through' re-form into the 'management' of mourning. A recent on-line search for bereavement counselling produced, at the top of the list, a cognitive behavioural therapy site offering worksheets to address 'The Tasks of Mourning'. The management of grief, rather than the experiencing of grief, is alive and well. It operates as part of the overall management of the self, within a post-dependent society, which is "preoccupied with the rapid repair of emotional damage through a therapeutic fantasy of quick fixes to the modern human predicament, a kind of attempted makeover to the scars left by personal experiences of stress, suffering and loss" Dartington (in Thompson and Hoggett, Eds. 2012, pg 184).

The other component of Craib's disappointment is how the complexity of psychoanalytic ideas become altered and transformed in the wider culture: "As these ideas get re-interpreted in this way, so they come to fill a social function which is different from the apparently straight-forward activity of helping people with which, at first sight, they are associated" (Craib, 1995, pg 364). What worries him here is, in effect, the opposite of sequestration: a more random diffusion of ideas, which the analytic professions have to relinquish to a broader societal take-up. Although I understand Craib's concerns, my own feeling is that permeability between different aspects of culture leads to developments that are messy, unpredictable, energetic and creative.

4.3. Counsellor and Supervisor Engagement with the Narrative of Death, Loss and Mourning

In this section I will present the themes I identified to illustrate how death, loss and mourning narratives are used in shaping the work with a client or supervisee. In my literature review I drew attention to the importance of the narrative of internalised loss within psychodynamic thinking, likening it to a seam of rock that emerges above ground periodically before plunging beneath again, hidden from our view but nevertheless providing the solid surface on which further psychodynamic structures are built. The importance of internalised loss to psychodynamic thinking is encapsulated within Freud's paper, 'Mourning and Melancholia', a foundation paper on which further theory and practice has then been built.

4.3.1 Endings in counselling as a parallel with death, loss and mourning

In this section I will first consider the data provided by the counsellors and supervisors in my research sample. A glance at Appendix 12 (cross-reference of key themes) shows that all, except for one counsellor and one supervisor, spoke substantially about death, loss or mourning in their interviews with me. In some cases this belonged to the second interview, where endings more generally were asked about. My task in this chapter is to show the links between death, loss and mourning and psychodynamic thinking. In this respect I found more connection between these aspects in the transcripts of the less experienced counsellors in the sample. Below I have provided extracts from interviews which are broadly representative of their ways of thinking.

I want to begin by considering the interviews and transcripts with the counsellor who made the strongest connection with death and loss. *"And I think for me it's always been quite a big thing, you know? The link between… sorry to sound so dire, because it's… but, you know, the link between ending and death… and a good death and a bad death."* My first interviewee, Anna, in her first interview with me, said the above when we were less than four minutes in. Anna was in her last week as a third year trainee counsellor, approaching the end of her training. She was a serious young woman and the interview was an intense experience. No doubt part of the intensity related to my nervousness in conducting my first interview, but it was also due to the overriding feeling of sombre reflection and the material she chose to bring, which was unequivocally related to death. The connection between death and endings is written of in a matter of fact way by Murdin (2000, pg 61) "Ending is closely connected with dying at conscious and unconscious levels. One of life's most difficult tasks for all of us is to face

personal death. Ending long-term therapy creates a microcosm of an individual's way of dealing with his own dying and his defences against it."

With Anna I encountered a strong cleaving to the death, mourning and loss theme. In our first interview she told me that across her three year training she had only experienced three endings with clients, from which I inferred she must have a good capacity to build up a strong working alliance with her clients, leading to long-term therapeutic relationships. This might of course make her experience of endings more difficult, there being a deeper and enduring relationship between her and her clients. Of these three, *"two of my clients* [had] *very violent and sudden deaths and such like in their own life."*

The interviews with Anna had a very heavy quality to them, as if she were particularly affected by the subject of endings. She reflected on this herself, noticing in the second interview *"I thought as well, since the last meeting, I thought… ah, is it just me that – something I feel very sad about endings… you know like, one wonders you know, how do others do it? How deep does it go?"* In my field notes, immediately after the first interview, I wrote that I felt "a bleak, rather desolate sense of 'there is nothing else' which I connected to Anna's material – almost a nihilistic place… a headache and a sense of disconnection". I make sense of this in the context of my analysis of the two interviews with Anna, that she had had deeply affecting experiences of death which had strongly shaped both her own identity and view of life. These experiences included working with people who had attempted suicide; the early death of her step-sister, which had a strong impact on her; and the death of her grandmother. I suggest she was predisposed to identify with the mourning and loss perspective of endings and took to this way of framing the work readily. There was certainly nothing in her that repelled or rejected the ideas. Murdin (2000, pg 21) writes "Much that has belonged to previous partings and deaths can be remembered in order to be set aside… All of this may involve the therapist, not only as a professional but also in strong personal feelings for what is evoked from his or her own past and also because of what this patient has come to mean. Both people will emerge from the experience changed."

A final quote from Anna in this section: *"There's this French saying that says, um, um 'partir, et c'est mourir un peu' – to leave is to die a little."* Anna was of French lineage and (I play with the idea) a little Gallic melancholy might be part of her constitutional make up too.

Here now are extracts from the transcripts of an interviewee who had a more cursory engagement with death and loss in shaping endings in counselling. Ben, formerly a corporate lawyer, had just completed his first year of training. He had only experienced one ending in counselling, with a client who stayed for about six months. He was anxious to speak about his client and came to our interviews with several large files of notes. Ben was not closely drawn to the death and loss model in speaking about this ending, but I found it interesting that these ideas hovered at the edge of his narrative, coming into sharper focus through the interview process.

Ben's client, Clive, was in a failing marriage, much to his distress. Clive was a religious person and he and his wife decided to have couples counselling, with the result that Clive would be finishing work with Ben. In the final few sessions, Clive described taking to his bed for days when his partner said she was leaving him and Ben was able to make a connection to this possibly being the start of a grieving process: *"and he said 'Yeah, I think that's what it was, a kind of grieving process, it was very similar to when my Mum and Dad died…'"* In the interview Ben then reflected on this, saying *"I wonder reading my notes whether it was actually also a bit of a grieving process for the therapy. I don't know."* I said to Ben: "It is a thought, isn't it?" He responded *"Yeah, it didn't even occur to me actually to raise it. It wasn't something that I thought about then and thought, well let's not raise it. It just didn't occur to me… but I do wonder now."*

Sometime after Clive had ended, Ben was made aware that there were some administrative problems with his file. As a lawyer Ben was particular about paperwork. This was echoed in our encounter where he referred to the large files of notes during both interviews, the noise of papers being shuffled sometimes hiding his voice on the digital recording. But an admin error had occurred and Clive's file was missing. Ben said *"Where is he, he's lost, he's disappeared. And the other thing that was weird was that around the question well, is he really dead to me, or will he come back?"* When the office staff found an old memo for Ben regarding Clive's attendance, Ben recounted *"And my first reaction was he's coming back! He's right here. And then I thought don't be so stupid it's just that they've got a sort of – he's a ghost in the database actually, which I think, I think – I'm sure that's what it is. So."* So, it might be merely a turn of phrase that made Ben refer to Clive as being dead, as being a ghost, but in the psychodynamic model I would not be worth my salt if I didn't draw attention to this use of language. My inference is that, at some level, Ben experienced the unwelcome parting from his first client as a loss, as a personal impact and was able, in the course of our interviews, to draw on this as a narrative frame for understanding the ending of this particular engagement.

Now let's consider an interviewee with a different engagement to the narrative of death and loss in framing her ending with a client. My final counsellor interviewee, Ursula, also in the first few minutes of her first interview with me, quickly picked up on the theme of death and loss being at the forefront of psychodynamic thinking regarding endings. She spoke of a client, a young man living with his mother but with a girlfriend of his own, who was approaching the first anniversary of his father's suicide. His mother was unwell too and he began to break down, which brought him into counselling. Ursula expected the counselling to be about his father: *"it felt like the work surely was about losing his Dad"*. To her surprise the young man didn't speak about his father, leaving Ursula feeling *"goodness, we've hardly talked about his Dad; that was the work but we haven't done it, we haven't done the work."* In fact, it transpired that Ursula and her client did 'do the work', but it didn't happen to be about his father – it was something else that he needed to attend to. The unexpected presentation of the client, not following the pattern she anticipated, stayed with her as a disconcerting experience – it was not what she had expected in the psychodynamic setting - that had to be made sense of in a different way. She had experienced a dissonance between her conceptual framing of the work and the reality of the exchange with her client, which framed their work together in different terms.

4.3.2 Reworking of earlier endings

Anna saw an important function of her role as counsellor as being able to offer her clients a chance to re-work the endings they had experienced, and to instead have a gentler, alternative ending in counselling. Anna's discourse reflected the idea of therapist as 'stand-in' described by Messler Davies above (section 4.3). She believed this to happen on a micro scale, session by session, as well as in terms of the actual ending of the work: *"And each session is also, you know, a kind of repetition of how the ultimate endings will go"*. She was aware that the desire to re-work endings on her part was not straightforward: *"I think one has almost a – you know it's not a kind of good idea but one can have an idealised view of an ending… and hope that things don't repeat in a way that is irreparable… But sometimes they do, you know, and that's… still very painful to think about that one"*. In her work with a client who had experienced a number of sudden, violent endings Anna was concerned that her ending with this client had not followed the expected pattern of re-working the earlier losses: *"I think particularly when it's been done badly… to kind of do it in a different way, a gentler way is really important… for me, where it was sudden – that, what should have in my mind been a re-working was a repetition."*

Anna expressed a sense of disappointment at her perceived failure to offer this client a re-worked experience. She described the sensation as *"Not as severe as shame, but something like*

it… like I had not picked something up" along with *"big doubts about my myself, big doubts about my competence…"* Anna seemed to have an underlying philosophy about endings that has either been well met by psychodynamic thinking or has developed as a result of her encounter with the psychodynamic approach. Although she recognised the desire to re-work previously damaging endings, she could also see that this might be an idealisation that is difficult to achieve in practice.

For Ursula, whose disconcerting experience with a client is described above (4.3.1), the issue of expecting to rework the earlier loss of his father underlies her conception of the counselling engagement. Ursula was not able to see this until sometime after she had finished seeing the client – *"But the interesting thing about that ending was it sort of stayed with me for quite some while, and then after a while I sort of felt 'ahh' actually he did complete a bit of work and the work was about 'how do I leave my Mum?'"* Ursula's initial thinking about the work was, not surprisingly, that bereavement and loss would be the major focus, brought into sharp relief at the ending stage of the counselling. When this wasn't the case she experienced her 'wobble' at having got the ending process wrong somehow.

4.3.3 Smaller endings as a rehearsal for death as the final ending

Another expression of endings in counselling being framed by death, loss and mourning is shown graphically in Denise's accounts. Denise was a newly graduated counsellor and formerly a theatre studies student, who used the analogy of rehearsals of endings as a preparation for death: *"I don't know, lots of little rehearsals for a big ending at the end. I suppose there is something in there about mortality and death and stuff… But if one's endings throughout one's life have gone okay or have taught you things, then perhaps there's a bit of me that hopes that when it comes to the final ending and to dying that that would be better than it could be."* As the interview progressed Denise moved from her tentative stance of not knowing, to being more assertive in her statement *"what do endings mean, well they're all a big rehearsal for the big one at the end, or they can like so many other things, they must be and we must carry them with us."* This idea was echoed in one of Anna's comments: *"…if we are… kind of preparing in life in order to die well, the centrality of endings is, is, um, to be borne in mind."* For me, the idea of re-working earlier losses seemed to merge into the idea that smaller endings were a rehearsal for death or a final ending. It is as if these two ideas are on a continuum – moving from ameliorating the losses of the past to somehow practising for the ultimate loss of the future in one's own final end.

4.3.4 The supervisors' response to death, loss and mourning as a primary narrative for endings in psychodynamic counselling

My sample of supervisors is smaller than I originally anticipated and has been further reduced in practical terms by Heather's request not to quote from her interviews. However, I did obtain three pairs of rich and informative transcripts, which I can refer to here, and that provided data that was noticeably different from that given by counsellors. I have included the three participants here to show something of the depth and variation of the responses.

Olivia, across the two interviews, said little which drew on the notion of death, mourning and loss as a primary narrative. In fact, her only direct comment on this was *"I suppose for all of us endings inevitably relate to death don't they and loss on a sort of very big scale. And um I know counsellors and therapists we tend to go on about change being loss too much. So I won't do that."* Her response shows her desire not to do or think like other counsellors or therapists do. A further example of this, in respect of death and endings was her comment on her training: *"I remember when we were doing death and dying at WPF … people were being very soppy in that tuition group about death being you know good, and having to be good and the sort of natural conclusion of life."* Olivia rather turned around the idea of death as a primary narrative, with her comment *"when endings are bad there's a useful reason for it, isn't there… there's an interpretation to be made. There's insight to be gained. The attack doesn't just have to remain an attack does it, it can be instructive. Even if it's awful, even if it's so ghastly."* Her line was to treat endings as any other material in psychodynamic work: as informative data from which an insight or interpretation could be made. In this sense, there is no end to the work of interpretation; the end is not qualitatively different from the beginning or middle stages. Olivia's stance chimes with notions of how 'ghastly' endings can be construed as a Kleinian attack on the work of therapy. I will explore this idea further in chapter 5, section 5.2.6 (sudden rather than timely deaths).

Susie produced a number of different endings for us to think about. But in terms of her work as a supervisor, the idea of death as a narrative for making sense of endings for her supervisees did not chime strongly. Susie did make a connection to more generalised ideas of loss and also of disappearance: *"(with) some supervisees you find the patients that they've got, or clients they've got, they seem to sort of disappear. You never hear about them again. And you might say 'Oh I wonder what happened to so and so.' And 'Oh they finished six months ago' or – they've just gone!"* Susie gave two examples of supervisees who had ended their work as counsellors and consequently finished in supervision with her. The first was a supervisee who experienced a

number of endings in his life at the same time – his wife left him, his therapist died after a long illness, he left his employer to return to an earlier career path and he then decided he wanted to stop counselling. *"So all these losses were all involved in the endings with his clients. And that was a really hard piece of work but I noticed he's not alone in that."*

Her second example was of a training supervisee who became pregnant and took a break from the work: *"And she planned to go back and she wrote to me about a year later saying that she had decided she was so enjoying being a mum, but she's not going back for the moment…"* Susie made a connection between this trainee and other trainees who *"often will decide at the end of their training, once they've got their hours they decide actually for the moment I'm going to stop."* My sense was that in providing these two examples Susie was showing me something about her stance, which seemed to be equally divided between an idea of endings as losses, and endings as new beginnings or achievements. She had experienced personal bereavement as well as the loss of her two therapists, yet her final statements in her second interview focused on the development of new stages in relationships she had encountered in respect of her sister's death: meeting her brother-in-law's new partner and her role in keeping a more maternal eye on her niece and family.

The next supervisor, Tina, was also in her sixties and like Susie had experienced the death of her therapist and of her supervisor. And like Susie, although Tina had these powerful experiences of loss, I had very little sense of death and loss underlying her thinking about how to approach endings in psychodynamic supervision or counselling. In fact, Tina acknowledged that she herself struggled to bring to an end the supervisory role. She had moved from one part of the country to another in the past year, having lived in the area for over 30 years. *"I actually wanted to end my practice in December last year. I managed to end with two supervisees but I managed to acquire another four in the meantime… I thought we were going to end and then it sort of didn't happen. So the ending in supervision is actually to my mind a lot more difficult than ending with patients."* There was an absence of linking death and losses to endings in counselling or supervision in Tina's interviews. Perhaps an exchange that captures something of her thinking can be shown via our discussion of her move from her country of origin to Britain. I had asked her directly about this experience and whether she had felt it was an ending in any way. Her response was clear: *"I would call it a transition, I don't think that was an ending. No I wouldn't call that an ending."* Endings were noticeable by their absence in my interview with Tina.

My sample of supervisors is small so my conclusions about their engagement with death, loss and mourning as a primary narrative in psychodynamic thinking can only be representative of these individuals. As a group they responded in a much less specific way to my opening invitation than the other participants did, responding from a variety of positions rather than simply that of supervisor. This is not surprising because they had all been, or were still also, clients, counsellors and/or supervisees as well as being supervisors. So they had a lot of material to draw on and did not limit themselves to taking the supervisor's role only. It is also fair to note that overall the mean age of the supervisors was greater than that of the other participant groups. In addition to clinical experience, there was a lot of life experience to be drawn on too.

What is perhaps surprising is the lack of engagement with death and loss as a primary narrative informing their work as supervisors in managing endings. This came across universally from the four supervisors interviewed. Rather than time and experience in the professional realm reinforcing this narrative, the supervisors seem to have a wider variety of experiences to draw on. Interestingly, they said relatively little about theory and when it was mentioned it was often in disparaging terms, as if a strongly theoretical stance limited rather than deepened the possibilities of the work. They let me know that they knew about it, but were choosing not to use this as a primary narrative in their supervisory work. There was a quality in their dialogue, perhaps with the exception of Heather (who was more guarded and less free-flowing in her responses), of being able to think and reflect individually and with connection between their personal situations and life experiences and their professional understanding. All were involved, either currently or previously, with offering training supervisions and so were, or had been, working within a psychodynamically orientated institution, so I don't believe that an absence of exposure to the model in its contemporary usage accounted for this separation.

What came across to me from the interviews was that there was a capacity that the supervisors had, in common with the counsellors who had been qualified and practicing for longer, to make their own meanings about endings. Rather than be drawn into using the narrative of death, loss and mourning as a template for their description or conclusion about endings, their language and descriptors were less technical and more personal. If one narrative was apparent in their discourse on endings, I felt their bias was towards attachment based ideas (see chapter 6).

4.3.5 The effect of proximity to the training experience

All the counsellors and supervisors interviewed spoke about bereavement as part of their own experience of personal endings. Looking at this group overall and considering their age and length of time spent as a counsellor or later still, as a supervisor, I noticed a loose pattern emerging. Anna and Denise were both the youngest in the group, were still in training and spoke most strongly about death and loss in their interviews. The next two participants, Ben and Edith, were the next youngest in age and also still in training; they showed moderate engagement with death and loss in their discourse. The eldest counsellors, both chronologically and in terms of professional experience were Carol, Fiona, Grace, Nina and Ursula: for them there was a marked absence of death and loss in the discourse when considering their work with clients. Fiona and Nina spoke at some length about their personal experiences of death but did not connect death and loss with endings in counselling. The three supervisors Tina, Olivia and Susie all failed to make the connection. They in particular were keen to move away from the model of endings in the work being considered as a loss and into other ways of framing the ending experience. So here is a curious thing – within my practitioner group of counsellors and supervisors, trainees or newly qualified counsellors seem to show a greater connection to death as a primary narrative than more experienced counsellors or supervisors. Chronological age may figure in this too, although I am wary of drawing conclusions here.

It may be that the proximity of the training experience creates a stronger tie to the use of death as a primary narrative for managing endings in counselling. This is one aspect my research has revealed, which has not been previously described. The longer one has been in the professional realm and the more advanced one is in terms of practice – Nina, Olivia, Tina, Susie – the further away these ideas seem to sit. This makes me wonder about engagement with death as a primary narrative in thinking about endings in counselling being related to the training experience either directly or indirectly. Perhaps directly through the texts and papers used; perhaps indirectly through students' zeal to engage with the biggest and most meaningful sets of emotional experiences that life might offer. My conclusion is that the narrative is used to inform the ending processes of counselling during training. This might be interpreted by trainees to offer a more directive stance on how to manage a discrete part of the counselling engagement. Once an episode of counselling has finished – whether with a planned ending or an unplanned ending – the counsellor can look back and reflect on whether they did or didn't deploy the 'technically correct' tactics. These tactics would include drawing the client's attention to the forthcoming ending (if planned) and making a connection to other losses in the client's life.

There are few other points across a counselling relationship where the training offers such clear 'how to' suggestions.

What I would draw attention to is that, based on my interviews with supervisors, the death and loss model does not seem to arise in the context of the supervision that they have provided. I am not sure if this is the case in supervisory practice across the profession. I did not hear from the newly qualified or training counsellors that this connection *was* made in supervision, but then neither did I hear that it *wasn't* made there. Supervision was mentioned frequently in interviews, but my research has not given me a coherent view of the frameworks used within supervision.

The proximity to training gradient might be also be concerned with counsellors' own life experiences. The professionally 'younger' counsellors involved in this research – Anna, Denise and Edith - were also the chronologically youngest. They had, perhaps unusually for their age group, experienced close personal losses themselves. None had children. It is as if the major life events they have been in receipt of have been concerned with deaths rather than birth, and this therefore colours their perception about endings more clearly. They have not yet experienced the small daily losses of bringing up their own children and seeing endings in the context of new beginnings. As people age and have a greater range of life experiences to draw on, they can access a greater variety of ways to make sense of the endings they encounter.

4.4 Client Engagement with the Narrative of Death, Loss and Mourning

The idea of theory in psychodynamic counselling being explicitly (or implicitly) known to clients is an interesting notion. There are ideas about what analytically based work might be, which are available in wider culture. These ideas include the counsellor or therapist as a blank screen who gives away nothing personal; of a person repeating the last sentence the client has said; of a repetition of the phrase "and how did that make you feel?" These are accessible stereotypes, a barbed humour to debunk our professional façade. There is also non-derisory understanding of what the work might entail: the helpfulness of analytic or supportive work in enabling a person to make sense of their difficulties and move on in life; the importance of having a confidential and reliable setting in which to explore feelings; culturally-held ideas of a need to unburden oneself to be freed from earlier,

unhelpful experiences or family dynamics; the importance of having a voice, of having been heard and validated.

Has the ebb and flow of the ideas about death, loss and mourning between the psychodynamic and social realm produced a shared understanding of what end stages of counselling might create? What did these accounts tell me about the relationship between death, loss and mourning and endings in counselling for the clients I interviewed? Unsurprisingly, death and loss were major themes that clients spoke of in their lives and were powerful experiences which warranted revisiting in counselling. Clients' own stories of death and loss are given in the next chapter, where I consider how these experiences impacted on their engagement with, and endings in, counselling. However, I found no evidence that death, loss and mourning gave meaning to the end of counselling for the clients. Within my group of interviewees, only Roberta made the connection between the ending in counselling and a parallel process of other experiences of significant loss. Within her account were a number of ideas which are psychodynamically informed.

Here is her story. With Roberta, in her sixties and living an unhappy marriage in a dark house, the visceral theme of death was apparent from the start of our first interview. She had sought counselling to help her come to terms with the death of her older sister and found the counselling *"sort of veered to my relationship which is also difficult. And clearly the biggest loss I ever had in my life was the loss of my Mum when I was about 18 or 19. So it's all tied up in a parcel."* Roberta described a poor working alliance with her counsellor, which left her feeling there was no point in continuing with the counselling. She decided to call it a day, but *"because I found it difficult I did it in a very clumsy way. And it's stayed with me."*

The 'clumsiness' of the ending seemed to me to be strongly paralleled by the clumsiness which accompanied other aspects of her story, detailed below, and also my clumsy start to the interviews: the train line on which I had been travelling to meet with Roberta had been closed due to a body on the line (another visceral death) and I had arrived late, panting and sweating on a hot day, having run from another station. The clumsy endings in Roberta's account were her partings from her mother and sister. *"I'd been away from home for a year, and I'd gone back to visit her* [her mother] *and I could see she was unwell but no one was saying anything. And as I was actually on the train going back to London … my father said, 'look, your Mum's ill and she's got what your Grandma had'* [bowel cancer]. *And she'd come with to the station in the car; she walked with me as far as the concourse and was tired and had sat down. And I'd walked to the train and*

that's the last I saw of her… So that has been – I'm not with it all the time but as I tell you now it still is hard to revisit it because it wasn't a good ending."

Roberta's poignant account of the family where things could not be spoken of and where goodbyes are not properly said, was reproduced in her ending with her counsellor. She made the connection herself, saying *"with your invitation* [to take part in the research] *I was reminded of how clumsy it was, and how uncomfortable it was."* She was able to notice her own regression to a childish state: *"I felt I'd gone into a child's space… Which I'm sure happens a lot, because therapists can become an authoritative role. So I was aware of what was happening, but I couldn't get round it. And so I completely refused to sit in this chair and I stood on one leg and sat on the floor and sat on the corner of the table… And I think this lady was quite surprised when I brought the sessions to a conclusion. Because I don't think this lady had seen it coming. There was a real uncomfortable air in that last session."*

The uncomfortable air surrounding the ending was perhaps a repetition of the clumsy way in which Roberta was told of her mother's death: *"My father and my sister met me at the station and all the way home on this journey, which was a drive from X to Y, no one spoke. And I didn't know whether she had died or whether she was still at the house. And when I got to the house, she wasn't there, she'd gone… so I missed her."* In the interview I was aware of a wave of sadness in me coupled with a desire to comfort Roberta. Her grief, over 40 years on, had a raw and unprocessed quality.

Thom Gunn, the poet, wrote a poem called 'The Reassurance' (Ed. Astley, 2002, pg 392) in which he described seeing a recently dead relative reappear in a dream. The poem is not reproduced here due to copyright issues, although it appeared in my submitted thesis.

Roberta described a similar dream she had about her mother, on her return to London: *"I had a dream that she walked down this slope towards me and she was wearing a night-dress that I'd made for her. And she hugged me and I must have, I must have gone back to being little because I remember my head on her squashy tummy. And it's just so vivid and I said 'Oh they told me you were dead, it's not true is it.' And she said 'No'."*

The dream, coupled with my perception of the rawness of her grief, made me wonder if she had effectively been left alone to deal with her response to her mother's death, as if there had been no external help in coming to terms with the end of their relationship in the physical world. Roberta herself had certainly not felt she had been given any help from the counsellor in managing the ending (although a different account may have been given by the counsellor had she been interviewed). There is an interesting parallel process between the two endings. Roberta is kept in the dark about her mother's illness and death until the partings at both these points are *faits accomplis*. The counsellor too is kept in the dark about Roberta's intention to end the counselling until the last session when Roberta announces she won't be returning (despite the counsellor keeping the next week's session free in case she changes her mind). So Roberta has given the counsellor a taste of her own experience of being kept in the dark and unaware of the ambivalent feelings, with a sudden ending enacted.

In fact, Roberta said she was not able to mourn her mother until she was in her mid-thirties and had become a mother herself. As a new mum lying in hospital she thought: *"Oh my God, I don't know how to be a mum. I have no idea how to be a mother."* She decided she must buy the Penelope Leach book before she left hospital. But the written manual approach to motherhood is not accessible to Roberta. Instead, it is in a dream-like state again that Roberta is again able to access the positive, internalised aspects of her mother: *"I had this sense of a presence, I didn't hear anything, I didn't see anything but I sensed something quite loving, like, like, just a loving presence. And I sort of assumed well is this my Mum? And I remembered what it was like purely and simply to be loved."* This wordless experience, coupled with a *"reverie in Selfridge's toy department"* during her stay in the maternity unit, were accessible to Roberta. She could

make sense of this and use it for a dual purpose: to connect maternally to her own new baby and at the same time to experience and mourn the loss of connection to her own mother.

Within Roberta's account, there is an abundance of therapeutic concepts in her language. Within the psychodynamic model she spoke about: the value of dreams and altered states of consciousness; regression; the rigidity of boundaries to create containment; projection. More broadly her conversation encompassed communal living, land art, five rhythms dance projects and Reiki. This may support evidence of Craib's (1995) observation of the permeability of the social and therapeutic cultures referred to earlier. Similarly, Giddens (1990) also draws attention to the feedback between the social and psychological sciences into mainstream culture. More specifically, Roberta states that the clumsy ending in counselling *"has a knock-on effect to many other endings in life inevitably."* So she is, to some degree, sharing the psychodynamic notion that the ending in counselling does replicate or reactivate endings experienced in the client's life more generally. Roberta, in contrast to the other clients, had a much stronger quality of having imbibed therapeutic reading and ideas, so she may have previously engaged with the theme of the reworking at end stages.

Interestingly, none of my client interviewees described having an important, long-term relationship with their counsellor. This absence probably reflects something about the nature of their experience of the end of counselling. If the relationship is less intense, the end of the relationship too will be felt less intensely than other, more significant losses. The lack of longer term counselling relationships in the client group is important. It is one of the aspects that differentiates the responses of clients from those of counsellors and supervisors, all of whom have both had and value, long-term, open-ended psychotherapeutic relationships. I have given consideration in chapter 3 (Methodology) to the possible factors influencing the choice to participate or not in my research, and what this might mean for the clients all having come from shorter term engagements.

My initial fantasy, in the early stages of data collection, was that those who had built a close relationship with their counsellors, and had suffered at the loss of their special object when the counselling ended, might be more strongly motivated to participate. The tone of speaking almost lovingly – certainly with careful attention and regard – about clients came through strongly from the counsellors. A reciprocal tone is markedly absent from the accounts from clients. One might argue that this is the way it should be, the counsellor should care more about the client than vice versa, although this is not what I found from

listening to the discourse of counsellors speaking about their own therapists. Beloved objects abound in these parts of the transcripts.

The clients in my research did not show a great deal of affect at ending their counselling and parting from their counsellor. There is not the quality of mourning the loss in a way that parallels, even at a lower intensity, the experience of bereavement. I did not get a sense from them that the ending stages of their counselling reactivated previous losses – this is not in the conscious discourse of the clients. Nor is it discernible in the unconscious communications that they make, which I have attempted to draw out through my analysis of the data and my affective response to it. Based on the sample of clients who elected to take part in my research, my conclusion is that death and loss were not a way of framing endings which they took up.

There are questions for me about the process of choosing to participate in this research project. What were the motivations of the clients who elected to contact me and gave up their own time to talk to me? Human nature being what it is, often a less good experience elicits more communication than positive experiences. I have to be mindful that for all clients the endings they have experienced might be unsatisfactory or difficult and perhaps this draws them to the topic as an attempt to, paradoxically, rework the ending in a more satisfactory way.

4.5 Summary

The themes, which I identified from the interview process and resultant transcripts, show something of how psychodynamic thinking privileges the mourning and loss dimensions of the work. This appeared accessible to the counsellors and supervisors, but not to the clients. My suggestion is that the importance of mourning and loss is an historical artefact of our professional development, created by the use of 'Mourning and Melancholia' (Freud, 1917) as a template for making sense of endings, before the development of an understanding of ending as a therapeutic task in its own right. In contemporary Britain, this model still occupies pole position in thinking about endings in counselling. Murdin (2000, pg 139) writes about loss and grieving in the ending phase of counselling: "Because so much of the work that is done in therapy relates to losses and the way that we face them, the ending phase provides an opportunity that most people find in no other context to live through an ending that has all the measures of sadness, anger, disappointment, gratitude that go with bereavement and loss in other contexts." Murdin's book 'How Much is

Enough?' (2000) is the core text for the training of psychodynamic counsellors in the ending stages of the work.

Within the therapeutic world, endings are assumed to be closely affiliated to the psychological processes of death and loss. A curious parallel process seems to be taking place socially, where death and loss are increasingly assumed to require therapy. In 'Therapy Culture' Furedi (2004, pg 12) writes that following the 9/11 terrorist attacks on the World Trade Centre: "Grief and bereavement were presented as a process that had discernible common features affecting everyone. It was stated as a matter of common sense that grief led to clearly recognised conditions that were treatable by trained professionals."

This 'therapization' of loss is not limited to large scale disasters or catastrophe. Mentioned earlier in this chapter, Parkes (1987) initiated a process whereby bereavement was 'claimed' by psychiatry as a pathological process. Craib (1995, pg 364) drew our attention to the idea that not only do psychoanalytic ideas get taken up in the broader cultural context, but that these ideas can be developed and altered: with the example that the creative aspects of mourning are emphasised via notions of resolution – that as ideas get re-interpreted in this way, so they come to fill a social function which is different from their apparent putative aspect. This process is paralleled by the manner in which the psychodynamic community has taken up the idea of loss and mourning as a creative reaction to an ending and applied this to the therapeutic realm. This suggests there is a degree of permeability between the social and psychodynamic worlds, in which aspects of one culture are taken up and reapplied in subtly different ways in another. The reciprocity of this process makes it more complex to understand the relationship between the social and the psychological, as a simple reaction of one to the other is not easily examined. My research suggests that counsellors and supervisors can make use of both directions of travel, so to speak: they can see loss and mourning as a social practice which can be appropriated by the psychodynamic model; and how the psychodynamic model has a place in the social practice of meeting the needs of the bereaved. Clients, however, generally tend to see only one direction of travel: that counselling might be helpful in managing loss; not that experiences of, or ideas associated to, loss might be helpful in making sense of the counselling engagement.

Chapter 5 – Personal Experience and Professional Practice: The Effects of Death, Loss and Mourning

5.1 Introduction

In this chapter I posit a hypothesis about the relationship between the personal experience of death, loss and mourning in ordinary life, and the engagement with endings in psychodynamic counselling. My way of approaching this can be likened to an attempt to excavate a level down from chapter 4: a move from a framework, which was mainly concerned with the counselling experience, to a more affect riven-strata of understanding, concerned with the impact endings have on endings in counselling. In the interviews many participants spoke about bereavements or losses they had experienced. These were often moving accounts and participants described them as important in shaping their ideas about endings generally. I want to explore here how the experience of death or significant loss affected the participants' understanding of endings in counselling. I have had rich material to draw on and the pull to allow all participants to have their voice heard in this section has been strong. I have had a struggle at times to keep my researcher role to the fore and keep in mind what this data has revealed and to be selective in my rendering of it. My data analysis in this chapter is concerned with ordinary human experiences, rather than with professional discourses of practice or epistemology, and how this has found its way into the business of reaching an end in counselling. I have found that although some themes were common to either counsellors and supervisors, or to clients, there were many which spanned the participant groups.

My hypothesis is that frequent experiences of losses in life will lead one to frame endings in counselling in terms of death, loss and mourning. This was not substantiated and the lack of substantiation prevents me from making some neat and usefully applicable suggestions relating to practice based on participants' frequency or experiences of losses. However, what nevertheless I found from my data were many and varied ways of thinking about actual experiences of loss which were far more nuanced than those I expected to find. These nuanced ways of recounting experience provide us with a proliferation of different ways in which we might think about endings in counselling. One analogy might be that there is a chocolate box of endings – with different shapes, sizes and flavours of approach contained therein. Although two main ways of making sense of endings were identified in my research – death, loss and mourning; and attachment and separation – my excavation in

this chapter shows something of how the examples of these different experiences offer insights outside of these meta-themes too.

5.2 Counsellor, Supervisor and Client Experiences of Death, Loss and Mourning

5.2.1 Endings as a springboard to training or a new career

I consider here how the experience of having had a significant bereavement appeared to be a factor in choosing to train as a counsellor or in another caring role in connection with bereavement or loss. The following counsellors all cited their experiences of loss, or their work with people who had been bereaved, as being integral to their decision to train in counselling. Anna had a strong association within her personal history of deaths. She spoke about her deep grief at the untimely death of her step-sister *"which also in some way led ultimately to this training"*.

Carol described her journey from first having counselling because of her distress at her mother's death, through a botched ending with that first counsellor leading her to buy Murdin's (2000) book on endings in counselling ('How Much is Enough?'), to her decision to train to be a counsellor. Our final interview, on the eve of her graduation as a counsellor, had the quality of a synchronicity that was not lost on either Carol or me. She reflected *"… the whole process of going through what at the time seemed a very difficult ending but actually was an important part of my journey to where I am now and I think that if that whole first experience, which came about because of an ending… with my mum dying… without that first experience I wouldn't be here talking to you now – how, you know, at the stage in my life that I'm at."*

Nina, originally from Germany had relocated to Britain some twenty-five years ago. Nina spoke about a number of deaths, and also the breakup of her marriage, when invited to speak about endings in her life. Her first recollection was of the death of her grandfather, with whom she had a close relationship in her early years. Nina's relationship with both grandparents was warm, they were *"very dear to me, we lived with them and so they were part of my daily life"*. A second recollection was of the death of her grandmother, some ten years later when Nina was aged 13 years. Nina felt it was a privilege to be present at the death, describing it as *"an incredibly moving moment to see this process of, I don't know, the soul or the spirit leaving the body"*. She connected the experience to her later choice to train as a nurse. *"I was just really curious and… moving, incredibly moving. And I think at that point I thought and for a long time after I'd really quite like to – not at that point actually, I did become a nurse, well I started that*

training anyway… No when I started thinking about counselling I thought to myself actually I'd quite like to work with dying people."

5.2.2 The irreplaceable loss of the colleague

Both supervisors Susie and Tina spoke about therapists or supervisors who had died. They are spoken of as beloved objects. What comes through strongly to me is the importance, when faced with a sudden or imminent death of a therapist or supervisor, of the frame of the work shifting away from the clearly held boundaries that characterise the usual engagement. The need to know something more about what is going on and the need to have a choice about attending memorial events are important. It is perhaps a mistake to assume this is because the relationship replicates a friendship or kinship bond. What struck me were the very collegial terms in which supervisors spoke of their own therapists and supervisors. And this is no surprise – to be in work with someone in the same profession, on a weekly or more frequent basis for many years, must in itself be some definition of being colleagues.

Managing the appropriate response to life-threatening illness or enforced cessation of the work is by nature a challenge to any practitioner. The real difficulties seem to come where the responses fall into the hands of family or clinical executors who have less sense of the nuances of the relationships between their relative or friend and the various clients and supervisees they need to liaise with. The capacity for family or executors to get this wrong is of course massive: they provide the screen onto which the miserable or angry feelings of clients or supervisees can be projected. For the people I interviewed, knowing that they were subject to creating such projections, was of course no great help in the situation.

There is no helpful social 'form' to follow in these situations, so the containing function of the rituals of loss are not always accessible. Holst-Warhaft (2000, pg 28) describes the system of checks and balances that characterise the grieving rituals of pre-industrial societies: "The emphasis on ordering and patterning grief in traditional funerals of the Balkans and many other cultures is part and parcel of mourning's theatrical nature." What becomes unclear in the collegial-cum-client relationships of many years and of great intensity, is the ordering and pattern of the expressions of grief. What is the form? Will there be a funeral or memorial to attend? The reliability and therefore predictability of the therapeutic or supervisory frame is wobbled and the place of the bereaved within it moves into unchartered waters. There are additional losses too; the familiarity of a therapy or supervision room, the regular time of sessions, the order and pattern that the process of

supervision or therapy created within the interviewee's own understanding of themselves and their work with their clients. For some, such as Tina, this is irreplaceable: *"I have never quite recovered from this because since then I have had peer supervision, but I have not gone out to find another supervisor."* Similarly Susie decided not to find another therapist after the death of her second long-term therapist. So one reaches a point where the loss of the person is not ameliorated by finding another to fill that role, but rather the role itself becomes un-fillable because of the loss of the person. This is a qualitatively different position from where the job, within an organisation, of a person who dies is filled again in due course. Curtis (2007, pg 299) writes "All of us whose analyst has died have a story to tell. I know of little writing about this topic in the psychoanalytic literature… I think it would be useful for us to be able to speak more publicly about these feelings… I spoke at my father's funeral and at my mother's and found it helpful in the grieving process. I think that my comments here are helping me mourn the loss of someone as important to my psychological life as my own family members." Perhaps the family (rather than profession) of psychodynamic practitioners needs to think about how to appropriately mark the loss of one of their own, rather than assume the space will be filled.

5.2.3 The informed mourner - grief in advance of an anticipated loss

I noticed that where a death or loss is anticipated, a very different emotional tone was given once the expected death occurs. Here are examples from one counsellor and one supervisor who reflected on time spent with someone close who knew they were terminally ill.

Nina (counsellor) spoke about the deaths of two friends in recent years. With each Nina had spent a long time thinking about and speaking about their forthcoming death: *"We kind of felt – you know when it happens it was like we had said everything about it that needed to be said. About it and to each other, you know. There was something really processed, thought about. I mean we'd given it so much space and it came so naturally and uncomplicated."*

I wondered whether a similar process had occurred with her grandmother, whom Nina, as a teenager, had nursed. This would not necessarily have been processing the impending loss through talking, but through helping with her physical care and nursing needs; a move from being with the independent grandmother to the dependent grandmother. Nina agreed with this hypothesis saying *"that had just become part of my reality and it was clear you know this was an ending and I was pleased to be able to help, even though some of the things that I ended up doing you know were quite difficult."* She thought about this idea further and linked it to her marriage

breakup: *"And the interesting… this is you know, in quite a different way, when I split up from X, the real grieving came before. You know by the time I came to a decision and was saying 'actually no, I'm not going to carry on with this,' the grieving had been done."*

The notion of grieving being done in advance chimed strongly with both Nina and her two friends' spiritual beliefs. Nina's beliefs were originally framed by her strict Catholic upbringing, where the afterlife formed part of her understanding of the transition between life and death, although she was no longer a practising Catholic and had embraced other spiritual paths. Her two friends who had died shared these paths with her. Neither of them *"wanted me to grieve, which is interesting. And I was a very good girl and didn't because of their spiritual beliefs if you grieve for a person you are holding them back, they are not able to move on. It's something that keeps them in a particular spiritual realm. And I always kind of honoured that really."*

The threads of Nina's discourse began to come together as she thought about what these aspects might mean for endings in counselling. In respect of the value of thinking through and reflecting together on the forthcoming ending, she said: *"I think preparation does help and so maybe the sudden endings in counselling and thinking about it really are much more difficult than where you just think about it. But you're prepared and you think about whatever, what you've achieved and what you haven't or what you're going to go onto, or how it's been the relationship and all of that."*

These extracts from Nina's transcripts show another facet of how the experience of personal loss influences a counsellor's approach to endings in counselling, as well as for personal endings. For her, death and loss are associated with preparation for a future apart, with transitional states, with continuation of a relationship in a different form. So her attention to endings with a client is not based on the reworking of earlier losses, but on the relationship she has forged with them, on what has occurred in this time and of where they are going. These ideas could be said to be more closely linked to an attachment and separation model, but I am less sure of that. My interpretation is that they differ from the more ubiquitous intention to rework earlier losses, but are nevertheless based upon her own personal way of making meaning of death and loss. Her strongly religious upbringing, coupled with her later spiritual path, makes this the model for managing loss that she deploys in both personal and professional endings. Grief in advance, mourning the forthcoming loss, are central to this approach.

Susie (supervisor) spoke of the deaths of two of her therapists. The first was a sudden event, but her second therapist, Y, worked with Susie during her terminal illness. Y, whom

she saw four times a week for three years, took some months out with her illness. Susie returned to sessions after the break to find her therapist Y showing the effects of radiotherapy. *"It was an amazing ability that she had to, even though it was analysis, to be there actually with me and sharing at that very deep level, because she must have known she was dying. I didn't realise quite how serious, I knew it was pretty serious, but I didn't realise quite how serious."* Susie described how they continued to work together across the next nine months, with her therapist Y taking time off periodically for treatment. Susie felt there was a process they went through to make sense of her illness: *"But we went through it together, obviously not as she would with her family, but we went through it together. And she then died in the early February the following year… Again that was sudden but it wasn't, she had a week off for more treatment and it was an overdose of the treatment, which of course happens. So it was sudden but it wasn't a shock because she'd enabled me to go through it with her. She hadn't said, 'Now I must stop working.'"* Susie clearly valued this fact. Not only had Y worked with Susie on the sudden loss of Susie's first therapist, but also on her own imminent death and *"while we were going through when she knew she was so ill she was taking me through the ending with my sister. She was brilliant."*

For Nina and Susie the known deaths, where something can be worked through with the person who is dying, might be described as more 'successful' endings. The capacity to make some meaning together of the forthcoming ending, as described by these participants, relates to the idea of the co-creation of meanings, which will be described in detail in chapter 6 (Attachment and Separation in Endings). What is interesting to note is the delineation between practitioner and client participants here. It is not simply the case that my client participants had not known of deaths in advance – Roberta, described in the previous chapter, knew of both her mother's and sister's deaths in advance, but her account does not contain the same sense of being able to work through her loss in a productive way as the practitioner accounts given here.

I suggest that a psychodynamic training, with its emphasis on mourning and loss as a core narrative, enables the real life experience of death to be made meaning of more robustly. Counsellors and supervisors could be described as more informed, or practiced, mourners.

5.2.4 How counsellors and supervisors spoke about death, loss and mourning

Of course, death and loss bring about a tumult of emotions and feeling states. Given the nature of the activity of counselling – connecting to and speaking about one's feelings – it is surprising to see how little this aspect featured in the interviews. Less than half the counsellors and supervisors articulated what these feelings were; with the clients having the

least of all to say about this. The facts and chronologies of deaths were given freely, but descriptions, adjectives or stories relating to the deaths were sparse. What I have found in the interview transcripts are snippets of feeling words or metaphors to refer to the experience of deaths and losses. These snippets offer hints towards the enormity of the feelings below, but they are merely references. No one wanted to expand upon them; there is a quality of something being held back.

This 'holding back' might have been because of the research basis of the interviews: participants may not have wanted to open up very personal experiences for this purpose. Anna, counsellor, commented on her response to the research process in the second interview: *"… It's quite a thing actually, to sit for an hour and talk about endings, um… and I think that because I come from a research background I'd maybe had, I'd thought 'oh, you know, that's interesting, she's doing research and she's in psychotherapy and er.. the two don't combine as much as anything, so I was thinking about it in a… research sense… but in a sense less in a –errr in a kind of therapeutic sense what it would mean and it, um, it was quite a thing to think about endings and I noticed that I was, er, thinking about it post that meeting…*

Jane: *Yes.*

Anna: *… quite a bit. Not in any concise way, but it was there… that surprised me. Actually.*

J: *It surprised you?*

A: *Yeah… um… er, I'd, I'd siphon it off as 'not therapy' because research or not, um… a because b and therefore not, not quite allowed for, you know, the subject area…*

J: *Mmm. Mmm. Perhaps that capacity for research to stir something up…*

A: *Mmm.*

J: *… we tend to think of as being, kind of, in different, different places perhaps.*

Her comment about research being 'not therapy' suggests that our interviews were not the place for her to connect more deeply to distressing emotions or memories. She had not expected the research process to produce the feeling reactions in her that she experienced.

Another possibility is that the two meetings simply did not provide a solid enough container for difficult feelings to be expressed. Of course, I have to question my part in the interview process. Was my response to the feelings that were described not attentive enough? Or was I intrusively over attentive? Having reviewed the transcripts and tracked my engagement with the short offerings of feelings around deaths and losses I noticed that these snippets of feeling were all located within long sections of speech. Opportunities for me to draw on my counselling skills to mirror or reflect back the few feeling words were limited and would have interrupted the free-flowing discourse of participants. Also, my role

in the interviews was not that of counsellor – my intention was not to offer a counselling session, but to open up a space for a free-associative narrative interview. Had I pursued the feelings expressed with more alacrity I might have lost other data or steered the interviews unhelpfully.

Here are some of the snippets offered in the interviews. In the counsellors group Anna spoke about the *"jagged"* and *"bumpy"* losses in life she had experienced and described the effect on her as *"jarring"*. Carol was *"knocked for six"*; Denise feared *"turning into a great big lump of jelly"*; Edith spoke of being *"murderously rage-full"*; Fiona referenced images of *"slaughter"* and *"severance"*, of things being *"double edged"* and *"cut off"*; Nina described her sobbing as *"coming up from the gut"* and of her incongruous desire to laugh at her grandmother's funeral.

For the supervisors Olivia became visibly upset speaking about her mother's death, describing it as *"ghastly… horrendous"*. Her outrage at death being *"black and disgusting"* came from the heart. Susie described her state as *"devastated, I was all over the place… it was really hard."* Later she spoke of being *"very angry"*. Tina, who gave little away in terms of feelings, spoke of her sense of being *"abandoned"* and that she had *"never quite recovered from this"*. The descriptions of the feelings and emotional states evoked by deaths used by counsellors and supervisors are visceral and full of imagery: the words are a conduit for the feelings to leave the body and convey the meaning to the listener. Yet they are simply small hints to further depths of feeling rather than a full account of the internal state of the speaker. The counsellors and supervisors are letting me know they have strong feeling responses to the deaths they have experienced, but not letting me see the extent of these feelings. I am only allowed a peep, just enough to confirm their existence. My sense is that Anna's comments given at the start of this section maybe reveal something about this. The research process is quite correctly seen by counsellors and supervisors as being qualitatively different to the therapeutic process, despite the outward similarities of the confidential, dyadic encounter. They know this and they make a judgment about how to use the encounter.

5.2.5 Trauma and severance

A particularly strong discourse which I noticed was based on the idea of loss being traumatic. This discourse happened to come from clients, rather than counsellors or supervisors, and it seemed to have an emphasis on unprocessed trauma. Aside from not being professionals working in the counselling realm, I don't think the clients who took part were noticeably different from the counsellors or supervisors. For example, all of the

clients were graduates, like the majority of the counsellors and supervisors. All could be casually categorized as being middle class. The difference in this discourse of trauma is located elsewhere in the client experience.

Lena, a young British Asian graduate, had sadly experienced the death of her brother and a close friend, both from suicide in early adulthood. She had come for counselling for relationship issues and did not immediately see the connection between her presenting problem and these two early experiences of suicide. Lena reflected that she didn't give her counsellor an opportunity to make the connection: "*Yeah, I didn't give her much chance to relate it to that… I don't know how she would have approached me but if she started talking about ending and relating the therapy to these ends, I think I would have signed on for more because that would be incredibly traumatic and thinking oh God, you know those were really traumatic endings and I don't want this to end if this is going to get me to where ever it is I need to be."*

Lena spoke of her *"shock"* and *"trauma"* and of the suicides *"always staying with me"*. But perhaps the first part of Lena's quote here is most telling – she didn't give her counsellor much chance to relate the ending to the suicides. But neither did the counsellor get hold of the issue, by the sound of Lena's account. And the resultant work feels like Lena didn't fully get what she wanted from the counselling – she didn't get to where she felt she needed to be. Her trauma feels unprocessed.

Jason too used the word *"trauma"* repeatedly, describing himself as having *"a legacy of trauma"*. In his late 30s and working in the City, he spoke about the death of his father, which happened when Jason was in his early twenties. Jason was mixed race, with a white British mother and Syrian father. He flew with his mother and siblings to Syria with his father's body for a funeral there. His account was lacking in strong personal feelings, which he himself acknowledged, saying *"And to be honest with you I just watched the whole process, well I cried when I was abroad when I heard that he had passed away. But at that time I just watched like it was a movie happening."* This filmic quality does not imply that Jason had no feelings but rather that they were not apparent in his recounting of his father's funeral to me in the interview. He may have been strongly defended against his father's death and the complicated emotions this produced, a view he himself noticed: *"it was a pretty kind of traumatic time really. Yeah, I also – I noticed in that word of trauma that I've used, I've associated endings with trauma"* [Jason laughs at this point.] *"But um I definitely have in my mind endings associated with trauma, yeah. So um yeah. I mean I think that I recognise that I have a legacy of trauma and I don't know whether I need to do something with it or not, or whether it can just sit there"* [Jason laughs again]. The trauma is noticed by him, but the laughter is incongruous and serves to distance himself from the

feeling. I took it to be a defence against the more difficult emotions that Jason was aware of but dissociated from. He used the term again in concluding our second interview: *"… trauma and endings seem to be synonymous…".*

Associated with the discourse of trauma, is the idea of severance and the shock this creates. Fiona (counsellor) spoke of her father who was German, half-Jewish and had escaped to America where he met Fiona's mother, also of German descent. *"He didn't really share much at all about his upbringing to me. And so that was very abrupt, life there* [Germany] *and life there* [America] *and starting out afresh as many of them did. Some couldn't leave the background and others just cut it off, split."* In speaking about the separation between life in Germany and in America for her father, Fiona used a chopping action with her hand, which put me in mind of using a gesture to imply 'being for the chop', of slaughter. This also related to her telling how, as a child, she had hand-reared a calf, but came home from school to find it had been sent for slaughter. She described her father's death *"as a severance too".*

The theme of severance was also present in Fiona's accounts of her clinical work. She worked in a Jewish residential home for older people and made the observation *"I think that one reason is all about endings and dealing with my own ending by working in that spectrum".* She gave an account of her engagement with one person there: *"she was afraid that she was getting too dependent on me and she cut it off* [makes a short, sharp whistle noise] *like that. But on the other hand it's her independence that keeps her going, so it's really double edged."* I noticed that across both interviews the theme of severance, of things being cut off, of knife images was pervasive: a connection between her earliest personal experience of death (the calf and her father's sudden death) which replicates the experiences of severance held in the generational context by her father. Fiona did not describe severance as traumatic, but I choose to lodge it in this section as it seems to be somewhere on the continuum between trauma and processed loss.

5.2.6 Sudden rather than timely deaths

The terms 'sudden' and 'timely' are of course hugely relative. By sudden deaths I am including unforeseen accidents, suicides and quick fatal illnesses. By timely, I mean deaths in older people or in those suffering from a known progressively fatal illness over a period of six months or so, where the person who dies and those around them know this will be the inevitable consequence. Across all participants, sudden deaths were commonly recounted with shock associated with these events uppermost.

Anna's (counsellor) discourse was peppered with references to sudden, rather than timely, deaths. In addition to the early death of her step-sister, she also spoke about her work in an organisation that provided support for suicidal people. She made the connection between the sudden deaths she had experienced with the sudden endings in counselling: *"Yes…. And in a funny way, that ending felt… like I used to work in a place with people who were suicidal. And in a funny way, the sudden ending to me felt like the impact that one would have after a suicide… It felt like, you know, suicide, er, um, yeah, I can't deny the kind of depression or whatever, but it also, it's a… seriously aggressive statement…"*

Anna provides an exception to both my hypotheses. For her, multiple losses did seem to affect how she framed endings in counselling in terms of death, loss and mourning. She voiced this clearly when speaking about the feelings evoked in her by a difficult ending with a client: *"it's like a kind of suspended grief, you know, like, if somebody dies you go to a funeral… you mourn it"*.

Lena (client) and Denise (counsellor) had experienced sudden deaths in their relatively young lives – for both of them this lead to the development of a kind of hierarchy of deaths or endings, with the close sudden losses at the top in terms of trauma. Lena's hierarchy was described thus: *"But all the other deaths I'm so dismissive of… they were old, they had an illness and it's time for them to go"*. Denise was able to put her experience of her mother dying alongside working with endings in counselling: *"and then Mum got sick and somehow my focus – I don't know what happened, but I suddenly thought 'hold on a minute, clients will come and clients will go, um, worse things happen at sea'."*

A contrast is found in the accounts of sudden loss given by the supervisors Susie and Tina. Although they both describe the grief and sadness of the sudden illnesses or deaths of their supervisors and therapists, the same quality of *persistent* shock or trauma is absent. Tina described arriving as usual for her supervision meeting. *"So she said, 'Let me invite you in and I've now, apart from being ill,' she had a very serious illness, 'I've now been told that I've actually got cancer.' And she died within two weeks."* This ending was also described by Tina as *"difficult… very difficult endings."* Susie describes *"I was shocked at how devastated I was"* - the shock and trauma in both her and Tina's accounts are seen as being affects felt at the time of the death; for the younger participants, there is this quality of the shock and trauma still reverberating within them. There are a number of suggestions for these different responses to sudden deaths: the younger participants have no natal experiences to balance out what is taken through death; they have less life experience generally within which to come to terms with sudden death; they have had considerably less counselling or therapy to help process

the losses. My aim here is not to work out what is the 'correct' way of helping people come to terms with sudden death, but rather to notice the effect that sudden death can have on people, even some time after the event. A history of sudden deaths or losses for the client, counsellor or supervisor needs to be held in mind in the clinical work as, whichever person holds the experience; it may impact on their construction of endings.

5.2.7 The need for ritual or ceremony

The importance of meaningful ritual to mark bereavement was spoken about by Anna (counsellor), Jason (client) and Susie (supervisor). Anna made the link between the *"jagged"* nature of sudden deaths and the need for there to be a ritual or ceremony to ameliorate the effects they can have: *"that's what I thought about the ceremony or whatever, that we cannot control that ending… but what then does one do in order to kind of … um… it's almost to smooth the bumps, to integrate the jagged… um… and without that, without something then I think that then there's a kind of… the jarring is left within one".* Within the interview she was able to make some interesting comparisons between her experiences of being involved with the rituals after her step-sister's and both grandmothers' deaths (washing the body, painting the coffin and, somewhat unusually for a woman, being a pall-bearer) and the importance of having rituals to mark other endings. She cited having previously done a massage training where *"they always taught one that* [at] *th-the ending to do almost a stylised ritual, where one would run one's hands under water".* She felt the absence of this in the counselling setting: *"I don't do that with, um, with, with therapy, um… I think I should."* The absence of an ending ritual, for Anna, complicated what she saw as the grieving process she experienced when a client left: *"it is a bit like a kind of grieving… and it, it… um… it's a very intense relationship and it's a strange thing to see these people with this level of intensity… and then most likely never to see them again".*

Conversely, Jason described the lack of congruence he experienced at his father's funeral, where the culturally unfamiliar context had made it hard for him to participate in, and make meaning of, the event. He had never visited Syria before and *"it was quite difficult to reconcile because we came from one culture to another and there was kind of incomprehension on both sides… Arab people regard themselves as hospitality is very important to them. But I was astonished at just how much food there was* [at the funeral]. *And I was like, it seems a bit of a strange time to sit down and feast you know. I mean we ate but I was just – found it slightly incongruous."* In the absence of rituals that held meaning for him, Jason was *"clueless as to what was happening. I had no clue about Islam, no clue about funerals and I just went with the flow to be honest. It was like a wave that carries you and you just ride it. I … got on the plane to Syria with my siblings and mother, who I hadn't seen for a year and my father in cargo. And we flew to Syria and then they had to get his body. My uncle was sorting out all*

the paperwork to get the body released from the airport. And then the next day the coffin was taken to um I mean…my family in Syria had their own funeral, what do you call it, grave…um you know there was a section for the men and a section for the women and basically because my father was being buried in the male section, the women were separated. And you know me and my brother we just yah basically accompanied the er opening of the tomb and then my father's coffin was placed inside. And to be honest with you I just watched the whole process… I just watched like it was a movie happening." The lack of meaningful ritual perhaps contributed to Jason's experience of his father's death as traumatic: *"I do associate the trauma, or obviously have associated trauma with that, because I have not talked about happy endings."*

Susie (supervisor) showed both sides of the story – the difficulties of an absent or incomplete ritual and the satisfaction of completion of a ritual. Susie had been told too late about her first therapist's death and she had no chance to go to the funeral, which took place before she knew of the death: *"this was another of the things that I was really upset about that you know the clinical executors really should have written to me to tell me, even if they'd known that I'd spoken to her husband."* Rather than let things lie, Susie contacted the executors to find out if there would be a memorial service – there was, she attended and that *"was fine"*. In fact, Susie felt the memorial service was *"a social ritual and that was good, that helped with the ending."*

When her second therapist, Y, died Susie sought support from her supervisor, who knew Y and had recommended her to Susie. *"He was very supportive and he was mourning as well so again we mourned together. And we were both at her funeral and he gave one of the talks at her funeral. And in fact quoted me on something, he asked me if he could quote. So I really felt very much part of it even though the whole world didn't know that he was quoting me, I knew."*

In counselling there are rituals which are enacted at the end of a counselling relationship. Rather like having to face paperwork at a Register Office in order for a death certificate to be produced, psychodynamic counselling within organisational settings has administrative functions which need to be attended to. The extent to which these activities take place within private practice varies. However, despite appearing banal, undertaking these tasks forms part of the ritual which helps us move from one state to another. They might include summary paperwork, CORE (Clinical Outcomes in Routine Evaluation) forms, letters to GPs to advise them of the conclusion of counselling, payment and submission of fees and return of all the registration and assessment paperwork. The payment of fees is important as this mechanism is often used to communicate the client's feelings about the counsellor, the counselling or their feelings at ending. A common example is when a client

demonstrates their angry feelings, or a wish to maintain a connection, by not paying the fee. Susie spoke about her discomfort at not being able to pay her last bill owed to her second therapist because of the family's apparent wish not to bank the cheque. This lead to an unsatisfactory sense of the work not being completed but held in stasis in some way. By contrast, her first therapist had cashed the final payment, of which Susie said *"that felt finished."* The ritual was complete.

There is something of a silence in the literature and in the training about how one *should* mark the end of the work in the room with the client (as opposed to the technical tasks at ending, detailed in Chapter 4, section 4.3.5). Murdin's (2000, pg 133 - 147) chapter entitled 'Endgame – last sessions' takes on a positively spiritual tone, concerning itself with the changing experience of time in the room, Buddhism and reflections on life after death. She briefly comments on the job of reviewing the counselling relationship and urges the counsellor to hear the client's expressed gratitude. But in terms of giving clues on how to conduct oneself in the final session, there is an absence. My sense is that the capacity for the counsellor to get things wrong in the last session again raises anxiety. In a 'non-touch' profession should we shake hands with a client, let alone hug them in the final moments of the final encounter? Can we accept a present, or does this take us into polite social niceties instead of therapeutic engagement? Do we reveal something of ourselves at that last moment ("How did you know I simply adore Lindt chocolates!") What are the non-verbal exchanges that mark the ending?

Nina revealed something of her hopes and the reality of the ending with her client: *"I stayed in my seat, I thought he can always come over to me and shake my hand if he wants to... I could have stood up and shaken his hand or made other approaches, but I wanted him to be free to do it his way but from my point of view I would have wanted very much to give him a hug"* and *"he walked to the door and I stayed in my seat and I can see the door from where I am sitting and as he was opening it he looked back over his arm as he walked through and closed the door and it felt really appropriate and, yeah… Very painful though."* Her description shows the mismatch between what she hoped for and what she got, despite her assertion that it felt appropriate.

Within the interview transcripts I found very few descriptions of the final moments of a counselling relationship. Carol (counsellor) did provide one: *"I always remembered the last session, um, because… she was able to say 'I'll miss you' and I was able to say that to her, and um, you know, psychodynamically we'd had no contact of any kind all the way through the two years but at the end we gave each other a hug, which is not something I've done in any of my other endings with clients, but it*

was so appropriate with that ending". She was able to step away from the non-contact rule and enact a different parting based on her own assessment of the relationship with her client. Denise (counsellor) described her final words to her therapist, which left her regretting her choices afterwards: *"Um…and I had made him laugh in that final session and my last words to him were, 'may all your clients be as funny as me.' And I remember leaving thinking, 'that was a really stupid thing to say Denise.' And that in some ways is my only regret, to the point where I always wanted to write to him and say I'm really sorry. I thought, 'actually Denise it wasn't the moment for humour,' and it was definitely using humour as a defence, yes I am absolutely, he hadn't even caught me out, I know that I knew I was doing it.*

Jane: *How do you make sense now of your final comment?*

Denise: *Um…well as I see it as a bit of a defence. I suppose deep down I hope he doesn't think I'm an arse for not – mind you what else, I have wondered well what else could you have done, left weeping copious tears and thanking him profusely? Or I suppose there are lots of things, but it just came out, it wasn't planned. So I suppose I have to go with the fact that it's perhaps worthy of a little bit of analysis Denise, but one comment does not a therapy make. And if that was my of – I don't know – I'm sure I was doing things to try and have him keep me in mind I imagine probably."*

Denise captures the problem nicely in her final comments. What does one do? There is an absence of ritual, of stylised form of saying goodbye in psychodynamic work. There is a strong argument that says this is a good thing: surely it is for the counsellor and client themselves to work out what the relationship has meant and how to mark the end of it in a way that is personal and congruent. My point here is not to argue for or against the inclusion of 'how to end' techniques, but to notice the absence of ritual in a profession which is strongly bound by rituals. Davies (2009, pg 73 - 74) quotes Turner (1967) in describing the 'performative demands' that contain the relational boundary between counsellor and client: "a cultural repertoire of appropriate actions, reactions, and interactions that constrain any form of ritual behaviour. In the therapeutic scene certain modes of relating permitted in daily life have no place; the negation of these everyday modes serves to delimit the space as extra-ordinary against the background of ordinary life… Thus the therapist's stance is considered to be the most important therapeutic tool, since by its means the general encounter is led in a prescribed direction." The strength of this requirement set alongside the possible depth of feeling evoked in both client and counsellor at the final session, makes for a potentially explosive combination. It also makes me wonder at the silence about how one *should* mark the end of the work in the room with

the client. My research opens the door on the counselling room and I have given three counsellors' accounts of what actually happened in their final parting with clients. I was surprised that more participants didn't reveal their stories of the final ending. We need to know more about what happens behind the closed door; and to start a debate about why we have an absence of ending rituals within the psychodynamic counselling profession.

5.3 Summary for Chapters 4 and 5

In drawing together these two related chapters what immediately occurs to me is the complexity of the links between these sections. One of my questions when embarking on this research was whether participants with more exposure to (or particularly powerful encounters with) death and loss, might be strongly drawn to frame endings in counselling as a parallel experience. This would support the importance of the narrative of death and loss in psychodynamic counselling being enacted in response to endings. What I have found is different and more nuanced. In this summary I will highlight my main findings and also reflect on what I notice about my research process itself.

5.3.1 How participants spoke about death and loss

The frequency with which participants spoke about the deaths or other significant losses in their lives left me in no doubt that, as expected, this was a powerful and potentially transformative event for many people. My conclusion is that there was a qualitative difference in how participants spoke about it and made sense of these losses. I was surprised by how little was generally said by participants about their feelings elicited by these losses. On reflection, it is as if there is an assumption of a shared understanding of what such feelings might be. So the fact of the death of a mother/brother/supervisor is given, with a tacit assumption that this brings with it a host of associated feelings and meanings that would be automatically known by the listener; a shared culture of loss.

The difference between how the counsellor and supervisor participants, and client participants, spoke about death was noticeable. The former two groups gave fuller (but still not copious) descriptions of both the event itself and of their own emotional responses. These accounts often took me through the *process* of their grief and their attempts to make meaning of it. This process is not to be confused with stage-based models of grief – I am referring here to participants' own sense of working through and making meaning of their loss; as it were, the view from the bridge where they currently stood, rather than a final resolution or 'closure'. The language used by them was largely descriptive. But for clients it

was different: their accounts were of a static feeling state, with less of a quality of a process and movement about it. In a number of cases (Lena, Keith, Jason) the feeling of being stuck with a particular set of feelings came through strongly. Their language was also more 'clinical', with *"trauma"* being used as a primary descriptor.

My reflection is that the split between participants probably shows something of the effect of being in longer-term therapy and undertaking this professional training – requirements that all the clinical participants had fulfilled. Having had more time and opportunity to explore their internal worlds, including the losses they have experienced, in these settings, there is a difference in how counsellors and supervisors speak about their feelings and mental states. It is as if a wider vocabulary of adjectives and metaphors is available to the counsellors and supervisors than to the client participants in this research project. This is, of course, a necessary and desired outcome of doing such training. I notice the shift between the clinical description of grief as 'trauma' in the client group, to the more descriptively framed responses in the counsellor and supervisor groups. The direction of travel is from the diagnostic to the personal, in allowing a process of expression and making meaning of death and loss to be formed. I still wonder if the absence of this process in these particular client participants was a strong factor in their electing to take part in this research.

5.3.2 Relating age and experience to how death and loss are construed

I was curious about the finding that younger counsellors without children seemed to be more affiliated with death and loss as a primary narrative. For Anna and Denise, this came through strongly – but so did their own experiences of sudden deaths within their families. However, more losses across a longer life (Nina, Susie, Tina) did not equate with a strong identification with using death as a way of making sense of endings in counselling. The other place where relative youth seemed to be linked to using death as a primary narrative for the clinical work, was in terms of stage of training. Thus the trainee counsellors, or newly qualified counsellors, were more likely to draw on this analogy than colleagues with more years of clinical practice under their belts. The strong aversion to using this model from the supervisor group, rooted in their own and others' practice, suggests that the idea of endings representing death or loss lies in another part of the training experience – possibly in the theoretical inputs rather than the clinical inputs. Within the student experience, there is a stronger sense of their un-integrated super-egos being activated through the training process: they are imbibing a way of approaching endings and then

become anxious to be seen to deliver this, even if it does not sit with their own lived experience of what endings might be about.

5.3.3 An anthropological approach to the concept of endings in psychodynamic counselling

My research model has led me to feel and think as if I were an anthropologist making a study of what is my own professional group. In particular, my gaze has led me to focus on the manner in which internalised sets of rules are acquired. The rules in question here are concerned with the practice of endings in counselling – what one should or should not do; by inference, what one should or should not feel. I am aware of the quality of opacity descending at times – am I seeing enough, questioning enough to understand what is going on beneath the surface of a professional training?

Davies (2009) set about an anthropological study of his own tribe, in his book 'The Making of Psychotherapists'. His study is recent enough and close enough to my own research setting of psychodynamic counselling, to offer strong and relevant parallels. Davies noticed that the inculcation of psychodynamic theory, via seminars, replicated a quasi-religious structure: "the role of the seminar leader as conceived by the training committee approximates more closely to the pole of 'priest' than to that of 'prophet'" (2009, pg 105). Davies, using Weber as his source, goes on to explain that where a prophet may convey a personal vision in a charismatic way, "a priest's duty is to disseminate 'acquired' not 'revealed' knowledge, and by this means to transmit that which is inherited and collective rather than that which is self-conceived" (2009, pg 105). Of seminar leaders Davies says "Often these individuals are very learned, and use their learning to administer the agreed-upon ideas so as to ensure the communal message is transmitted to the next generation" (2009, pg 105). This might account for some of the themes of endings being an opportunity for reworking earlier losses and of death as a central narrative in psychodynamic work, being lodged in the psyche of trainees.

The receivers of the communal message, the student counsellors, realise their role is not to question, but to imbibe: "to recognise his inexperience, and, with his humility braced, to listen, to learn, and to assume the posture of unknowing" (Davies, 2009, pg 108). When placed in this position, my suggestion is that the super-ego of the student counsellor identifies with the unchallenged seminar leader, and the unchallenged material – in this case the practice of what we do with endings in counselling – is internalised as part of the repertoire of the role of counsellor. I think this would explain why the identification of

endings being a parallel with death occurs more frequently in trainee or newly qualified counsellors than it does in more experienced practitioners. It might also explain the intellectual, rather than lived experience, quality to the way in which the idea was presented in the research interviews.

I am also aware of the impact that the psychodynamic model has had on society more broadly – the oddness of finding the clinical language of *trauma* associated with the client participants, whilst the professionals used feeling and descriptive words to convey their own miseries and upsets. This evidences the permeation of psychotherapeutic ideas into the societal realm. Furedi (2004, pg 6) states "what has changed is the cultural imagination of trauma. Today we fear that individuals lack the resilience to deal with feelings of isolation, disappointment and failure. Through pathologising negative emotional responses to the pressures of life, contemporary culture unwittingly encourages people to feel traumatised and depressed by experiences hitherto regarded as routine".

Experiences of death and loss are part of life, but some clients have found the idea of trauma to be a good descriptor of their experience, of where they place themselves in seeking counselling. My thinking about the experiences of endings that participants bring is also an anthropological view – the process of acculturation or professional socialisation that has occurred with the permeation of ideas about death and loss into the therapeutic realm and the permeation of psychotherapeutic ideas into the societal realm. Illouz (2008, pg35) states: "Cultural change is the meeting point of contingent and creative components of action and of the recasting of pre-existing social problems or structures into new codes, which, in that very process, changes the structure of the problems addressed." This links back my discussion in Chapter 4, of Craib's description of how ideas move between the therapeutic and social realm and are reinterpreted. Thus transformed, ideas take up a different social function. Perhaps for these clients, the descriptors of loss and mourning are no longer enough to reflect their experiences of bereavement. There is an idea that suggests that loss should be managed (as illustrated by my example, in Chapter 4, of Carol's return to work after six weeks). The descriptor of 'trauma', with its connotations of blue flashing lights and wailing sirens, better represents the level of upset and damage to their inner world.

It seems appropriate to bring this chapter towards an end with Freud, where we started. Illouz (2008, pg 35) goes on to say "Freud almost single-handedly created a new language to describe, discuss, and manage the psyche, but in doing so he addressed what had

become one of the most dominant and problematic features of modern life, namely the private sphere, thereby transforming it." What I think I am seeing in this research is how the social processes of death, loss and mourning were taken up and appropriated in the early development of psychoanalytic thinking. This has then come full circle, with the resultant psychoanalytic ideas – digested, processed and given a psychic rationale – being returned to the social sphere.

Chapter 6 – Attachment and Separation in Endings

6.1 Introduction

In this chapter I want to explore another major theme identified in my research interviews which also forms a primary foundation in contemporary psychodynamic thinking – attachment and separation. I will draw primarily on Holmes' biography of Bowlby, which brings together in a digestible form the somewhat indigestible and copious writings of Bowlby. I then turn to those authors whose work has, I believe, a particular relevance in developing my understanding of attachment and separation issues in relation to endings in counselling. I am, for the purposes of this thesis, referring to attachment as a later concept in the psychodynamic model, having origins in the mid- rather than early-twentieth century.

The second part of the chapter is concerned with my findings from my research interviews. I shall take the key themes which were described in the counsellor and supervisor interviews and illustrate these with extracts from two interviews. The client experience will be considered separately. My summary will draw together the findings from the participant experiences and set these against my thinking about the place of attachment and separation as a concept in psychodynamic thinking. This synthesis will enable me to comment on my understanding of attachment and separation in the end stages of psychodynamic counselling.

6.2 Attachment as a Later Concept in the Psychodynamic Model

Attachment theory originated in the work of Bowlby, a British psychiatrist and psychoanalyst working and writing in the 1950s to 1980s. Holmes (1993 pg 2) writes "Apart from Freud and Jung, Bowlby is one of the few psychoanalysts who have become household names and whose ideas have entered the vernacular. The ill effects (or otherwise) of maternal deprivation; the importance of bonding between parents and children; the need for a secure base and to feel attached; the realisation that grief has a course to run and can be divided into stages – these are concepts with which people far removed from the worlds of psychology and psychotherapy are familiar. All may be traced, in whole or in part, to the work of John Bowlby." Not only did Bowlby's work receive recognition in the public sphere, it seems to have been accepted there much more readily than in his own discipline of psychoanalysis.

This lack of acceptance is a complex matter. Holmes (1993, pg 2) observes "Between his papers delivered in the late 1950s and early 1960s to psychoanalytic societies in Britain and the States, and polite obsequies of the early 1990s, there has for the most part been a resounding silence from the psychoanalytic movement in response to the challenges and opportunities his work represents." Holmes wrote this some 20 years ago, but Bowlby is still not a name often referred to in the psychoanalytic sphere, although his work on attachment has been gradually incorporated into the professional body of knowledge, with Holmes' contribution playing a necessary part in this. What has the slow (and possibly grudging?) acceptance of his ideas – apparently offering something of a middle ground between the Kleinian and Freudian factions – meant for the development of psychodynamic thinking and its application in the clinical setting? The answer to this question has to be seen in the context of the development of attachment theory; the key points of which are given here.

Bowlby entered the psychoanalytic world when the main protagonists were Anna Freud, continuing her father's work, and Klein. Bowlby's work took an independent line and he presented his differences in two essential ways. Firstly, his scientific background and role as researcher challenged the non-scientific personal histories of Anna Freud and Klein (although both claimed the importance of their ideas being supported scientifically). Secondly, he emphasised the importance of environment – a concept he illustrated with the creation of his now famous film (with James Robertson) 'A two year old goes to hospital'.

Bowlby had hoped that attachment theory might "reconcile the warring factors within the [British Psychoanalytic] society… but instead they were for the most part united in either outright opposition or polite indifference to his ideas" (Holmes, 1993, pg 5). Their response is ubiquitous within group dynamics in a profession struggling for survival in its early days. Attachment theory represents an unwelcome third, enabling the two original groups to better cohere. The time period in which these debates were going on was in itself a traumatic time, with the falling and rise of powerful groups, new ways of thinking and functioning taking place across the world.

In brief, attachment theory is "a *spatial* theory: when I am close to my loved one I feel good, when I am far away I am anxious, sad or lonely…Attachment is mediated by looking, hearing and holding… the consummation of attachment is not primarily orgasmic – rather, it is, via the achievement of proximity, a relaxed state in which one can beginto 'get on with things', pursue one's projects, to *explore*" (Holmes 1993, pg 67). Bowlby's work with

Ainsworth, who is considered the co-founder of attachment theory, brought experimental evidence to bear on his theory. This was an essential difference from the Freudian and Kleinian approaches. It was research based, not founded upon learning from the patient on the couch. Ainsworth developed the 'Strange Situation' which consisted of a filmed twenty minute episode where a mother and child are at first together in a room, then a stranger (the experimenter) enters. After a short while the mother leaves the room for three minutes. After the mother has reconnected with the child, both mother and experimenter leave for three minutes, so the child is alone. Finally, the mother re-joins the child again. From the footage three attachment responses were documented: secure (66% of the sample); insecure-avoidant (20%) and insecure-ambivalent (12%). An addition response – insecure-disorganised – has more recently been demarcated (Holmes, 1993, pg 105).

Why is the secure base so important? Holmes links it to our defence mechanisms and (2001, pg 3) refers to Hesse (1999) to explain: "an attachment perspective on defence emphasizes the inter- rather than the intra-personal aspect. Defence mechanisms describe particular patterns of intimate relationship. A securely attached individual can draw on the support of others (via the 'secure base') when needed and can talk coherently and with appropriate affect about psychological pain and difficulty."

Thinking about the development of the capacity for affect regulation originates in attachment theory. Fonagy et al (2004) describe the attachment system as "an open biosocial homeostatic regulatory system", the goal of which is "the experience of security". They state "None of us is born with the capacity to regulate our own emotional reactions. A dyadic regulatory system evolves where the infant's signals of moment-to-moment changes in his state are understood and responded to by the caregiver, thereby achieving their regulation. The infant learns that arousal in the presence of the caregiver will not lead to disorganisation beyond his coping capabilities. The caregiver is there to re-establish equilibrium." This description is synchronous with the main elements of Tronick's dyadic expansion model, discussed in chapter 2 (2.6 Attachment and Loss). Assuming a 'good enough' therapeutic engagement, what happens to the attachment that is formed between counsellor and client when the time comes to end? Fonagy now provides the contemporary voice of attachment theory. There remain on-going tensions between attachment theorists, Freudians and Kleinians. Attachment theory remain contentious within the analytic world.

Bowlby provides an interesting bridge between the ideas associated with mourning and attachment. In the 1960's, Bowlby worked with Parkes, who was involved in bereavement studies, at the Tavistock. Holmes (1993, pg 89 - 90) says "Bowlby sees the grief reaction as a special case of separation anxiety, bereavement being an irreversible form of separation… The early phases of grief consist of an intense form of separation anxiety. The later phases result from the confusion and misery that arise from the realisation that the secure base to whom the bereaved individual would turn for comfort in distress is the very person who is no longer available." Bowlby built on his earlier work, where he observed and noticed the phased reactions of children separated from their parents by hospital admission – the phases of protest, withdrawal and detachment. What is interesting in Bowlby's approach to grief is that the elements of anger, of complaint, of grievance indeed, are missing from his model. Parkes picks up on these themes and they are included within his working model of grief.

A contemporary of Bowlby's, similarly a doctor and analysed by Rivière, was Winnicott (1896 – 1971). His Wesleyan upbringing valued plain language and his desire for accessible communication – shown in his famous radio broadcasts to mothers during the War - undoubtedly formed a significant part of his broad popularity and the take up of some of his ideas into the public realm. Ideas of 'good enough mothering' and 'transitional objects' are in common parlance now. Phillips (1988, pg 24) quotes Khan (unreferenced): "For every one lecture… that Winnicott was asked to give to one of the so-called learned professional societies, he gave at least a dozen to gatherings of social workers, child-care organisations, teachers, priests, etc".

As Winnicott qualified as a psychoanalyst, the professional landscape of the British Psychoanalytic Society was grappling with two main issues. The first was whether psychoanalysis should be part of medicine and therefore practiced by doctors only and the second was whether child analysis could be considered a legitimate part of psychoanalysis. These questions were of course provoked by the work of Anna Freud and Klein: "it began to seem that advances in psychoanalytic theory might increasingly come from child analysts, and yet Anna Freud and Melanie Klein, who had virtually founded the discipline, were both lay analysts." (Phillips,1988, pg 40). Winnicott alone, as both a doctor and training to be a child analyst himself, bridged this gap. In terms of affiliation, Winnicott saw value in both women's perspectives, taking "as seriously as Anna Freud did the importance of the child's actual parents – whose help he would often enlist in the treatment – and the circumstances in which they lived… Also, like Anna Freud, Winnicott would be less strictly

non-collusive with the child than Klein had advised. But it was to Klein's theory that Winnicott naturally gravitated" (Phillips,1988, pg 44).

So Bowlby and Winnicott both emerge in the mid-20th century as independent thinkers with a keen focus on the growing child in his family and environment; both taking an independent line between the main proponents of psychoanalysis at the time. They do not appear to have worked together clinically, although Bowlby served as Deputy President to Winnicott's President of the British Psychoanalytical Society from 1956 – 59. In the two biographic texts referred to above (Holmes, 1993 and Phillips, 1988) there is little mention of the other. Perhaps one of the essential ways in which they differed is in their intent: "Bowlby is reaching for explanation, Winnicott for meaning" (Holmes, 1993, pg 138). The subtle differences between them are expressed in their theoretical nomenclature: Bowlby remains an attachment theorist and Winnicott an object relations theorist. The independent streak in each meant that neither was strongly motivated to form a school of thought: there was no specific 'attachment' based or object relations training for interested acolytes to train within.

Holmes (1997, pg 165 - 166) succinctly describes the underlying tenets of the various approaches contemporary to Bowlby: "Separation and loss are central themes in dynamic psychotherapy. Different schools may emphasize different aspects, but all contain a model of psychological development in which each stage represents both gain and loss. For Bion, the absent breast is a stimulus to the beginnings of thought ('no breast, therefore imagine a breast'). For Klein coping with rage and envy at the mother's capacity to come and go – and to wean – as she pleases is the first step towards maturation and the depressive position. An interpersonal perspective allows 'timing' to be theorized, since good – or bad – timing depends on the intersection of two or more inner worlds, each with its own rhythms. Bowlby and Winnicott saw in different ways the central paradox that one can only be securely separated if one feels attached in the first place." He concludes that "from an attachment perspective, the aim – or 'end' – of psychotherapy is to help create a secure base, both in reality and as an internal representation within the patient." Holmes (1997 pg 167)

Outside of London, there is a link between attachment theory and object relations via the development of psychoanalysis in Scotland, where attachment theory does not seem to have been excluded so strongly. There, therapists such as Suttie, Guntrip and Fairbairn were developing their own ideas. Cassullo (2010) explores the "covert" influence of

Scottish psychiatrist Suttie on the psychoanalytic community. Where Winnicott only gives one mention to Suttie in all his writing, Bowlby was in debt to him and "in his introduction to Suttie's volume (The Origins of Love and Hate, 1935), Bowlby goes so far as to credit its author with the discovery of two key concepts of his own theoretical system: attachment and separation anxiety" (Cassullo, 2010, pg 7). Cassullo suggests the reason for the neglect of attachment perspectives was "probably the concern that the ideas advocated therein might jeopardize the very roots of Freudian theory, then in its early years."

Suttie wrote in straightforward terms on the nature of babies, emphasising the tenderness between infant and mother. He suggested such tenderness was taboo in his contemporary society:

"Tender feeling is still intellectually tabooed, yet with even less rational excuse than in Suttie's time – for there is now a significant amount of empirical research on infant development that challenges psychoanalytically reductive explanations of love. The current dominant psychoanalytic theories in the humanities tend, however, to ignore such work, and focus instead on what Stern calls the 'clinical infant,' a construction of therapeutic practice 'made up of memories, present re-enactments in the transference, and theoretically guided interpretations'" (Miller, 2007, pg 669).

The 'clinical infant' is a set of ideas that psychoanalytic theory has developed, about the potential inner child within our client. Miller goes on to further explain: "Clearly, the clinical infant may be an effective tool in therapy, but quite inaccurate as a guide to the reality of early life – particularly since this construct emerges out of psychopathological rather than normal adult experience. Yet, the potential factual inaccuracy of such psychoanalytic models may be forgotten, and the fantasies, pseudomemories, and symbolizations of neurotic patients treated as if they were the introspective reports an infant would give, had it the capacity." The clinical infant – and our response to it – has the capacity to get in the way of other views of the internal world. Suttie's view, shared by object relations theorists Fairbairn, Guntrip and Sutherland is of a more benign view that recognises "that the child's primary relation to the mother is one of love and companionship, rather than conflict and mastery, and that is less insistent on the hypothesis of primary narcissisism" (Miller, 2007, pg 670). The construct of the 'clinical infant' is important in relation to my research, which attempts to interrupt the professional discourses of what 'clients', 'counsellors' or 'supervisors' are like and to see how I find them to be. Things may not be as they are professionally constructed.

Another aspect of Suttie's work, which may have been ahead of its time, is his inclusion of the social realm. "Suttie explicitly connects our dependence on society in later life with our dependence on maternal care in infancy and early youth, and maintains that we suffer from 'separation anxiety' when we feel that we have lost the love of mother or society" (Cassullo, 2010, pg 10). The development of psycho-social studies is still considered relatively new in the 21st century. Dalal writing in 1998 (pg 224) comments "the mother-infant psychoanalytic paradigm has taken the individual as primary and the group as secondary". There are elements in research, which are given later in this chapter, which show how the voices of participants are created within the matrices of groups – the family and social context of peoples' stories is strongly present.

But what of recent thinking about attachment theory with particular reference to endings in counselling and psychotherapy? I have already detailed Holmes (1997) analysis of patient attachment style plotted against the therapist preferred style of working in Chapter 2 (section 2.7). Zilberstein (2008), like Holmes, works with the notion of adapting one's practice to the different attachment patterns clients may present with. She offers the reader a précis of different attachment relationships and makes suggestions based upon prior research about the potential therapeutic tasks indicated by the attachment type of the client: "Secure individuals would thus approach termination with an understanding of both the gains and losses inherent in this phase, an ability to regulate and organize their responses, and the capacity to move on and cope with their level of distress"; ambivalent clients need help to "understand the positive gains and achievements that the ending signifies and to aid in the establishment of internal coping skills and environmental supports"; "avoidant or dismissing clients tend to limit closeness and evade emotional material…For these clients, self-disclosure of the therapist's own reactions to ending may provide helpful modelling"; for clients with a disorganized attachment "despite therapeutic gains, these clients are likely once again to feel overwhelmed and dysregulated during termination. For these clients, in particular, an emphasis on the continuing relationship and availability of the therapist is important" (Zilberstein, 2008, pg 303 - 304).

6.3 The Counsellor and Supervisor Experience of Attachment and Separation

There were a number of themes from the counsellor and supervisor interviews which described experiences of attachment and separation associated with endings in counselling and also in their lives more generally. The most strongly voiced themes included: a quality

of being merged and then separated from their client; an acknowledgment of being attached to their client; reflections of internalisation as an indicator of a client's capacity to end the counselling; and separation, illustrated with images of 'flying the nest'. Other themes were: comments on the pain of attachment; feelings of being abandoned by their client at the end of counselling; the interplay between fees and endings; attachment to the training organisation in newly qualified counsellors; premature separation in pre-planned endings; endings being seen as a new beginning; and clinical supervision as a place to think about endings as separations.

Attachment and separation appeared in a variety of forms in the interviews. I noticed that this happened more strongly in the first interview, where I asked people to tell me about their experiences of endings in counselling, rather than in the second interview where the invitation was to speak of endings in life generally. So I gained a sense of there being a clinical discourse of attachment and separation. What was less obvious was the place of attachment and separation as a discourse about endings in ordinary life. When invited to speak of endings in life generally, participants tended to speak about death. Few spoke of the end of relationships. Geographic separation was not commonly seen as an ending, even when it was as significant as, say, emigration to another country and leaving friends and family behind.

For the purposes of this thesis I have chosen to explore the most strongly articulated themes listed and put them in order of chronology, taking a kind of developmental stroll through the process of attachment to reach the point of separation, with illustrations from the transcripts of two participants per theme.

6.3.1 The quality of being merged and then separated from the client

Attachment begins before birth and is significantly activated in the face to face encounter between mother and baby in the moments after birth and in the early days and weeks following this. Much has been written about the essential distance (6 – 9 inches) which separates the faces of baby and mother during breast- or bottle-feeding, at which time important eye contact is maintained. Winnicott, noted "What does the baby see when he or she looks at the mother's face? I am suggesting that, ordinarily, what the baby sees is himself or herself. In other words the mother is looking at the baby and *what she looks like is related to what she sees there*" (1971, pg 112).

An example of such merging between counsellor and client was described by Nina in her account of working with a man who was struggling to come to terms with his cross-dressing. In telling me about her ending with the client, Nina took me to their first encounter: *"From the very beginning we made a very strong… connection… there was something that happened right at the first session that in a way describes that process really well, where, um, it was like when you blink and I was in the process of blinking, closing my eyes and it felt like slow motion and as I was opening my eyes it felt like he was with me, you know there was no distance, we were the same and, and that was, I think a kind of defining experience of the whole thing so in a way, the whole process of, of the therapy had been for him to find his own place and, and it was a process of separating out, bit by bit, and it was at times very painful."*

This kind of merged experience speaks of the very early mother/baby relationship, where the baby looks at the mother's face, when feeding, and not at the breast or bottle. Her returning gaze reflects either the baby's image or her own self. In 'Donald Winnicott Today' (Ed. Jan Abram, 2013, pg 197) André Green said of this engagement "If, too precociously, it is the face of the mother/object that he perceives, he cannot form the subjective object, but will prematurely evolve the object objectively perceived. The result is that he must organize a false self, as an image conforming to the mother's desire… In the normal progress of events, a compromise is obtained through the creation of the transitional area of experience." I am not sure – and nor was Nina, by all accounts – what had created that momentary merging, recognition and transitional area of experience between Nina and her client in that first session. But what is important is that the client, over the course of several years of work, did not need to develop a false self. The whole thrust of the work was around his acceptance and development of his female alter ego. The transitional space was used by both Nina and him to play with his sense of identity, to allow and be interested in his delight in the sensuous texture of fabrics and make-up.

This play also echoes Winnicott's ideas of what happens during breastfeeding and the importance of texture: "If the mother is feeding by the breast we see how she lets the baby, even a tiny one, have the hands free so that as she exposes her breast the texture of the skin can be felt, and its warmth… The baby first of all needs all these rather *quiet* experiences which I am describing, and needs to feel held lovingly, that is, in an alive way, yet without fuss, and anxiety and tenseness. This is the setting" (Winnicott, 1964, pg 46). Central to Nina's work with her client was the creation of a quiet setting and good holding. Within this setting Nina allowed the client to see himself as a good object, to be treated with care; play was available in the sessions and sensual experiences could be spoken of and

re-explored. He chose to come to some sessions dressed as his female alter ego and again sees himself reflected in Nina's eyes as loved and wanted. She allowed his illusion – "The mother's adaptation to the infant's needs, when good enough, gives the infant the illusion that there is an external reality that corresponds to the infant's own capacity to create. In other words, there is an overlap between what the mother supplies and what the child might conceive of"(Winnicott, 1971, pg 112).

So, a good attachment had been made. What did this mean for the ending of counselling? A word that keeps appearing in Nina's transcript is 'pain' as this small section shows:

Nina: *the pain of that and, you know, how we, how we, um, really deal with pain, um, and… and what it means and I know for him it has been no less painful, the separation… and in fact the session before the last session was the one and only time where he actually cried, and it was about separation and it was about saying goodbye and it was also about being appreciated…*

Jane: *Being appreciated?*

N: *Yes. And it was very interesting… um… it was very painful for him at the same time very happy and d..d… y' I mean he actually sobbed you know and I'd never, he never shed a tear…*

Nina's description of the work overall with her client is evocative of a successful process of affect regulation. Fonagy et al (2004, pg 437) describe the three stages of this process: "identifying, modulating and expressing affects." What she brings in the section shown above is something of the intensity of the expression of the affect, where the pain is appropriately evidenced through her client's tears.

The merging that Nina described in her first encounter with this client appears again in her slip in the last sentence of the extract above, when I/he are merged in respect of shedding a tear. The other word that is used in this section, and throughout this transcript, is 'separation', which Nina used in respect of this client in preference to 'ending', 'finishing' or other word to express the termination of this counselling relationship. This suggests to me that, despite the strong personal experiences of deaths that Nina spoke about in her second interview when invited to reflect on personal endings, the frame in which she locates her clinical thinking about this client is in the attachment mode.

Moving on from the primary experience of being merged, as the baby grows this interaction is built upon in later weeks and months with the development of 'peek-a-boo' games: the baby's capacity to conjure up the mother and then make her disappear at will. I

found that something of this quality was referred to in respect of counsellor/client interaction by Denise, a second year counselling student.

Denise described a short piece of clinical work: *"And then the other unplanned ending was a client who came for five weeks over the summer. She announced when she arrived that she would come for five weeks over the summer, 'I'm going to come for five weeks.' And she duly did come for five weeks and would not entertain the idea of coming back."* She went on to say the client experienced repeated miscarriages at five weeks: *"Yeah… the fantasy of being a mother rather than reality and this client had a very difficult relationship with her mother and almost said in one session 'I'm not sure I want to be a mother,' but shied away from it and talked about how her husband was desperate for children and I sort of felt this unbearable pressure on her to carry – but this enormous ambivalence having had such a difficult relationship with her own mother about then being a mother to anybody else."*

Denise never found out if the client became pregnant or not: *"So the fact that she said I'm coming for five weeks and so it seemed so obvious to me and to everyone in the supervision group that she has miscarried her own therapy, in the way that her body had miscarrying these babies. So it's a strong link. And in some ways I must admit a bit relieved that she didn't come back, because there was such a lot of anger, and it can be wearing, but really sad."* The fantasy about the client's possible pregnancy seemed to have stayed with Denise: *"and it's funny actually this summer when say she had fallen pregnant on the two week holiday she would have been very big, every time I saw a bump she sort of flashed through my head… she could be a mother by now so….."*

My sense of Denise's work with this client is that it was riven with 'peek-a-boo' engagements. The client announces the game to Denise on arrival and then duly disappears on cue. The client's possible pregnancies seem to be there and then are gone. The client continues to "flash through" Denise's head after the work has ended via passing glimpses of pregnant women – is it her? No it's not. So what is interesting to me in this short extract is not the five week parallel between the pregnancies and the therapy, but the 'now you see me, now you don't' game that is played. For those brief moments Denise and her client are connected and then separate again – there is a strong dynamic quality to the engagement.

At this point in her training Denise was just getting to grips with her new role as a counsellor when the sudden illness and death of her mother intervened: *"my fantasised idea about what it was going to be like doing the work, was given a terrible jolt, because it isn't, no matter how we imagine it's going to be with any client, it can often end being incredibly different. Um, but yes something about then the real life of the events going on within the family merged – not merged – can't*

think of how to explain it…" So for her too there is a connection / disconnection present – her fantasy of being a counsellor is suddenly interrupted by family illness and bereavement. This connection / disconnection occurs in parallel to the sudden ending of the client. Both are concerned with the fantasy of a new start ('peek-a-boo!'), which makes the sudden intrusion of an ending ('now I'm gone') reverberate in a painful way.

6.3.2 On being attached to the client

Four counsellors spoke eloquently about their feelings of attachment to their client. Grace spoke about her satisfying work with a single mother who was working hard to bring up her son alone. Grace was interested in this little boy as this was 'her field' – she was the head teacher of an infant school. But in her description of the clinical engagement it is not this role which she identifies with so much, as a maternal stance towards the client: *"she was a pleasure to be with. She was so lively and I saw her grow so you inevitably felt quite motherly then, when this person that came two years before was a very sort of, you know, there was something kind of little and young about her. She was in her thirties but she was something like, kind of small and young and I saw her over the two years growing up and taking her independence"*

This section of transcript is in part concerned with transference phenomena. The definition of what transference and counter-transference are is much contested within psychoanalytic practice. Rather than list the permutations that exist, I shall define what I mean by these terms. For me, transference exists when a client responds to the counsellor as if they were responding to a figure from their own earlier experience, rather than to the reality of the counsellor in the here-and-now. The counter-transference is the feelings, thoughts and actions that result in the counsellor when placed in this position. The counsellor may be aware of 'not me' feelings emerging in them. My definition places transference and counter-transference phenomena as discrete moments in the therapeutic engagement, not as a constant presence. As counsellors we are often conscious of a counter-transferential response, but sometimes we are not conscious of it. Reflecting on the client session, when writing up notes afterwards or in supervision, may make the counter-transference apparent.

In the excerpt from Grace's transcript above, she describes how the client appeared to place her in a maternal transference. My interpretation is that her feelings in response to her client were not solely a counter-transferential response. She felt attached to her client, partly in response to the transference but also for other reasons; she genuinely liked and respected her client, she looked forward to seeing her and to their work together. Grace was aware of the transferences between them but did not use this to define her relationship

with her client. *"So when it came to her leaving I was proud of her in a motherly sort of way and I also thought "I am going to miss you". You know, because she had… she was nice to be with. You get people who you really enjoy working with and I suppose also there is the side to it that it was a very positive sort of relationship."*

The attachment between the two can become heightened in the last session. How do you say goodbye to someone you feel genuinely attached to when your relationship is bounded by the particular rules of psychodynamic engagement? Grace was put on the spot when her client simply said she would miss her: *"I think I did say I would miss her but before I said that I said something like "We have worked together for quite a long time and we have done a lot" and then I think I said "I will miss you too". It is funny how in that last session there is that feeling of a slight danger zone because you are saying things that you would not say at any other time… No, there is this strange thing about the last session, is that there is room for something different but you have to be really careful. So, yes I wouldn't have let her say she missed me without saying something back to her. But not just a straightforward 'Yes, I will miss you'."* Grace's recollection of this important exchange is clouded by 'I think I said…' as if she doesn't want to commit to having said something that might be considered 'wrong' at this vital juncture.

Revealing one's feelings towards the client always needs to be reflected on and considered, rather than being something a counsellor 'just does'. This consideration of disclosure is one factor that differentiates psychodynamic counselling from other social or therapeutic engagements. What interests me in this exchange, however, is Grace's assertion that endings are qualitatively different from other parts of the work; that the counsellor may respond in a way that is different – but possibly dangerous. There is a sense of the counsellor having to account for themselves to an internalised audience, leading to a block to giving a freer response to the client. This might link back to Holmes' grid shown earlier, where different therapist styles were given. Counsellors who are more structurally based may find revealing their feelings on ending harder than those whose style is more attunement based. These styles of practice might well have implications for what counsellors choose to reveal, or not, in supervision, about their final sessions with clients.

Ben too was very attached to his client. Having been fairly reticent about his feelings towards the client he spoke about in the first interview with me, Ben relaxed in the second and let me into his attachment to the man: *"And this is a client that I like; you know I have warm feelings towards him, did and still do. Another thing he said was, "If you never see me again don't worry," something like that… I thought well of course I'll worry because you're in here now, you know, and I care about you, and I thought a lot about you and I'll carry on doing that."* One thing that

strikes me about this exchange is how it might be interpreted. It could be the client needing to reassure the counsellor, because he does not feel properly held (which was Ben's conclusion) or that the client has an avoidant attachment and cannot conceive of Ben being attached to him. I took Ben's turn of phrase *"you're in here now you know and I care about you"* to be a comment on his attachment to his client: the client was in him, not merely in the counselling service or in the room.

Ben himself found it hard to make sense of his attachment to his client. He reflected *"But what does it mean, what went on between the two of us and what did it do for him? So, sort of, what was it really an alliance? Was it that much of an alliance? … So, but it's all around, what does it mean, what did I do, what did it mean to him consciously or unconsciously?"* In the interview I drew Ben's attention to what it had meant to him, as we could never really know what it had meant to the client. Ben responded *"Um….I think it meant a lot to me actually. Um…uh…I think it meant a lot to me, I don't think I talked about class or race but this was a working class black British guy, similar sort of age to me in his late 40s, but otherwise really different background. And to engage with someone like that and to be aware of all the differences, and actually we didn't talk about difference very much because I was advised in supervision to let it, let it happen you know. But the differences were pretty obvious anyway I think. But to be able to engage with someone like that on an emotional level was terrific."* I was curious about this response. I got the feeling that Ben had been genuinely fond of his client, but his explanation of his feelings seemed curiously externalised – it was the privilege of getting to know someone from a different socio-economic and racial background. This smacks of what Stern calls the 'clinical infant', as described earlier, where the human participant is somehow redefined in the therapeutic discourse – and in this case, the sociological discourse. Ben has reduced his attachment to his client to the defining characteristics of a case study or a description of a research participant. In my noticing of this I hope to be able to interrupt this line of professional discourse of how clients are delineated in counselling.

So where was the affection, the warmth, the connection that goes with *"you're in here now you know and I care about you"*? On listening to the digital recording of the interview at this point I could hear Ben's voice rise and fall, from being louder and more insistent *"you're in here now"* to falling, more gently to *"I care about you."* The tone and quality of his speech made me think of the way we parents speak to our children – the telling off followed by the declaration of love. So Ben could connect to his feelings about his attachment to his client until I specifically asked about them. Then he began to edit out the attachment in its more affective form (conveyed in the tone of voice) to give a more rational account of it. I think

Ben's confusion in addressing his own feelings is an example of Suttie's 'taboo on tenderness' – the intimate connection has to be rationalised to be understood, there is no place for attachment in its simple forms between client and counsellor.

6.3.3 Internalisation as an indicator of a capacity to end

Holmes (2001, pg 138) notes "Bowlby and Winnicott saw in different ways the central paradox that one can only be securely separate if one feels attached in the first place." So how do we know when we have formed a good-enough attachment to our client? Anna, the counsellor who was rather preoccupied with themes relating to death and loss, also brought some thoughts relating to attachment. She was interested in the idea of how an attachment is experienced by the client as internalising the counsellor. How do the client and counsellor know when this has happened? She reflected: *"I, I mean, I don't think I would forget the people I see… and in fact it seems to be what a lot of people ask in, in endings, of 'will you remember me?'... it's like saying 'have I been internalised?'… 'have I, you know, have I as a being had an im-', I think it's quite a brave thing to ask, it's like saying 'have I as a being had an impact on you?'. Not just the other way round."* One thing that strikes me about this reflection is that Anna is not clear in which direction she is speaking about the impact being made. I am not sure if this was a conscious or unconscious decision on her part, but the end result is the same – making an attachment takes two. If it only involves one person and not the other it is a projection, not an attachment. So at an end of the counselling relationship, assuming an attachment has been formed, both client and counsellor are in effect wanting to know 'have I had an impact on you; will you remember me?'

Nina also articulated the sense of attachment as a two-way process clearly: "*there is also something about my own personal growth that has happened in the relationship with him because I do feel I have gathered something from that… You know, it wasn't a one-sided ….um… work, the work happened with me as well, you know I have gained things through the work with him… um… that were really important to me…."* For her the questions shown above – have I had an impact, will you remember me – were poignantly put. *"I wanted to see whether there was anything left that he would like to ask that we had talked about, you know and very much in my mind, you know, is he curious about me? And he wasn't... it was a relief and a disappointment and of course my supervisor rightly said how would it have been if he, you know, and in a way, I hadn't thought that far ... more curiosity... um so I don't know, that left me then with a question and then in the session very much, is it because he can't think about another, although I did think from what had happened in the process and he talked about himself and I think that he could, or he just didn't dare... you know, entertain the thought that I might be interested, you know, that I might have feelings, that I might have thoughts about our relationship and all*

we've done." In her reflection of the final session with this client, Nina shows something of the fragility of the attachment and internalisation process in working with her client, who had been badly damaged in his early life and had a poor history of attachment. She knows the process is not one-sided and is using her own strong sense of attachment to, and internalisation of, the client as her barometer for what she hopes he is experiencing too. But this is not simply her professional assessment of the work – she has put herself on the line by acknowledging her personal investment in the relationship, which is shown in the shy longing that I found in her final sentence above. For me, there is something here about attachment being such a natural, two-way process that cannot be created through the application of clinical skills: attachment is enacted through a state of being, it cannot be harnessed because it is a good idea or would be clinically beneficial.

In the counselling process both client and counsellor have to manage the breaks and gaps in between sessions created by either party being absent, either with advance notice of a planned break or with less notice due to illness or other emergency. There are also other kinds of less concrete separateness – when the counsellor fails to understand or 'get' the client, or delivers a response that the client cannot make use of. Holmes (2001, pg 33) observes "At the heart of attachment research is the Strange Situation, which briefly upsets and stresses the infant, observing the interactive pattern of parent and child around rupture and repair of the attachment bond. Alliance ruptures and repair are as much a part of the work of psychotherapy as are key changes and harmonic tension and its resolution in music. Only in the context of an object found, lost and re-found can a patient begin to develop autonomy – a sense of self to which he can turn in times of stress."

6.3.4 Separating - images of 'flying the nest'

The converse of the paradox articulated by Bowlby and Winnicott at the start of the section above has its corollary. Holmes (2001, pg 13 – 14) notes "The paradox of intimacy from an attachment perspective is that it can only be achieved if its members can negotiate separateness more or less successfully." Here is an account of how this happened for one counsellor. In our first interview, Carol came with a particular ending in mind which she wanted to speak about – a piece of work with an 18 year old girl who was struggling to get on with her 'A' levels. The first thing for me to note is the age of both Carol and her client – Carol was old enough to be her mother and the client was literally at the 'flying the nest' age, so perhaps the metaphor comes to mind more naturally than for other counsellor/client dyads. Her first description of this client was of her *"opening up like a flower"*. For Carol there had been no reticence about sharing her feelings at ending with the

client: "*I wasn't looking forward to her ending, um, because I knew that I would miss her…*" Drawing again on the digital recording, I noted the slight hesitation and lowering of Carol's voice at this point, suggesting that she had committed herself to letting me know her real feelings, rather than giving a professional front. She went directly on to say "*I got a sense that it was when she knew that she would be missed that she could leave* [laughs] *um, er-so, so that has stayed with me and I always remembered the last session, um, because… she was able to say 'I'll miss you' and I was able to say that to her, and um, you know, psychodynamically we'd had no contact of any kind all the way through the two years but at the end we gave each other a hug, which is not something I've done in any of my other endings with clients, but it was so appropriate with that ending, um, and I thought of her as a bird flying the nest, there was something of that – at first she'd been very willing- unwilling to go and there'd been a lot of flapping the wings* [slight laugh] *um, in the last few months of the therapy and not turning up for sessions and things which I think with, er, an adult client I would have interpreted in a different way, but with her I thought, you know, this, this is actually quite healthy for a teenage girl to be not, you know, choosing to go out with her friends rather than coming to see her therapist, um, so, er, yes there was a lot of flapping and then one day she was ready to just fly and off she went."*

So within this long excerpt Carol touches on a number of themes related to flying the nest. The first is her recognition that the client must feel attached in order to be able to contemplate separating from her counsellor. Successful attachment is dependent on "the skill of the therapist in providing a secure base – the capacity to be responsive and attuned to the patient's feelings, to receive projections and to transmute them in such a way that the patient can face their hitherto unmanageable feelings"(Holmes, 1993, pg 152). Carol has recognised this process both in theory and in practice with this client and can speak about it in a straightforward manner.

Secondly, I noticed her use of "*um, you know, psychodynamically we'd had no contact of any kind*". This feels like a defensive statement: Carol was letting me know that in psychodynamic practice we do not make physical contact with our clients. But in this case she has chosen to act against this principle, by deciding that hugging this client would be appropriate. Similarly, she decides to use her own instincts and interpretations regarding "*things which I think with, er, an adult client I would have interpreted in a different way, but with her I thought, you know, this, this is actually quite healthy for a teenage girl*". I felt this showed that Carol's engagement with this client was more strongly influenced by an attachment perspective which was located at the developmental and chronological level where the client actually was. The client left home to find a job in another part of the country and she left the counselling relationship too. So for Carol, *"a lot of flapping the wings"* - not showing up for

sessions and so forth - did not lead to an unmanageable rupture to the working alliance. She was able to contain this without being subject to persecutory or punitive feelings towards her young client and they were able to work through this together. The flapping then heralded the eventual flight out of the nest and needed no further interpretation.

Nina also spoke about her ending with her client in terms of flying the nest. She described *"Well, I certainly had a thought of him being ready to go, um, it was like a child who had gone through a developmental process and was coming to late teenage years, early adulthood, you know, early 20s, and a real sense of, you know, like you have with children, you know, not everything is resolved when they leave home, on the contrary, but you know, they need to take that step and that was beginning to happen, um, that it, that he just felt older, more mature in his being… And I thought to myself, you are getting ready to leave."* In some respects his life process at this point had strong parallels to the teenage years – a struggle to find an identity, playing with different styles, different ways of presenting himself to the world, and finally finding a self that felt 'right' in which he could go out into the world and be seen and accepted.

As with Carol, Nina also raised the issue of wanting a hug at the end of the work together. And like Grace, earlier in this chapter, she too flagged up the perceived danger of doing something wrong at the final session : *"I would have wanted very much to give him a hug but I could see the danger* [laughs] *you know, there is a danger of not wanting to let go, you know and, and, and that would have been very difficult at the end of that so I don't know, maybe I was wanting to do something but I also wanted him to be free to choose his own way of going...."* Her repetition of *"and, and, and"* suggested to me the struggle to imagine what might have happened if her real feelings of not wanting to let him go had emerged. Dangerous territory indeed, which Nina rightly locates as being to do with her needs rather than his. Her reflection of him choosing to walk to the door without making contact links back to the theme of flying the nest: "*I mean, it would have been lovely to give him a hug, I'd have wanted nothing more than that… it also felt, he needed to be free, because if, and especially with this kind of, I mean, in any case a client must be free to go but in the stage he had reached in the development of adolescence, early adulthood, I, you know, where he... they need to be able to do things their own way, very much so and, you know, what I might wish or want, you know, erm, if I see myself in the mother's position, that has to be my thing and er ..."*

What strikes me about both Carol and Nina's accounts is the quality of their knowing at an affectual level rather than an intellectual level how to broker these flying-the-nest endings. They both speak with a confidence that may in fact be born of personal experience – both have adult children who have successfully 'flown'. So their accounts of ending are not

anxiously laden with theoretical scaffolding, but flow more naturally between their own desires and sadness at the ending, and a wish to see their client leave unencumbered by the wishes or desires of the counsellor. This seems to me to be attachment behaviour in operation at the most essential level.

6.4. The Client Experience of Attachment and Separation

Of the six client participants, two did not produce interview material that related to attachment and separation – for Keith and Roberta the thrust of their narrative was towards death, loss and mourning. From the transcripts of the remaining four clients there was an interesting split in terms of themes relating to attachment and separation. These themes were ranged along the negative modes of: an absence of attachment to the counsellor; ruptures to the working alliance; a rejection of the psychodynamic mode of engagement. A corresponding set of positive themes were: a strong attachment to the counsellor and descriptions of attachment to the counsellor held alongside perceived limitations of the counsellor or counselling process.

My belief is that we do not know enough about the client's experience of counselling, as the profession is constrained by issues of confidentiality which appear to extend beyond the clinical world into the research world – witness the number of research accounts in which counsellors or therapists are the participants, but not clients. With this in mind I want to catch all of the themes listed above. There is an important Gestalt in the totality of these themes which needs to be heard. To edit down the list will unhelpfully contract our understanding of the client experience and limit what is one of the innovative aspects of this thesis.

6.4.1 An absence of attachment to the counsellor

Irina, a New Zealander (NZ) in her 30s, had experienced psychodynamic counselling in both NZ and the UK before finding a CBT counsellor within the WPF system. My understanding is that her CBT counsellor would have held a dual training, bringing both psychodynamic and cognitive approaches to her work. In NZ, Irina brokered a working alliance with a psychodynamic counsellor – the story of this engagement is shown in the next section (6.4.2 Ruptures to the working alliance). But to begin with, here are some of Irina's comments about her attempts to work with a psychodynamic counsellor in the UK. She described one episode of work before she returned to NZ for a holiday and a second period of counselling with a different counsellor on her return.

"I didn't really understand that that involved absolutely no interaction whatsoever, and she was quite – I think she took that model of working, for want of a better expression, to the nth degree. And certainly I couldn't say anything to her even outside of the room while we were just entering the door, or out in the corridor. It was just – I made a comment one day that I liked her skirt or something and she just wouldn't answer me. She was incredibly – she took the whole 'I'm not going to respond to you' thing, and again I found that really alienating… and again it was bringing up really sensitive issues that I then had no strategy for dealing with, and I couldn't interact with her at all."

Unsurprisingly, Irina decided to end the work with this counsellor with whom she had not found a comfortable engagement and certainly no working alliance: *"And in the end I was getting a flight that day to go back to NZ for Christmas, um in the end she said, 'Well I'll see you next week, I've still got to make a time for you to come.' And I was like, 'You don't get it lady, I'm not coming back!'* [Laughs]. *'I won't charge you for this week's session you know, but next week.' I said, 'No, what kind of no don't you understand!'"* So the ending was not planned – at least not planned by the counsellor! I was struck by the frankness of the exchange, which suggested to me that some sort of relationship must have been brokered if Irina could be so direct. But when I asked about this Irina confessed *"It was via email of course, I didn't actually go face to face and say that to her."*

The relationship, or lack of it, with this counsellor clearly bothered Irina, who sought further counselling on her return and reported that *"I spoke about her a lot when I went to the psychodynamic woman here, who again was just a wet fish."* This second UK psychodynamic engagement also failed to result in a working alliance. Irina did not experience the therapeutic frame as containing, but instead found herself coming up against rules that made no sense and her 'infringement' of them led to her feeling scolded: *"Yeah, I was told off… I was unwell and so I cancelled and I came in and saw her the next time and I said, 'I hope you haven't had this as well because it's been going around.' And she brought up in the session that, 'Well you're very self-centred that you think I would have been ill as well and clearly you think that,' and implied that I thought the world revolved around me… And I think I made the mistake of saying 'how are you' just as we walked into the room, all she needed to say was, 'well, thanks,' but she would go quiet, she would say absolutely nothing. Yeah, I mean it just alienated me to the point of feeling really – I don't think that's ……I mean I wasn't saying, 'what did you do on the weekend, are you married with three kids, tell me about yourself?' I just said, 'how are you?' You know like get a grip, lady, I'm not a kind of psycho stalker."*

The therapeutic frame comprises the boundaries that contain the counselling experience and differentiate it from other kinds of helping or social activity. These boundaries include: the regular length and frequency of sessions; the contract (verbal or written); the payment; and the absence of (or highly judicious use of) personal information about the counsellor. There is also the application of counselling skills in the exchange: the use of silence; mirroring and reflection; paraphrasing; using open-ended questions; and attention to feeling states rather than overt content. The experience of clients finding the therapeutic frame uncomfortable and hard to relate to is not unusual. The account above is, of course, Irina's remembering of it – the counsellor's may have been different. But what is important here is Irina's internalisation of the experience, which feels cold and rejecting. Where the client's experience of the frame cannot be spoken about by them, and is not enquired after by the counsellor ("I wonder how you're finding this way of being with me?") it is difficult to find the capacity to use it profitably. Some clients can act out against the frame and then there doesn't have to be a conversation about it – both parties can engage in using the frame as a metaphor for an underlying engagement that is expressed in wordless, affectual states and can be brought to consciousness later on if needed.

The failure of the working alliance is not a parallel for the numerous small, essential failures that parents make with their children, which lead to growth and development. The working alliance, mediated primarily through the therapeutic frame, is comparable with the holding function the mother gives the baby. Winnicott (1988, pg 98) writes "Human beings fail and fail; and in the course of ordinary care a mother is all the time mending her failures. These relative failures with immediate remedy undoubtedly add up eventually to a communication, so that the baby comes to know about success… As analysts we know about this because we are all the time failing, and we expect and get anger. If we survive we get used… Where failure is not mended within the requisite time, seconds, minutes, hours, then we use the term deprivation." So the mother might hold the baby unhelpfully – joggling him too hard for his mood, or hold him too tightly when he wants to explore – but if she reads his squawks of outrage soon enough, or picks up on her own discomfort at the lack of attunement, she will change her holding and the failure is mended. The term 'deprivation' resonates with Irina's subjective description of a cold and rejecting counsellor.

Where a counsellor – or possibly in this case, more worryingly, a number of counsellors – fail to notice their holding of the client is not adaptive, the working alliance cannot function and work comes to an end. There has been an un-mended failure. In Irina's case, she has been deprived – deprived of the potential benefits of psychodynamic counselling at

that time. Irina herself was able to differentiate between the person and the process: *"And then I got to a point where I felt do I not like her because she's holding a mirror up to me which I know that's what she's supposed to be doing. Or do I just not like her because I didn't warm – I mean I think there needs to be certain element of rapport with the person, irrespective of the type of therapy that you are undertaking."* But for her the rapport was never there and the work didn't get going.

6.4.2 Ruptures to the working alliance

Lena too found it hard to broker a working alliance with a counsellor. Her two earlier attempts had not been successful: *"… that first experience was horrible, because she just stared at me and wanted me to come up with something. And I was like ok surely this is a two-way thing. And then she goes, "How can I help you?" And I thought that was a really bizarre way to open something, not a personal sort of service. So anyway after that experience I thought that was incredibly bad and I'd never do that again."* And *"So then they matched me up with a counsellor and I went and from the first time I met him I didn't like him, because he just looked at me intensely as if he was just taking me in. And I was just thinking, ok, this is quite intimidating."*

Despite these false starts, Lena did manage to get going with a psychodynamic counsellor. She had initial frustrations at the counsellor's lack of response, which she felt she couldn't raise with her: *"So I spoke to people about it and I said, 'Is this what counselling is all about?' Because I was hoping she would be a bit more hands on and tell me certain things like I'll just get you to think about things differently. Instead all she would do is listen to me speak and I don't think that was very good time spent."* A good enough working alliance must have been formed because Lena did feel able to speak. Lena felt her counsellor simply let her talk: *"So I stayed on a bit longer and then I got to the stage where I was just addicted to it and I wanted to go just to outpour. Even the smallest things I wanted to tell her about as opposed to anyone else. And eventually it became a point where I was just off loading a load of babble that I could have done over coffee with my friends. And I wasn't getting anything back… So it was a really bizarre experience and then towards the end I was just like I'm not getting anything from it, financially it's becoming incredibly costly."*

A rupture to the working alliance in this case came because Lena felt that the counsellor over time failed to do anything active with the material she was bringing – and her manner of bringing it. A wall of words, an unstoppable outpouring is often seen as a defence against thinking and feeling. This needs an active engagement from the counsellor, otherwise both parties simply drown in a sea of words from which no meaning can be made. Again, it is Lena's side of the story we hear here – the counsellor might have a different account of her interventions. But Lena's feeling that she wasn't getting anything

back led to an eventual breakdown of the work, with Lena suspicious that she was being exploited: *"I think she could sense my frustration, but I think because I wasn't getting any response back from her I just channelled it into the frustrations that I had of the events that were going along at the time. So yeah, even with the frustration I think now – again if I take it to an extreme I would say I was taken advantage of, my vulnerability was taken into this to keep going."* The perceived lack of response in this case feels like a matter of benign neglect. Certainly Lena found it hard to *talk with* her counsellor, rather than at her. This made the business of ending difficult for Lena: *"And then the following week I was like this is it, I want to stop. And then I was a bit, I didn't want to say to her because I felt maybe a little bit embarrassed but a little bit uncomfortable. There was nobody else that I could go to. So I just sent an email directly saying that I would like to cancel, can you tell me what the cancellation notice is, and they said well there is no cancellation notice you can just stop attending. So I said ok fine I'll use my next one as my last one and then stopped going. And then after I stopped I felt so much relief, that why did I take so long to end something that wasn't giving me any benefit."*

For Irina, the rupture to the working alliance felt less benign and much more attacking. Irina had been working with her psychodynamic counsellor in NZ for some time. The work was hard for her, seeing her counsellor in her lunch hour and *"And I'd drive back to work bawling my eyes out in the car, it was a really difficult process and I went to her at a time where I was just really unhappy and very confused, and with a lot less self-esteem than I have now. I was dealing with really full on things that were having a paralysing impact on my life and who I was."* Irina had problems in her relationship with her boyfriend and they split up. After this she commenced a relationship with a woman. This proved to be the subject matter that sparked the rupture to the working alliance, the dissolution of the attachment to her counsellor: "*And the thing that was the nail in the coffin for me was that I'd been talking about this girlfriend for three weeks in the sessions before the therapist even acknowledged that I'd said anything about it. And I ended up reaching a point where I was saying, 'I notice you haven't said anything about X.' It wasn't as if she hadn't heard me, I was clearly wanting to talk about it. And she came back with some incredibly – how old was I at the time? I'd just turned thirty – and all she had to say about that was, 'Women in their late twenties and early thirties have a responsibility to decide whether or not they want children and to structure their lives accordingly.' She said, 'I've seen plenty of women sitting in this very chair where you are now in their late forties and they've never made a decision or been able to process whether they want children and they've missed the boat.'*

Irina's internal response was fiery and immediate: "*So I just thought how dare you just jump to that sort of – I don't know – I just – it really pissed me off, putting it mildly! You know there are a whole lot of other things you could ask me or talk to me about before you just said this, 'this is about whether you*

want children,' and why can't two women have a fucking baby? Like, who do you think you are? Like, what has that got to do with anything? I thought that's homophobia, that's what – I don't know – I was just really stunned." Unable to respond verbally in the moment, Irina decided at home that the work had to come to an end: *"And I think we had done some good work and it did result in me confronting certain things in my life, that I probably wouldn't have done had I not seen her. But I think I rang her up and said, 'I'm not coming back, I'm going.' And I think I even left a message on her voicemail because you could never get through on the phone. And I was probably cowardly in doing that, but I was just so…"*

These powerful accounts of ruptures to the working alliance from Lena and Irina demonstrate for me the central importance of the quality of the attachment that is formed between counsellor and client. Holmes (1993, pg 155) addressing post-Bowlbian research comments "The good therapist acts, mainly at an unconscious and non-verbal level, like a good parent to his patients. Empathy corresponds with attunement and responsiveness; honesty ensures that negative feelings, especially those connected with loss and separation based on the inevitable failures of the holding environment in therapy are dealt with openly and without prevarication; non-possessive warmth means that the therapist gets the attachment distance right which means they are containing to the patient without being intrusive." In both the cases given above, the failure in the holding environment meant the clients cut and run, giving the counsellors concerned no room to deal with their failure openly and without prevarication. This is the reality of the knife-edge quality to the work – if you get it wrong, as you will, you need to address it quickly. A failure to do so probably underlies the high number of unplanned endings in counselling. The counsellor is often left with little or no sense of what went wrong, but as can be seen above, the clients have a very clear narrative about it.

6.4.3 Rejection of the psychodynamic mode of engagement

For two participants, Jason and Irina, the engagement offered by CBT counsellors at WPF, enabled a working alliance to be established. Both spoke with affection towards their CBT counsellors who were willing to reveal something more personal about themselves and engage in a way that more closely mirrors an ordinary social engagement than the psychodynamic model suggests. Jason reflected: *"I said to him, 'Oh I'm going to see my sister and she's got a new baby, and the baby's name is you know this.' And he goes, 'Oh that's funny, that's the same name as my daughter.' And I thought wow it's like some kind of* [chuckle] *cosmic* [laughs] *sign or rapport or something! And because he never spoke about himself or his life, I liked that drop of a you know, it was just it was nice the kind of human, let's say connection. Because until that I was coming here*

and just talking to this face who asks you questions and guides you in a particular direction and it can be a bit transactional. But in this case that was a very warm face and he smiled. As I said it was a nice sensation."

Irina, after three unsuccessful psychodynamic encounters, found her match with a CBT person; *"Um well I think that knowing CBT was going to be very different and a more collaborative experience. I was willing to – I mean I'm very ready to admit that there are things that I need help with. But the therapist I saw, I don't know whether I should mention her name, but she was very willing to talk to me about similar experiences she'd had in her life, and it was almost as if, and I know I'd had the initial consultation with somebody else, but I found that she was really paired to me. I'm sure it was a coincidence in many ways, but we had a lot of similarities in our personalities and in things that had happened to us. And she was prepared to discuss that with me and I felt that was really important in breaking down a barrier and making me feel less of a 'loony' for want of a better word."* After the counselling had finished, Irina felt able to contact her counsellor again once or twice: "*I think I was so wary after the coldness of the previous people, that she might say just don't write to me again, or – So I've been careful not to write too much and to sort of be – it was more me expressing my gratitude to her after the fact, I can't remember, I think I sent her a card. I think I wrote her a card and gave it to her the last time I saw her and just said 'Thank you for being so just honest and real.' So of course she didn't acknowledge that and I didn't expect her to."* This again reflects the idea of 'flying the nest' – there is a nest of kinds to return to, rather than having to face one final ending.

One thing that strikes me about these accounts is how relatively little the clients are asking in terms of personal disclosure and contact. Just enough to know there's a real, feeling person with them. This brings me to the flip-side of the "clinical infant". I wonder if the 'psychodynamic counsellor' can in effect be a 'clinical parent', a construction of therapeutic practice who is bereft of human warmth and humour, fearful of letting any tender feelings escape and scared to make contact in case the strict rules of engagement are breached. The value of CBT articulated by these clients did not lie so much with the clinical approach, but rather with the capacity of the counsellors to be more normatively social in their engagement. Surely it is possible to do this without losing all sense of the therapeutic frame in psychodynamic practice?

6.4.4 A strong attachment to the counsellor

In contrast to the negative accounts of the short-comings of psychodynamic counsellors given above, Megan recounted a positive, strong engagement with her counsellor. *"I mean as I said I sort of feel very positively about my experiences there, and felt very affectionate and fondly*

towards my counsellor. I was just so grateful to her for kind of all the time she put in with me. But it was quite a difficult thing I think you know, because it's so emotional I guess a lot of the stuff that I spoke to her about and everything is so intimate. So yeah absolutely, and it's funny because I don't really know anything about her, and um I knew minimal things about her life because I knew she had children for example. And I knew she was married because she wore a wedding ring. But you know I think of her and hope that she's well if you know what I mean, I sort of do think about her and think I suppose as you think of a kind of old friend, I think I hope they're doing well."

The good attachment she made was evident. I asked her what had made it work for her. Megan struggled to find the answer: *"I don't know, it's like the ultimate mystery, because my girlfriends always joke about it because um I said, 'Well she didn't really ever say anything to me.' But um I'm not really sure you know. As I said she was very good at maybe asking the right questions at the right time. But I think it's sort of that……um I don't know, sort of creating that space for somebody to work through things by themselves. You know and I think that well maybe lots of people are like this, but you know in life you kind of rely on other people's opinions and voices and everything. Whereas in counselling I couldn't rely on it, it had to be about me, and the counsellor sort of facilitated the space for me to recognise that I guess. Um and I was always just so keenly impressed by her. I would go on and on about - and she must have been so sick of hearing about these people she'd never met. But she always remembered everybody's name, it was amazing. It could be weeks down the line and she'd refer to something that I'd said and people's names. And I knew she was a reasonably quiet participant, she was completely engaged in what we were doing together."* This sense of being quietly and carefully attended to, of being held in her counsellor's memory, coupled with the small amounts of personal information that Megan had gleaned about her counsellor, seems to have been the magic ingredients to make this piece of psychodynamic work a success. She has been recognised and retained.

After working for 16 months Megan found she was happier, life was good and her thoughts turning towards an ending: "*I think um I brought it up, I think I was a bit nervous about bringing it up, because I was aware that the counsellor might say, 'what are you kidding you've got months to go.' But um I said to the counsellor, 'so what happens, do you often do it?' Because I was seeing a counsellor weekly, and I said, 'Do you kind of break it down so that I'll start seeing you every two weeks?' And she said no, that the idea of this counselling was that this was a very regular thing and then it ends. And so it was quite sort of, a very firm decision. And she said, 'Well let's work towards that over the next few weeks, but if you're feeling when we get there that you're not happy to end it, then we can reassess.' And as it was you know um I just ended it. But what was interesting I think, now it's kind of jogging my memory, but the last session that we had we did talk over the last two weeks about the fact that it was an ending, and I was really emotional just because I'm quite sentimental and it had been quite a positive*

experience. And I think I remember being quite emotional, it was quite um, it's such strange relationship isn't it, because a counsellor is not your friend, and I was so grateful for all of the counsellor's help if you see what I mean. That I remember just kind of leaving and thinking gosh I've barely thanked her, as much as I would have liked to have done for all her kind of hard work, because I was aware that she'd had to listen to me for sort of sixteen months or there about."

Megan's autonomy in deciding when was right to end is important. She noticed *"And I think what was obviously important about it was that you know my counsellor wasn't ever going to say to me, 'Right you're ready to stop.' The whole thing was about me being able to assert that myself. And it felt like a very positive decision you know, absolutely because it felt like you know I'd gone there because I had some problems. And I felt like I'd basically worked through them as far as I was going to with the counsellor, and that I was in a much more positive position. And it just kind of felt like the end of quite a lot of hard work, but that said it was a quite sentimental position for me because it had been a really positive experience and I enjoyed the counselling in many ways."* There is a satisfying sense of Megan having taken back responsibility for herself after this period of psychodynamic work. The ability to leave the counsellor as a calm, volitional decision, rather than ending being an angry or upset enactment of a failure to work something through together is, after all, one of the aims of the work.

6.4.5 Contradictory accounts of attachment to the counsellor

I was aware when analysing Lena's and Irina's transcripts that there were conflicting messages within about their attachment to their counsellors. Both vociferously railed against their counsellors, as shown above in section 6.4.1 and 6.4.2. But there are contradictions in their accounts which I want to draw the reader's attention to.

Irina had three experiences of psychodynamic counselling which she found to be unsatisfactory until she found her match with a CBT counsellor. Whilst the working alliance was hard for her to make with these psychodynamic counsellors, she showed an understanding and adherence to the practice of psychodynamic counselling gleaned, after her ending, through talking to friends who had also used the approach: *"I know there's a certain rationale behind the commitment and the intensity of when you're doing really in-depth work with someone you want to be seeing them on a regular basis."; "I was dealing with really full on things that were having a paralysing impact on my life and who I was. So I knew that there was a part of it, it was just a hard thing to do irrespective of how nice or how effective that therapist was. And she did help me a lot but it was quite a …..I know that that point at which…..so I just thought if this isn't a pleasurable experience, it's not supposed to be."; "And again it's that same conundrum of do I just not like her, do I*

not like the truth that's been thrown in my face about myself that's unattractive and really confronting, which is inevitable I think in any type of therapy."

So there is something here about the painful nature of the work which makes it hard to manage any feelings of warmth or attachment associated with the other protagonist. Lena too found the process of revisiting her conflicted childhood and suicide of her brother too painful to engage with: *"And then sometimes she put me in this really uncomfortable position where I'm like, am I crazy, because I feel crazy because I'm demanding something of her, but clearly she is just letting me go down this scary avenue myself to explore. And like surely as a professional she needs to rein me back in. And then the funny thing is she would question why I'm scared about going down that avenue and I just think that is a whole other level of psychology that I'm not comfortable with. Because now I'm really concerned that am I a fruit cake, or are you trying to make me a fruit cake, and I should go into some kind of institution, because it was just really unnerving."*

It sounds like Lena and her counsellor reached something of an impasse. Lena expressed conflicting messages about her feelings towards her counsellor. Like Irina, she had experienced previous counselling – two episodes before her engagement with her psychodynamic counsellor at WPF Therapy. But at the same time as feeling she was somehow taken advantage of when vulnerable, she reflected: *"Now that I've finished I think she would have been a great friend but obviously who would invest that much time. A great friend in a sense of someone who listens, she was a great listener. But I think about her… I felt connected to her because obviously I was attached. And then I went through that whole cycle of being frustrated, and ok let's see how it goes to, actually ok I need to speak to her now, to making her my friend and my confidante over everyone else that I had in my normal life."* Lena's consideration of her counsellor as her friend extended to her thinking about inviting her to her birthday party: *"I was attached to her and I thought I'm having a birthday party, should I invite her? Or maybe I should give her a gift. And for me it was always like ok I'll give it at the end because that's the way I work, as in when I got the results, when I've done everything I need to do at the end, I'll show my appreciation. And in the end I was disconnected from her emotionally because I just felt like you know, you made me swing back into the old self instead of being this new improved girl that I wanted to be. So I felt a bit, not cheated, but a just a bit like oh well it's not really worth thanking you, thanking you for what? Stuff that I've done myself."* So the combination of Lena being unwilling at that point to explore "*this scary avenue"* and her unresolved fantasy of what her counsellor might be – "*my friend and my confidante over everyone else"* – suggests that she had not been able to make use of her counsellor profitably. She had, I suspect, made an attachment to the person, but perhaps was unable to bear the

experience of counselling not making sense to her. This might explain her feelings of having been taken advantage of – she was paying for something that she could not use.

Both Irina and Lena expressed a wish that their psychodynamic counsellors had offered some kind of orientation or structure to the process of psychodynamic counselling. Irina said: *"I could have understood that it was confronting if it were explained to me and what it was supposed to achieve, but there was no kind of background or introduction."; "And I understand there's a certain process involved that it has to get worse before it gets better, or I don't know. But she never took the time to contextualise it for me and say the whole function of psychodynamic therapy is to recreate the situations that you play out in your life, and I'm here to – which I don't really understand if that is what it's supposed to do, but I've had other friends who have had therapy and that's what they've explained to me."* Lena reflected on the absence of structure in terms of questionnaires or having access to the assessment made of her: *"No, there was none of that and I feel quite disappointed with that because I am – and I explained from the beginning that I was very hands on and I do want structure to how it's done. And after that* (her assessment) *my counsellor had access to that information but she never used it openly in front of me. And once or twice she touched on a few major things, but not so much the small things, or even touched on it unless she saw my frustration and mentioned it… Yeah, yeah it's as if it's just for them and not to be shared with me."*

My sense of the contradictory nature of the narratives of Irina and Lena is that they operate at several levels. In one place there is their own attachment history. In neither case did I take a full history or sit with a 'counsellor's eye' upon them, as I was there in my role as researcher and they as research participants. So it is fair to say that I don't really know about their attachment styles, other than I was able to form a good-enough engagement to last two interviews. Lena has been in touch with me several times by email, inviting me to participate in various Asian networking events she has organised at her work-place; there is something of making me a friend in this I suspect. [As a point of interest] I have always responded promptly and politely but warmly declined. Both women seemed to be in complex and difficult positions in life, working full time and living alone in London away from immediate family and in new relationships. The expectation of counselling to make a significant change, despite a history of less successful therapeutic engagements, was high and therefore the potential fall from grace for a counsellor failing to meet this expectation would be long and heavy. Both women were describing episodes of counselling that lasted over six months, from which I deduce that some kind of working alliance was created. An attachment was made to the counsellor, albeit an ambivalent attachment.

The lack of orientation to the psychodynamic process can be read in two ways. One is a literal comment on the reasonable requirement to make the clinical process transparent so that the client can make an educated decision about having counselling. WPF Therapy provides literature and information on their website which attempt to do this. The other view is that the feeling of being disorientated and uninformed is a reflection on the client's experience of their inner world and their relationship with their counsellor. Psychodynamic work is by its nature a journey into the unknown interior of the self and human relations and very unsettling it can be. The request for an external 'map' can be read as expressive of feeling lost and perhaps with a fear of never being found. Both women voiced their fear of madness, with Irina concerned that she was *"a basket case basically"* and Lena feeling "*now I'm really concerned that am I a fruit cake".*

Especially when the attachment to the counsellor is not strong, there is a need for containing interventions that connect the reality of the process to the internal experience if all are to survive the engagement to a helpful conclusion. I return to Holmes (1997 pg 167) in that "from an attachment perspective, the aim – or 'end' – of psychotherapy is to help create a secure base, both in *reality* and as an *internal* representation within the patient." My sense is that for Lena and Irina an ambivalent attachment (*internal*) was made, but that further therapeutic 'scaffolding' (*reality*) was not deployed in a manner suitably attuned for either to make use of. This results in the contradictory narrative where counsellor and counselling process are both clung to and angrily attacked.

6.5 Summary

Attachment issues were strongly present in the interview material, often woven into other, more overt discourses. Any narrative is subject to "the contrast between the structure and boundedness of the story, and the fluidity and formlessness of reality" (Holmes, 2001, pg 80). I have found it hard to bring together the attachment and separation themes embedded within the stories recorded for this summary. Attachment theory and object relations theory are in themselves massive subject areas and I have skimmed the surface in my usage of them in this chapter. The examples and arguments given above are my interpretation of how to make sense of the discourse of attachment and separation that I have identified from these particular transcripts: attachment is a state of being and a communication effected between two or more people, so my sense of my own attachments has no doubt influenced the aspects of theory that I can most easily relate to and make use of. The concept of 'making use of' is central to both Winnicottian and attachment theory –

once an attachment has been securely made, the object of the attachment can be made use of, if the subject can develop the capacity to use it. I feel I have made use of the transcript material from research participants, who in turn, I believe, made use of me and of the experience of being able to talk about their attachments and their endings.

I have structured my summary of this chapter into three sections, looking at how participants spoke and communicated about attachment; my observations about participants' age and their relation to attachment and separation, and finally thinking about the place of attachment theory and object relations in contemporary psychodynamic thinking and practice.

6.5.1 How participants communicated attachment and separation experiences

In reviewing and selecting transcripts to draw from, I was aware of a very different approach in style between counsellors, supervisors and clients. As it happens, the examples I have used have been from counsellors rather than supervisors. Counsellors and supervisors both were able to think about their attachments to their clients. These attachments were spoken of with warmth to me, but with a more guarded sense around how far the clients could be let into the warmth they felt. The potential danger of giving away too much seems to coalesce at the end point of counselling, where the tension of containing feelings and holding the therapeutic frame comes hard up against the urge to reveal one's own feeling – and perhaps wanting to give the client something to be remembered by. So it feels that attachment processes are activated in the counsellor in a way that is both useful and unhelpful. Useful in the sense that they underlie the development of the working alliance and its deepening into a meaningful therapeutic relationship; and unhelpful in that the pull for therapeutic abstinence is in direct tension with a set of primary unconscious and physiologically-mediated natural responses and drives. The conscious wish to not get caught out by these drives might lead to an overly severe curtailment of how naturally one relates, to the detriment of the client/counsellor relationship.

The client voice seemed to span two camps, namely those who liked, got on with and valued their counsellors and those who did not. Some clients described the ambivalence of being attached to their counsellors whilst not always liking them. Given that attachment processes are tipped into anxiety states by separation it is no surprise that poor attachments followed by difficult separations were a common theme. There is also something here about participants' self-selection in the research process: those who took part felt they had

a story to tell about their ending in counselling and how it came about. Attachment types are in part discernible by the narrative style people used: secure individuals have coherent, collaborative discourse; dismissive individuals have a lack of coherency and a lack of content about relationships; ambivalent individuals are preoccupied with past attachment experiences and can be angry, passive or fearful; disorganised individuals have lapses in discourse, prolonged silences and eulogistic speech (From Holmes, 2001, pg 8, adapted from Hesse, 1999). So it is unsurprising that the accounts of cold, silent counsellors are told in a strident manner, with the story emerging fully processed and 'wrapped up', there being little room for reflection, wondering or re-working. I also noticed that Megan, who had a good experience, captured little of my attention in addressing this chapter, as if she didn't require much attention herself, being fully satisfied elsewhere.

6.5.2 How participants' age/attachment relate to separation

In the previous chapter I found something of a correlation between chronological age, length of time in training or practice, and affiliation (or not) to the mourning and loss model. In thinking about attachment, there was no particular evidence of age or stage of training or practice being linked to an affiliation to attachment theory. My sense was of attachment experiences being ubiquitous and therefore potentially available to all. The slight variation to this was of the notion of 'flying the nest', where the counsellors who articulated this idea most strongly were generally (but not only) parents of grown-up children themselves, so perhaps the metaphor was most salient to them.

6.5.3 The place of attachment theory and object relations in psychodynamic thinking and practice

Attachment ideas, so eminently observable in the world around us and so easy to connect with in respect of one's own feelings towards our parents and children, seemed to be embedded within many transcripts. I noticed that the way counsellor and supervisor participants spoke of attachment and separation issues was in ordinary language, rather than using clinical terminology. The only exception to this was the use of the term 'internalisation'. Attachment theory does have its own clinical and theoretical language, which is a considerably smaller lexicon than other schools of therapy have spawned. This may be in part due to Winnicott's valiant efforts to keep to plain English.

I link the use of ordinary language to two issues. The first is how we are almost blind to attachment as it is an integral part of our everyday functioning and state of being – this makes it harder to think about as a subject in its own right. We can't see the wood for the

trees when speaking about our own experiences of relating to others. So I pick up a wealth of attachment related motifs within the interviews, but few of them are being explicitly aired for my benefit. They are just there.

The second issue I connect to ordinary language, is to do with the smuggling in of attachment and object relations theory into the psychoanalytic model. "Like many psychodynamic terms, 'attachment' carries both experiential and theoretical overtones" (Holmes, 2001, pg 67). Suttie recognised the perception of danger in the acknowledgement and expression of tender feelings; we cannot speak of attachment theory without reconnecting to our own tender experiences of attachments and, by default, separations. I wonder if the small lexicon of clinical terms associated with attachment theory is a means to dumb down the significance of the findings, coupled as it is with the powerful partner of scientific experimental evidence (Ainsworth's Strange Situation, for example). Attachment theory had to be smuggled into the psychodynamic world and its covert status is tangible in both the experience and expression of attachment in the work.

Chapter 7 – Loose Ends

7.1 Introduction

In this chapter I am continuing in the general direction of moving from the conscious, constructed narrative to try to get hold of the more opaque themes that were woven into participants' stories. I want to discuss these less dominant, but important, themes that have a more elusive quality and to register what might easily have escaped from view. I think it is important to devote a section of this thesis to evidential themes which do not seem to 'fit' with the two major themes already explored. These outstanding, anomalous themes offer a chance to open up a space in our understanding of endings, in which something new might be formulated.

I will begin with the theme of the client as consumer, as this was voiced by many of the clients I interviewed, and has particular implications for the nature of the counselling relationship and for how counsellors see themselves and their own worth. I will then explore the experience of freedom and constraint and how this manifests within the psychodynamic model for both counsellors and clients. Another theme which I found was that of feelings of shame; I shall consider this with reference to a counterpoint theme of relief. Then I shall examine remaining themes of time; the natural world; and a curious absence of religious thinking in participants' narrative accounts.

7.2 The Client as Consumer

In psychodynamic counselling there is no escaping endings and fees. These are the only two givens of any piece of work: someone, somewhere, is paying for the counselling and it will, inevitably, come to an end at some point. I was interested to see how, in a number of interviews, issues of money became connected to the business of ending counselling. This was no surprise to me – as both a counsellor and supervisor myself I have heard many accounts of clients needing to stop counselling because they could no longer afford it. What was different about the interviews I conducted with clients was that I did not inhabit the role of counsellor, or indeed any representative of the organisations providing counselling. So I was privy to the client view of money in relation to endings. I noticed this was voiced in a very different manner from the ubiquitous accounts of clients who really valued the counselling but were so sorry they just wouldn't be able to continue… it is

debatable how many counsellors choose to hear the irony in this common cause for ending.

Lena, a graduate working in a multi-national corporation in central London, brought her expectations as a consumer of counselling services to our first interview. The interviews with her took place, at her request, in her work-place and as we spoke I was aware of the framed photographs on the walls showing completed projects, industry award events and the staged, shaking-hands images of billion-pound deals being sealed. Within the first minute of her discourse Lena said *"I mean even the first meeting that I had, just because of the person I am I wanted results after the first meeting. I didn't feel any different and I was ok, give it a few more. I gave it about three or four more sessions and I was incredibly frustrated."* The expectations that Lena worked under, of being seen to be efficient and effective from day one, were not unreasonably brought to bear by her onto the counselling relationship. She quickly voiced a financial reckoning to her thoughts about the lack of obvious outcome from her counselling: *"In the end it became a luxury where I was just going to have expensive coffee with a friend is what it ended up becoming like."*

The client paying the counsellor for their services is a curious relationship. There is a commitment implicit in the relationship from both sides, which is not commonly a feature of market relations. In psychodynamic counselling we usually charge in arrears, in order to reflect something of this commitment – we trust our clients to attend and to pay for what they have received. We trust them not to disappear without paying us. We hope they will internalise our communication that they, and we, are trustworthy. Of course, we might find that they are simply compliant in our payment regime, rather than taking something useful from it. However, the exchange that takes place in the therapeutic world is un-postmodern. It is an exchange in 'old money' if you will. It is not 'pay as you go'. It is not usually paid by credit card or a bank transfer. The cash or cheque is passed from one set of hands to the other. Perhaps there are parallel engagements in the world of personal services – a music teacher for example, or a sports coach – where the intimacy and longevity of the encounter creates an important relationship which shapes the individual and goes beyond the acquisition of a skill set. So the counselling client as consumer is a rather unique role – it does not fully map onto other ideas and enactments of a consumer relationship. Our model is in tension with the free choice of the shopper. Our products cannot be returned and the consumer given their money back. We are not (yet) 'Which?' rated.

The role of consumer is not one created by clients alone. Counselling itself is the product of professional practice. Furedi observes "Therapists have assumed the role of relationship experts and have succeeded in establishing a demand for their services in virtually every institutional setting." He goes on to describe counselling as "one of Britain's little growth industries… The psychotherapist Nick Totton has described counsellor training as a 'pyramid selling scheme', which has created a 'huge increase in clients'… Evidently, the counselling professions have proved successful in creating a thriving market for its services" (Furedi, 2004, pg 9).

Megan spoke about counselling as a consumer product too. But her view was more positive: *"It feels like an investment and um you know I know that it's a very well subsidised and things, and that comparatively it's extremely cheap counselling if you like. But for me it was a lot of money to be spending every month and um it sort of felt like a real – you know it wasn't like I was just throwing the money away. I have to be very careful how I spend my money, so it did feel like a real – which I liked actually because it feels very considered. You're not just doing it for the sake of it, it was a real investment, which actually felt good you know, when you're asserting some you know, something to look after yourself I guess."* There are a number of themes contained within this extract. Her use of the term 'investment' might be linked to her preference for open ended rather than time-limited work. With an investment there is a sense of something taking time to mature, to come to fruition. She acknowledges the fact that the counselling is 'comparatively cheap' but as she didn't cite the fee she paid I can't comment on her perception of the cost. However, I note her comments on subsidies and I wondered what her understanding of this was. Perhaps Megan had a phantasy that WPF Therapy is grant funded in some way?

Megan's account is inconsistent, which perhaps reflects something of her development over the period of counselling. So although she saw her counselling as a comparatively cheap investment, she nevertheless was *"always very concerned about being self-indulgent I think, and I think you know I wasn't in counselling I didn't feel because anything particularly awful or traumatic had happened to me. One of the things that I struggled with when I started was that it felt like a terribly self-indulgent thing to do."* She used her role as consumer to help ameliorate her fears of self-indulgence: "*But what became nice was that I felt that um … what I felt you know which was nice about it was some people spend £50 getting a massage, and it sort of felt like I was looking after myself on the inside, if you know what I mean like* [laughs]. *And eventually didn't have any problems kind of justifying it to myself."* In her statements Megan supports the clinical view of the therapeutic value of payment – by paying the counsellor she is in fact paying for her own care and reflecting her self-worth in the fee paid. This view actually supports the notion that

counselling could fall under the heading of 'retail therapy'. Whether the clinical line or consumer line is taken in making sense of paying for psychodynamic help, the outcome is the same. The client pays and feels they are simultaneously worth something themselves through the choice of an active purchase.

7.3 Freedom and Constraint

Discourses of freedom and constraint appeared in a number of transcripts. I have chosen to give examples from Roberta's interviews, as this theme appeared in her thinking about endings in her wider life experience as well as in counselling. In relation to counselling, Roberta had struggled to get a good alliance with her counsellor, whom she experienced as authoritarian; they had a tussle over Roberta's wish to move her chair under the skylight and the counsellor's wish, which seemed to hold more weight, to maintain the status quo. Roberta made the connection to her experiences of school and the constraints there: *"Yes, it just took me back to my school days which was quite an old fashioned girls grammar school. And I think in that physical environment, maybe, maybe it can have a heal- maybe under other circumstances it could have been healing. But I arrived back at that you know not speaking in the corridors and sitting still in assembly, and it was just too physically painful."* She had experienced the institutional setting (long corridors in which counsellors, and well-behaved clients, walk in silence) and the therapeutic frame in a regressive way, linking back to her unhappy experiences at school and expressed in a very somatic *"physically painful"* way. It was as if there had been a powerful transference to the organisational setting which was reinforced in the transference to the counsellor.

In addition, Roberta found it hard to negotiate breaks from counselling: *"Well, I'm someone who does like to take off in the summer. And I'm someone who doesn't like to feel tied down, and I had sort of said I'm not someone who makes my, books my summer holiday in January and sits by it. You know, I see what turns up and keep my options open and then I see something I want and then I go for it. But because I haven't done that, when I said that I wanted this break that wasn't – again I found it very constricted."* The issue here was not just that Roberta would have to pay for missed sessions, but also that long or frequent periods away impinge on the regularity of the sessions, with the regularity providing a containing rhythm and momentum to the work. The constraint she met wasn't specific to WPF Therapy: "*And when I, when I finished at the WPF I actually looked at going to a practice close by to me um which offers low cost counselling, but you're with trainees. But the contract is that I commit to two years. I can't do that. You mean- I mean… Well I suppose*

it's to safeguard the student. But I, I found that too restricted." For Roberta, the discipline of counselling proved too much, she could not bear the constraints it placed upon her.

Roberta's struggle to fit in with the demands of the therapeutic frame can be understood in terms of her biography. In the second interview she made three connections to her experiences of being constrained. The first related to her position in the family as youngest sister by 14 and 18 years. She felt she had to do as she was told and found herself complying with the demands of her older sisters when her instinct told her that her ill mother was dying: *"And the weekend I decided to go and see her one of my sisters, we had sort of quite a catty relationship, she sort of snapped at me, "Well you can't go up then because I'm going with J-, and and that's the only time I can go up because it's our half-term." So I cancelled my visit to see my Mum… and that was the weekend my Mum died."* There was no freedom for her in her family – she had to mind her place and not step out of it. She is constrained by the way she is positioned within her family and the role ascribed to her.

Secondly, there is a sense of things coming full circle for Roberta when the same sister is dying a protracted and painful death – *"and she said, 'I want some morphine, I want some morphine.' She knew what she wanted and they wouldn't help her… She had Parkinson's for twenty years before she died and the last ten years were a nightmare, she was in hell. She was in hell. And all they could do was just mess around with her medication and in the end the medication made her schiz- created the same symptoms as schizophrenia, so she was hallucinating horrible things. And it, it just distresses me that there was nothing I could do about it. Just nothing… But I just thought it was wrong. I would not have wanted my sister to go that way, and yes you're right I was powerless to make it beautiful for her."* So for Roberta, experiences of being constrained have particularly painful associations with the disempowerment that surrounds death and dying. It is not death itself that constrains her, but her lack of freedom and capacity to *"make it beautiful"*.

In the third connection Roberta reflected on the aspects of her sense of self that stopped her from taking the freedom she desired. This exchange between us shows how she pulled together the threads from her experiences of counselling and an unhappy marriage:

Roberta: *"Whether I could have my chair under the window!* [both laugh] *Yes, yes, I felt that. But… i-i-it is me and my life. There's definitely something about me where I wrestle with being disempowered. This is why I can't get myself out of a marriage that doesn't work. I do wrestle with being disempowered. It's like two things going on together. And it's almost as though I'm afraid to be powerful but then you must have heard that so many times before, because that is quite, it's a known state of*

consciousness isn't it?... That we, we almost fear that we could be great and wonderful beings that we keep a lid on it, or or, you know, if we are wonderful, people will hate us and try and sabotage us.

Jane: *Yeah, and if we haven't felt wonderful then that's an unknown state and the unknown is always pretty scary.*

R: *Yes,* [laughs] *but then my understanding is that- is part of a collective conscious state. And I do believe in collective consciousness, it is possible. Well you see it in football crowds don't you? You see it in riots."*

I was struck in this exchange by the way that Roberta began seeking a psycho-social explanation, with the cause of feeling constrained and disempowered being due to a fear of fully taking up the freedom to be oneself. There is an existential quality to her observation that gets to the heart of why she was seeking counselling – how can one risk being free? For Roberta, counselling could not help her find an answer. She felt that clarity lay within a group process, that collective consciousness was possible, which might explain her attraction towards therapeutic community interventions – *"And just being in the Greek sunshine living in a community which is far from perfect, because you always have dynamics… Yeah, but those two processes* [dance and art based approaches] *for me were very healing. And even working with artwork, I I find being able to create and when we do create there's an element of what's within us coming with-out. And it's like a process of understanding and it's it's it's not verbal. It's not within the intellect, it's a different kind of process that's occurring. And I think I'm actually more suited to that."* Roberta's inclination to seek a community based response to her unhappiness reflects Furedi's (2004, pg 101 – 102) thoughts about the rise of the therapy culture and the impact it has on people: "Professional intervention unleashes a process whereby the dependency of the individual on the expert becomes increasingly more systematic. The mediation of experience by the professional has the effect of distancing people from one another, thereby fragmenting the network of relationships still further… the mediation of experience through the professional alters the very character of human relationships."

In 'Taking the Group Seriously' Dalal (1998) references the work of the sociologist Elias. The tensions of freedom and constraint that Roberta spoke of in the excerpts shown previously are reflected in Elias' thinking about the individual/group dichotomy. Elias described the idea of 'figuration', of which Dalal (1998, pg 89) draws an analogy: "it is as though we are each attached to every other with a series of elastic bands. This does not mean that our activities are determined by the group, rather they are constrained by the

group. These 'elastic bands' are what Elias calls interdependencies… the significance and consequence of figuration and the network of interdependence is that thoughts and actions are inevitably constrained. It is this element that stops the notion of figuration degenerating into something reductive. Additionally, the fact that figuration constrains individuals is not to be taken to mean that it is residing outside and beyond human activity." This suggests a tension between the groupish nature of social identities and the individualistic nature of personal therapy or counselling.

For Roberta, participation in *"going to communities where I work to be there, but at least life is simple"* was easier for her to gain benefit from, than the psychodynamic dyad. I wonder if this is in part because of the spread of power between individuals within a community, as against the one-to-one relationship in the counselling room. Dalal again (1998, pg 90): "One aspect of power is inevitably born out of the notion of constraint, which is in turn inevitably born out of the notion of interdependence. In other words the presence of power is an inevitable outcome of living together – out of the structure of life itself. The elastic band analogy should be remembered here. This idea strikes a blow against the liberal ideal, that somehow we can all live together in a sea of equality." Or it may be that short, periodic visits to healing communities allow the power differential, and the constraints this brings, to be fleetingly engaged with and then the visit comes to an end. The brevity of the visit allows the illusion of the "sea of equality". The contrast is huge with the therapeutic dyad, where time, frequency, cost and indeed the very layout of the room bring the constraints that both parties have to work to in sharp focus.

Freedom and constraint was a motif throughout Carol's (counsellor) two interviews. She admired her client, whom she worked with up to the time that her client went into hospital to have a baby. Carol did not know whether their last telephone session would be the end of their work, or whether the client would return after a maternity break. She reflected: *"Um… I feel kind of … a bit wistful and philosophical about it all… um, because of the nature of her and how she's been throughout the time I've known her, I-, I actually respect her quite a lot, and her, her ability to not be, um, oh… what's the word I was thinking of? Not be confined by things…"* Aside from the play on words with 'confinement' being an old-fashioned term for labour and child-birth, it was the client's ability not to be constrained that Carol admired: *"And the fact that she has had to be confined, um, but even in that I think there's a free spirit within her and er… I've, I've often smiled about it because, um, as a client myself I never missed sessions, um, I, you know, I, I always think 'oh, I am the compliant client'… not quite, I have my moments! But, um, but there's been something very creative about the way that she's missed sessions and about the way she's approached her therapy from*

day one, she's an artist so p'raps that's not surprising and even in her ending of it, and er, I don't know if as a therapist I should think like this but I kind of think 'well, good on yer!' … [laughs loudly] … *for being able to do it!"*

I noticed that Carol was not sure if she should "*think like this",* which made me wonder about the constraint of the model, as if Carol were not sure about airing her slightly subversive thoughts about the work. She is able to 'have her moments' in therapy, but there is a sense of her thoughts needing to be in line with the model of work. I take this to be part of the process by which one gradually develops the professional self. Davies (2009, pg 203), in his study of the creation of psychotherapists, paid particular attention to "how the 'professional' ethos permeates the 'private' sphere of therapists' lives." He argued that "it is the trainee's desire to be subject to this very permeation that largely constitutes their primary susceptibility to the world of therapy." Davies gives particular attention to how the structures of training organisations facilitate the development of 'the transformed practitioner' – the final destination of the student's journey through the training process. The student becomes a fully-fledged member of the group of psychotherapists.

Davies (2009, pg 203) uses the concept of the "mythic world", citing "anthropologists such as Dow (1986), Kleinman (1988) and Calestro (1972) [who] have emphasised the centrality of the therapist's myth in facilitating healing." Davies argues that the structure and function of training organisations transmit the mythic world to psychodynamic trainees and it is "the mythic [that] forms the basis of a human community or association that provides identity and belonging to its graduate members." (2009, pg 224). Davies states that the process of association is enacted through the mechanisms of identification and differentiation: "identification being the process by which graduates come to associate and identify with certain therapeutic ideas and schools, while differentiation is what leads trainees at the same time to distance or dissociate themselves from competing schools". Carol's comments shown above give a flavour of the trainee in the process of identification.

Carol went on to describe how the client had not conformed to the expected role of client in counselling, but had been able *"to personalise it. To do it your own way... she has used her therapy so creatively; part of – because she was, um, exploring her own life and her history, a very rich and varied family history as part of her therapy she actually produced a beautiful book of family history and memories and had it beautifully bound"*. Whilst the client was free to use her counselling in her own way, Carol was coming up against the constraints of the psychodynamic model via her experiences in supervision: *"my second supervisor, at the time I can remember… I didn't find my*

second supervisor very easy to get on with, and um, she expected us to do verbatims of the sessions and this particular client was not a client one can write a verbatim about and … I never f- I never felt that- I think that both her and I, client and counsellor, were a bit stuck in that second year…" The role of the supervisor is central to the identification and differentiation processes. Within the personal therapy that psychodynamic counselling students are required to undertake (usually a minimum of two years of once weekly psychodynamic psychotherapy) there is more freedom than there is in supervision. The training supervisor has the capacity to fail a student in a way that their therapist does not, building a degree of authoritarianism into the training process. My sense was that Carol struggled to find a way of working between the competing tensions of the artistic client, Carol's own tendency to *"think in pictures a lot and that's the way I work and er, um, active imagination is something that's quite important to me"* and the strictures of the mode of supervision which required a word-based, accurate record of their exchanges. Again, there is something tentative in Carol's reflections of being a bit stuck, that suggest there might be other feelings about that year which are not revealed in our interview. The tensions of freedom and constraint make me think of the loom holding the warp threads firmly in place, whilst the weft has to be able to move through and across the warp in order for the pattern to emerge.

7.4 Overt Shame and Covert Relief

At the start of my research process I undertook some unrecorded fieldwork interviews with colleagues, as described in Chapter 3 (section 3.6). These early interviews consistently produced a theme which I fully expected to see repeated in the formal fieldwork – that of *relief*. Almost all the counsellors interviewed spoke, to a greater or lesser extent, of the relief they had felt at being able to revisit ending experiences and also relief at ending work with a difficult or challenging client. It may be that the unrecorded nature of these initial interviews lent a degree of informality, which allowed participants to give free rein to their feelings, giving rise to the frequency of relief being expressed.

I was heartened by this finding, as it echoed my own experience of sometimes feeling, on closing the door behind a client departing from a final session, '*Phew - I won't have to sit with that person again'*. I have felt similar relief on occasions when the office has received a message from a client saying they would not be coming for any more counselling. My observation of my own response is that relief seemed to be related to an absence of feelings of competence. Thus with clients who I felt out of my depth with, who I felt I was not skilled enough to help, my relief at their ending related to me being spared my feelings

of shame at my own professional inadequacy. (As time passes, having now been counselling for over 16 years, I find the feeling of relief at ending is less prevalent for me.)

In conducting my formal research interviews I was aware of keeping an eye out for expressions of relief in participants. My sense, during the interviews, was that relief was a component of the responses articulated. I heard it expressed and saw it in facial expressions, in gestures, in tone of voice. However, when I reviewed the transcripts individually, I found it very hard to pin down the feeling of relief to the narrative (Lena proved an exception to this, see Chapter 6, section 6.4.2). This may be to do with the model predisposing counsellors to connect endings with death, loss and mourning – relief is not a common motif within the psychodynamic model. It also made me wonder if my sense of relief being present was illusory – perhaps I had been conveniently finding what I had been looking for to validate my own experience. On reflection I don't think this is solely the case. The transcript examples of 'relief' are fragmentary: the word is mentioned and not explored; an allusion to relief is made; an ironic comment communicates the feeling. These fragments do not make good copy – there are no meaty chunks of text to illustrate my argument. But I believe that the quality of relief is present and functions as a balance to shame, a more dominant theme in the transcripts and the feeling which I felt was connected to my sense of relief at some endings.

Steiner (2006, pg 940 - 941) described the "unbearable quality of shame", noting the plethora of words in the English language associated with it. Shame sits on a continuum with "the experience of exposure taking the form of more or less extreme discomfort somewhere along a spectrum of feelings which extends from humiliation through shame to embarrassment." Steiner notes that when a person feels shamed, even in a small way, there is a corresponding need to "seek relief with great urgency".

Shame is a feeling that appears to have been overtly expressed in the somewhat confessional setting of the confidential research interview; relief might be considered its covert counterpoint. It may be that the formality of the recorded research interview leads to some feelings being masked by participants. So perhaps the sense of relief is muffled, or is covered with an overlay of shame, which is seen as allowable in a way that relief is not.

Feelings of shame were articulated by both clients and counsellors. What I noticed was that these feelings were located at opposite ends of the counselling process. For clients, the shame seemed to be associated with needing or receiving counselling, so it was most keenly

felt at the start of the counselling relationship. Although clients do not use the couch, the experience that the social conventions of 'chat' do not apply in the counselling context, can be humiliating. Clients generally show a tendency for any shame associated with counselling to dissipate over time. It might be that this feature could be harnessed as one indicator of when an ending is appropriate. A diminishment of shame at needing psychological help could suggest developing ego strength. However, as the clients' expression of shame in these interviews was connected to beginnings, rather than endings, I shall not explore this further here. For counsellors, however, shame seemed to be located in connection to professional competence and the fear that an ending in counselling might reveal incompetence.

Anna articulated her shame about her competence early in our first interview. There was an air of the confessional about her disclosure. She described an unplanned ending with a client who left owing money: *"But I think in the beginning my feelings were… hidden; they were related to…. Not as severe as shame, but something like it… like I had not picked something up…Had I picked it up, had I been… stronger, more… something, this would not have happened."* She went on to describe how the incident left her with *"Big doubts about myself, big doubts about my competence…"*

Part of the difficulty for Anna was that the client had run up a debt with the service for over seven weeks of counselling and then failed to return despite Anna's letters offering her another session. As those of us working in a counselling service are aware, the need to account for the missed fees pushes the counsellor's management of the client and their payment into the wider realm of the organisation. No longer contained within the confidential and closed setting of the supervision group, the counsellor's practice is up for scrutiny by the administrative and management staff. Anna described how *"I took it, er, um, twice running to supervision and that enable me to exs…"* On listening to the recording again, I am not sure whether, when Anna cuts herself off, she was going say "explain" or "expunge". By seeing the client's behaviour as *"as a repeated pattern"* Anna felt able to "*let go of my own personal sense of responsibility and shame… And it also enabled me to let go of the financial chasing … to the finance department here… Um… er…tch…. And therefore not feel indebted to WPF if you see what I mean."* Her hesitancy in speech, coupled with her *"ers"* and *"ums"* show something of her ambivalence or embarrassment at revealing her situation. Anna immediately summed up the situation by turning 'shame' into a different usage, thus neutralising the word: *"And I think it's a terrible.. I think it's a real shame that that ending happened like that."*

Shame is a strong and often unbearable feeling. In my interview with Anna I noticed that I quickly moved her on from the exchanges above, to pick up a passing reference she had made to rituals. It was as if I too couldn't bear her shame and had to join her in letting it go.

Edith too raised issues of shame at her perceived lack of competence, again with a client who ran up a large bill and then left the service by simply disappearing. Although Edith did not use the word 'shame' explicitly, her account alludes to this by way of feelings of getting things wrong, of being duped, or confessing all. Certainly the feeling in the room was of a palpable sense of shame and embarrassment. Also in common with Anna, Edith began her first interview with me by giving this account, as if she needed to get it off her chest. *"I should have kept on top of it and I didn't so that, I mean it was a big, big learning experience for me, the whole thing was…* [intake and exhalation of breath] *… quite horrible, so that was a very, yes, a very undefined ending which I didn't even know was, until I decided, yes, okay, now it has to end and then I did all the writing of the necessary letters, closing the files, handing it over to finance and so on. I was, I, I was upset, I was furious… I felt quite hateful… duped… em, I felt rather naïve… erm…. I'm ashamed to confess, um, that there were times where I felt.. quite vengeful…"* As with Anna, I notice that in the interview I don't engage with Edith's sense of shame and instead ask about her supervision at this time. Edith quickly assured me that she *"confessed all"* in supervision. Despite the best efforts of the supervision group, Edith was left with *"a horrid non-ending ending"*. This for me chimes with feelings of shame, which are hard to process and separate from.

The persistence of shame for Edith went back to her earlier voluntary counselling work, before she had trained and when she might be forgiven for not having best practice. She recalled how *"when I was at* [organisation] *I… I didn't work towards any endings, I think I was probably really, really inadequate – I probably didn't contain them at all; it was probably highly traumatic for all three of them, for- for two of them, I- i- it absolutely it was, it was, they were devastated… I feel I hadn't really prepared them fully, I hadn't worked on it with them, I'm, tch… not very proud when I think back to that, I think, you know, I, I didn't really know…"* Her lack of fluency here shows the devastation she felt on reflecting on her previously uninformed practice. She finds her perceived professional incompetence hard to bear, even though she could not reasonably be expected to know how to work with people therapeutically before she had done the training! Her final words on these former clients were wistful: *"that's the thing about endings, another thing about endings, isn't it, is that – you say goodbye and then you just never know, you never know what's happened to them, what's happened to them? What's going on in their lives, are they okay? Did they, um, d-d-did they move on, d-d-did everything - what's happened to them, what are they doing?"*

Her uncertainty shows again in her hesitations over whether they did move on, whether everything did work out. The persistence of shame is remarkable, although the cause of shame seems to be located in different ways for different groups. For counsellors, shame is associated with doubts about professional adequacy; for clients it appears to be linked to the need to access counselling at all.

Steiner suggests the quality of gaze between two people plays an important function. Expressions of shame are associated with a desire to disappear from sight – "I wanted the ground to swallow me up!" – The feeling of being under the eye of the other, in both counselling and supervision sessions, is palpable: "the critical role of gaze becomes apparent when we recognize that humiliation is an important part of the threat coming from superego figures. This humiliating aspect of the superego is well known but its ubiquity and importance is sometimes underestimated" (Steiner, 2006, pg 941 – 942). Thus for both clients and counsellors there is the potential for the other (their counsellor or supervisor) to hold a powerful superegoic position, rendering them subject to feelings of shame and with a need to seek the corresponding relief. For clients then, counsellors need to be aware that, particularly in the early stages of the work, fixing them with an unwavering gaze might not convey one's undivided attention so much as an uncomfortable scrutiny. For counsellors, supervisors need to be aware of the exposing nature of supervision, where one's performance of the professional role is subject to the potentially humiliating gaze of an all-powerful superegoic figure, often in front of the peer goup.

7.5 Altered States of Time

I raised the issue of time in chapter 2 (Literature Review, section 2.3). I found that a number of participants spoke about their experiences of time in counselling sessions, with particular emphasis upon perceptions of time towards the end of counselling. Anna (counsellor) spoke with some eloquence of what she described as 'clock time' and 'non-clock time'. In her first interview Anna spoke about the clock in the room. I have included our exchange in full here, as there is a curious 'tick-tock' quality to our turn taking.

Anna: *it's strange things like, um, might sound strange, but I have a little clock obviously in the room…*

Jane: *Yes.*

A: *Um. But it ticks, and you can hear the seconds…*

J: *Mmm*

A: *And… one is kind of aware of … I am, and I think clients are, aware of time…*

J: *Yes.*

A: *And that fifty minutes, in that break, and in the final ending and in the final final ending…*

J: *Mmhm.*

A: *It's all very connected in that they're…um… they're very connected to a kind of non-clock time… if that makes sense.*

J: *An interesting idea.*

A: *Yeah, it's like… there's time but there's also the other time… seasons and things…*

J: *Mmm… More naturalistic time?*

A: *Yeah, yeah. But, um, people go through this wave in the session, you know, as well…*

J: *Mmm.*

A: *And each session is also, you know, a kind of repetition of how the ultimate ending will go.*

Anna's interest in time is not concerned with the practical issue of session start and end times, or of how to manage someone's upset when you know you only have three minutes to go. She was bringing the paradox of time being both linear and circular. The regularity of the ticking clock reflects the regularity of the weekly fifty minute session; this regularity is then contrasted with the intrusion of breaks and the non-time (eternity?) of the final ending.

In the quote shown above, Anna makes a clear connection to death, with her reference to the *"final final ending"*. She expanded on this later, linking it explicitly to her step-sister's death. She commented that she found it easier to talk about death than endings: "*my fear about talking about endings relates to time… a- and I feel that… I'm afraid of sss- stalling something, of, kind of, putting in a kind of clock time… of… um … tch, I don't know of … segregating, separating or y- I don't know… adding clock time into something* [slight laugh]*."* My analysis of her comment here is that 'clock time' is seen by her as a brutal intrusion of earthly life into a metaphysical realm. A later statement reinforced this idea: "*… my fear is that the mentioning of endings can… which is silly, I know it's silly, but it could potentially make something which is so symbolic into something concrete; whereas all of the work one does is to go from the concrete to the symbolic… um… and suddenly, as you say, you know when you've got six sessions I'm afraid of reversing that."* So for Anna the time-defined reality of ending counselling might dangerously reverse the direction of the work, taking it from symbolic gold into an everyday base metal.

Roberta (client) also conceived of time as having different manifestations. In our second interview her perceptions and reflections about time formed a significant strand. She commented that *"I think linear time has been imposed on us"* and that *"believing as I do that time only exists here and that somewhere is timeless… there is a place that you can go to make things right and*

i-i-it and it is, it is like a dream place that can be experienced when we're awake. And it's almost although, in that frame of not time, repair can happen." Interestingly, although Roberta's view shares many parallels with Freudian ideas of that absence of time sense in the unconscious, she located this outside of psychodynamic thinking. The therapy she had recounted in our interviews had not been successful, so I was unsurprised to hear her say in respect of her dream place *"And that does not exist in mainstream psychotherapy. But there is a place where things can be healed from the present into the no time."*

She continued the theme of linear time and *"no time"* by drawing attention to what I experienced as a slightly paranoid split between 'us' and 'them'. For Roberta, linear time represented modernity and her comments put me in mind of Giddens' work on the disembedding of time and space as a characteristic of modern institutions. Roberta illustrated this idea thus: "*And even our calendar is imposed on us because I don't know whether you know this, but the moon has thirteen phases. I-i-i-i-in a cycle the moon has thirteen phases. So each month, each twenty-eight days there's a moon phase, but we have a calendar that's puts it all into twelve, which has disconnected us from the natural cycles. And I'm quite sure that at some stage in history that was a very conscious attempt to break us from our very basic sort of - what would have been seen as superstitious connect… because we were required to go into someone else's direction."*

In contrast, her sense of *"no time"* was experienced through a crystal healing session in which Roberta was saying the Metta Buddhist prayer: *" 'May I be healed, may I be held and for the rest of the planet.' And it left me in, in quite a pleasant space, so even so the day after that experience I was having embraced my son and together we did our normal ritual, but instead of doing it in a rush we did it peacefully. Nothing was left out, everything got done as usual, we weren't on the last minute. It sort of flowed if you like, it fitted and it flowed within what needed to be done fitted within the time that there was."* The symbol for Metta (loving kindness) is the mother cradling her baby to sleep, so again the parallels to psychodynamic thinking with its emphasis on warm maternal containment are present. What comes through strongly from this example is Roberta's desire for personal experience to be privileged over externally determined requirements. I might conceive of this as the baby's needs to be responded to, taking the lead over the mother or family's needs regarding timing. Her difficulty with the psychodynamic counselling she had was that she believed she was being made to fit within the clinically imposed therapeutic frame, rather than the frame fitting around her.

Roberta's comments on time resonated with my experience of our engagement. My first interview with Roberta was pushed hopelessly off time as the train line was closed. But

rather than being annoyed by the delay, Roberta had sat in the sunshine reading a book on Buddhism and had been quite happy to receive me, arriving hot and sweaty having run from the station, some 35 minutes late. I think she preferred this 'natural' arrival, which set up an informal tone to our engagement from the start, to what might have been a coordinated replication of the (with)holding of the therapeutic hour.

One of the difficulties that Roberta had with engaging in psychodynamic counselling was that the usual sequence of events did not meet her needs. We usually start with a linear time ('clock time') holding of the frame – 50 minute sessions that start and stop on time, breaks preplanned. This then enables 'no time' or 'non-clock time' to be accessed – the circular, timeless engagement with the unconscious. For Roberta it seems that the opposite direction of travel might have been more useful. Perhaps a less rigid holding of the boundaries, of allowing her to dip in and out with her long last-minute breaks over the summer, might have enabled a working alliance to develop. Such a mode of working would, however, have required the counsellor and the organisation to be well outside of their comfort zone, rather than Roberta being out of hers.

I suggest that further research into experiences of time might bring a useful debate between practitioners, theorists and researchers. We are all subject to the varied experiences of and manifestations of time. It will play a massive part in our individual and collective frames of reference. We should know more, not simply speculate more, about the impact of time on our work.

7.6 The Natural World

A good number of participants made reference to the natural world for example, Fiona spoke of the natural cycle of birth, death and resurrection. The examples I want to draw on more fully in this section belong to Carol and Ursula, both counsellors.

In our second interview Ursula opened by describing how she had been digging her allotment: *"But as I was digging the allotment I sort of thought I wonder why I chose those particular endings to talk about. And I sort of turned that over in my head and I thought hmm what was it about those endings."* She was able to make a connection to her own therapy - she knew *"I was turning over in my mind how and when I was going to end my own therapy."*

The image of Ursula digging, turning over soil and turning over thoughts put me immediately in mind of Seamus Heaney's (1990, pg 2) poem 'Digging' , where he describes seeing his father, like his grandfather before, competently digging the earth to plant potatoes. Heaney realises that he himself does not wield a spade, but a pen:

The cold smell of potato mould, the squelch and slap
Of soggy peat, the curt cuts of an edge
Through living roots awaken in my head
But I've no spade to follow men like them.

Between my finger and my thumb
The squat pen rests.
I'll dig with it.

The idea of the natural world as procreative and capable of producing good sustenance - food and food for thought - was thus set by Ursula early on in this second interview. She was going to be digging into her unconscious. This then gave way to a description of the dream she had between our two interviews – of being in an aeroplane over the African bush (where she had previously lived), which was dry and arid. She was wearing a parachute and *"I also know that I had this bag of food that I'd gathered. And I'd been sort of foraging or something and I'd gathered this food but I don't really know what it was. But it was food that I'd gathered and I know that my plan was to jump out and when I landed I was going to cook this food and eat it. And … I had two sets of cutlery, a knife and fork, very sort of smart silver cutlery wrapped up in a napkin! And I was going to serve up this food, but I wasn't sure whether it was just going to be for me, because there was another set of cutlery and I wasn't sure about that. And this person who was just gently at my shoulder and encouraging me and telling me what I had to and so on…"* She quickly interpreted the dream for herself: "*I was quite sure that it was about me leaving my own therapy, and it's really – I can't sort of quite make much sense of it, except that I was kind of – I had this person with me um…I had gathered all these good things to eat and I was about to launch myself out."* So her dream was set contextually after our first interview on endings and after her experience of digging her allotment. These inputs come together with the dream being about her own reflection on ending therapy and with her capacity to forage for sustenance in an arid environment.

We were able to explore this idea further, by using the analogy of the allotment to think about ending therapy. Ursula was able to reflect on how an allotment is never 'ready': *"whilst some stuff is dying off or being dug up or harvested or cleared out, then there's new stuff emerging*

and some of it's still under the ground." This reflected her current situation in her own therapy, where she was simultaneously planning her ending and had also started to create a book, something that wasn't quite a sketchbook and wasn't quite a scrapbook. *"I know at one stage I said that I will know that I'm ready to end when I've picked up something and started creating something new… about some sort of creative space that's kind of just emerging alongside the ending. It all feels like it's connected up somehow."*

The creation of something new alongside the death of something old was embodied in her life story – she first linked this to her father's death, which occurred when she was pregnant: *"And at the time I was pregnant and that sort of… there's new life but it's still under the ground, and it just made me think of that, that there was new life coming alongside, along in parallel."* And secondly she spoke about the creation of a new relationship with her sister as they sat together when their mother died: *"I didn't know that actually from then onwards I would sort of – this new kind of relationship with my sister would grow from there. I didn't know that, but again it's a bit like this sort of new life under the surface."* As our interview came to an end Ursula reflected on the theme of growth, of new life emerging whilst other things die as being an unconscious thread that had woven its way throughout her interview. There was a quality of her not being able to see the new life emerging in the midst of something ending at the time, but afterwards it becomes apparent – rather like it being hard to see the new life in the garden in winter, but by early spring the evidence that things have been happening is everywhere. She used gardening as a distilled metaphor for psychic growth.

Perhaps the important change for Ursula was that in relation to her ending her own therapy, this ebb and flow of life and creativity was less hidden from view and more accessible to her. Again, this might be an indicator for an ending of counselling – that the new shoots can be imagined; that an image of being able to sustain oneself in other ways can be brought to mind. A final point from Ursula's transcript – she described being pregnant. Experiences of pregnancy and early bonding with new babies were recounted in a number of transcripts (see also Carol's dream recounted below), but other bodily experiences are curiously absent. The natural world, outside of burgeoning motherhood, seems to 'out there' in the green spaces, rather than in the body. This may be to do with the arena of activity in psychodynamic work being the play space between the two protagonists; other therapeutic approaches such as massage, reflexology, dance and drama may have the lion's share of the body.

Carol opened our first interview with her description of a client *"opening up like a flower"* and ended our second interview reflecting on her work as a counsellor within a university. Her aim was to *"sow a seed"* – to give students the idea that psychodynamic work is possible and that they might grow and develop through it. Against these bookends of natural imagery, Carol's discourse reflected an organic model of life rising and falling. She started her second interview by drawing on a dream she had had after our first meeting: *"… I thought it was quite interesting having a dream about giving birth when talking about endings, um, there was just something quite profound about that because it seems to me that every ending is giving birth to something and so really that w-was my thoughts around it."* She was able to connect the dream to her own endings with two different therapists, saying *"… but there was something in those two untimely endings, it felt to me… That gave birth to something new as well."*

Another driver for training to be a counsellor was the voluntary work that Carol was doing for her local Church. She was involved in visiting bereaved people in the parish. She made the link with endings: *"it kind of ties in with the en- the existential, um, you know, things that we're grappling with all the time: our own mortality… um… and what we see in nature, you know, things dying into the ground and new life springing up and … how, how is it that we've become so sanitised about endings and death and you know, it's almost like we feel that we can play some tricks because we're kind of clever and scientific and educated these days, but actually endings have the upper hand on all of that, so there's different ways that you can look at it: you can look at it as an enemy or actually you can embrace it and find meaning."*

The last few minutes of my second interview with Carol were not recorded owing to a technical error on my part. In my field notes, furiously written down as soon as the interview had finished, I wrote of how she spoke of Green Men. These images are thought to have originated in Iraq (although some argue they are Indian) and then spread across Europe during the first century AD. There are four main forms: "the foliate head in which the face becomes leaves; the spewing or uttering head where leaves and foliage emerge from the mouth; the 'bloodsucker' head where branches and leaves spring from the eyes and ears as well as the mouth; and Jack in the Green which is often simply a head peering at us out of a frame of foliage" (Harding, 1998, pg 12).

Pre-Christian in origin, the Green Man managed to secure his place within churches and places of worship across the world and is found on ceiling bosses, misericords and in the ornate carved stonework of Jain temples. British Green Men use the local foliage in their features – hawthorn, hops, mugwort, ivy and oak. The classic work on Green Men is by

Basford (1978, pg 18) who notes the hawthorn foliate head at Sutton Benger in Wiltshire: "A whole thicket – with birds pecking the berries – grows out of the mouth of a very sad face. This lovely carving, probably of the early fourteenth century, is everyone's idea of the Green Man."

The immediate connection of the Green Man to ideas of springtime and new growth is too simple. Basford (pg 19) states "A Green Man who, at first glance, may seem the very personification of springtime and 'summer is i-comen in' may, on closer inspection, reveal himself as a nightmarish spectre. The imagery can be ambivalent… at once both beautiful and sinister." Carol's comments about Green Men was (from my field notes) "*they belonged in the church because pre-Christian / Christian is all linked, nothing is separate and also about her valuing the pain and definition of ending; with this being a necessary condition for allowing new life / new starts to then emerge – not a replacement of the pain of endings with a rapid turn to life, but as a natural, rhythmic, turn-taking."* The Green Man acts as a wonderful symbol for the ambivalence of endings in the natural world. In my originally submitted thesis I included here a poem by Mike Harding (1998), called 'The Green Man'. Copyright issues prevent it being reproduced.

7.7 What Hasn't been Said - Religious Contexts

The theme of religion was noticeable by its absence, as stated above. It was only after completing my data analysis that I realized how odd it was that, given the theme of death was a strong focus in the interviews, so little was said about religion by any participant. Was it taboo? Indeed, it is only in Nina's (counsellor) account that reference to religion is overtly made. My conclusion about this is partly to do with my own beliefs and how these may have impacted unconsciously on my interviewing technique; and partly to do with the contextual framing of the interviews within the psychotherapeutic realm.

As an atheist, the idea of an afterlife or continuing consciousness or soul does not feature in my thinking, although I can see the compensations such a view might offer. So perhaps I have not invited participants to explore their feelings in these ways – perhaps my setting of the interviews and tone of enquiry unconsciously kept this out, because on reviewing the transcripts I do not think that I deliberately closed down such responses from participants; I didn't find the responses there anyway. But neither have I more specifically invited such responses. It may be that the choice of words with which I habitually started the second interviews: "Perhaps you would like to tell me about an ending or endings you have experienced?" places the enquiry in terms of real-life experience, rather than inviting something more conceptual or internally positioned.

The second thought I have about the absence of religion is to do with the interviews being about experiences of counselling. Indeed, many of the interviews took place within counselling centres. This means that the most immediate and accessible conceptual structure is that of the psychotherapeutic realm. This is certainly the mode of response that was used by the counsellors and supervisors. Participants may have responded to me as a counsellor-researcher and framed their responses to me from this theoretical stance.

Philip Rieff (1966, pg 72) separates out two "theories of theory", with the first being the realm containing religion and the second containing psychoanalytic theory. "The first, and earlier, asserts that theory is the way in which 'what ought to be' establishes its hegemony over 'what is'." The task of this theory is to understand the ideal, in which "knowledge finally emerges, at its highest level, as faith: the best life is that of true obedience. God is the final object of all classical theorizing." Rieff's (1966, pg 73) second theory of theory is "one that arose both as a response to the death of the gods and also as a weapon for killing off those surviving, somehow, in our moral unconscious and cultural conscience." Rather

than finding what ought to be, this theory enables us to transform "reality instead of forcing us to conform to it." It also "becomes actively concerned with mitigating the daily miseries of living" rather than seeking a higher, universal palliative. Rieff concludes this second theory is concerned with power rather than faith, deriving in "man's freedom to choose among the options specified by the reach of the potential powers laid down in the theory." Thus psychoanalytic thought lies in this second theory. This placement of psychoanalytic thinking and practice, combined with the act of research being seen to belong to the scientific realm, may explain why so little faith-based or religious comment was found in my interviews. It could simply have been seen as 'not the place for it'.

My feeling is that the participants instinctively know they can't talk about religion in a therapeutic realm; they are unable to cross the boundary of non-belief. Jungian thinking is the closest the psychodynamic gets to engaging with spiritual concepts and this sits at the edge of the psychodynamic movement. Jung's aim is described thus by Rieff (2006, pg 94): "The Christian myth was no longer therapeutic. Jung viewed his career, at its end, as a successful search for a functional equivalent in psychotherapy to what he assumed must have been the therapeutic effect of Christian imagery and institutions."

Carol's final comments in section 7.6 above draw together the two aspects of the natural world and religious associations which I have attempted to explore in this chapter. Firstly, the natural world, the rhythm of seasons and or birth, death and regrowth are inextricably linked to our understanding of endings at the most basic instinctive level. Secondly, that in psychodynamic discourse religion is tolerable if it is not privileged in any way but sits alongside other thought systems which can be scrutinized through the psychodynamic lens as a phenomenon or the human state.

Chapter 8 – Research Summary and Conclusions

8.1 Introduction

In this final chapter I want to review the extent to which my research aims and objectives have been met; to identify other findings which the investigation generated; to highlight my original research contributions in this field and to show what remains to be investigated.

8.2 Research Aims and Objectives

In chapter 1 (Introduction, section 1.1.2) I detailed my research aims and objectives. These were written at the start of the research project, when I submitted my proposal to the university. Now at the end point of my research, with the benefit of the data gathered and analysed, I can think of ways in which I might have refined and honed these objectives. How my thoughts have developed and what objectives might usefully be pursued in addition to the six below, will be addressed in section 8.5 (What Remains to be Investigated). However, this research has been sanctioned on the basis of the original aims and objectives and I feel it important that I answer to these. In chapter 1 I gave the research objectives in the order in which I had submitted them on my research proposal. In this conclusion I have decided to change the order, so the reader is taken from a clinical perspective to a professional perspective and then to a social perspective.

One of my difficulties in drawing this summary together is the fragmentary nature of the material. These are not a few, rare fragments from which I struggle to define meaning, but rather an overwhelming quantity of fragments, similar to the metallic 'chaff' that serve so well to block radar images – my view is at risk of being obscured by the quantity and variety of data. This means I have chosen to let the images, blurred as they may be at times, gradually crystalize from the data and resolve themselves.

In this section I shall address each of the research objectives individually and then consider the overarching aim of the project, in addition to my more informally held aims which were detailed in chapter 1 (1.2 An Introduction to the Background Thinking).

8.2.1 To observe and describe the psychodynamic phenomena that can occur in the ending stages of counselling, for clients, counsellors and their clinical supervisors

The research process gave me untrammelled opportunities to find out what participants recall happening in their own endings in counselling and supervision. This was the first time I heard such accounts in depth, outside of my own counselling and supervision experiences. I have received the narrative accounts of twenty participants, most of whom spoke of more than one experience of the end stages of psychodynamic counselling: I have heard about many different counselling or supervision endings. However, it is important to note that it is narratives that I have been privy to, not transcripts or video footage of counselling or supervision sessions (although these forms too would be subject to similar problems of interpretation and recall). Therefore my research does not necessarily describe the psychodynamic phenomena that occur, but the interpretation of events that the participants have decided, consciously or unconsciously, to recall. I have detailed in chapter 3 (Methodology) my thinking and understanding about the subjective nature of experience and making meaning from this. So what were the key psychodynamic phenomena that I observed? I have given a brief account of these below, in no particular order, selecting a few examples from the many available to me from my data.

One of the strongest experiences of this research process was my own feeling responses to a number of the narratives I heard. My feelings, sometimes at a wordless, affectual level and at other times at a more accessible, emotional level, had the effect of reinforcing my understanding of the speaker's stance. This takes me into either the science of engagement (mirror neurones, empathy, attachment responses) or the reaches of faith and belief. I *believed* the accounts to be articulating a deeper truth because I too felt the emotions described by the participant. For example, after my interview with Anna, who spoke in a sombre and deep way about death and mourning, my headache and sense of bleak nihilism echoed and validated her words. This is an example of projective identification, which functions as a form of affective communication. My second interview with Keith, conducted mid-afternoon in his curtained and dimly lit womb of a room, replicated the experience of both the counselling room and of Winnicott's (1964, pg 46) description of the necessary setting for "these rather quiet experiences" which help a child settle. Other examples are given throughout the text, but include the clumsiness of my arriving late and in a lather for my interview with Roberta and how this took me straight into her own clumsiness of brokering an ending – a physically awkward affair that did not sit right with her. Where my understanding of the participant's story was reinforced by a strong feeling

connection, I take this phenomenon to be useful data which I use to build the validity of my argument.

Both counsellors and supervisors reported affectual responses in relation to endings. These often took the form of physical feelings – headaches, aching feelings, states that were wordless at the time but have since been processed and could in retrospect be spoken of. For example, Denise speaking of *"turning into a great big lump of jelly"* and Nina describing her sobbing as *"coming up from the gut"*. I noticed a lack of affectual response in the clients interviewed, in relation to their endings with their counsellors. The accounts given were much more matter of fact and concerned with external factors such as number of sessions, whether to give a gift or not, reviews of the experience of counselling. Where feelings did appear these were often articulated in an angry way, as evidenced by both Irina and Lena's accounts of endings. There was an association with the word 'trauma' in the client accounts of deaths, which suggests the physical and psychological system closing down in a state of shock. This 'shutting down' may account for the absence of affectual responses.

A second strong experience relates to the importance of external events (synchronicities) in helping to frame the ending. There were a number of synchronicities described by participants, all imbued with meaning. Carol's account was loaded with synchronicities: her first counsellor failing to broker a good ending leading to her discovery of Murdin's book, which in turn takes her to WPF to train; her Freudian slip in misdialling a phone number takes her to the client she cannot quite end with; her therapist moves her out of his consulting rooms at home and happily ends up working next to WPF and so on. Of course, my interview with her takes place on her last day as a student, on the eve of her graduation event. Another example is Roberta, whose account of the fight with her counsellor over sitting under the sky-light was told to me with Roberta sitting splendidly in golden sunshine underneath a sky-light in the room in which we met. All of these synchronicities appear to illustrate the unconscious processes at work.

A third class of psychodynamic phenomena described to me was the activation of attachment experiences in participants. This was told simply to me by Nina, who spoke of the sudden feeling of being merged, in the blink of an eye, with her client when they first met. This merging was mirrored in her confusing *"I"* and *"he"* in describing the shedding of a tear. Grace's maternal transference to her younger female client is clear to her: *"I was proud of her in a motherly sort of way and I also thought 'I am going to miss you'."* As described in chapter 5 (Attachment and Separation in Endings), the language used to describe

attachment is generally free of clinical idiom, which led to the refreshing use of more ordinary language to talk about these experiences. Attachment feelings towards therapists and supervisors by counsellors were well articulated, but there was a sense of needing to be more guarded around allowing these feelings in relation to clients or supervisees. Clients also spoke of a split experience: of good attachments and of poor attachments. I link both of these as possible motivators for taking part in the research. Some people wanted to tell me about their good attachments and others, a larger number, wanted to speak about their poor attachments to their counsellors. The very act of taking part in the research can be seen as attachment behaviour in itself – a way of getting more of what was needed from the counselling process.

8.2.2 To have an understanding of how endings are construed within the psychodynamic counselling world and to interrogate these constructs, using concepts and theories both within and outside of the psychoanalytic tradition

The nature of my data analysis, using thematic analysis, led to my naming of two major constructs of endings within the psychoanalytic tradition. These were the construct of death, loss and mourning, which presents as a pervading theme across the psychodynamic model, and the construct of attachment and separation in endings. My three chapters on these themes explore these constructs in depth.

In chapter 4 (Death, Loss and Mourning as a Primary Narrative in Psychodynamic Thinking) I identified the starting point of this construct in Freud's paper 'On Mourning and Melancholia' and how it helped set practice in the absence of more specific attention to ending processes in analysis. I noted the exchange between the therapeutic and social milieu, with the growing acknowledgement of grief as a therapeutic issue, and commented on the complexity of how ideas from one realm are taken up and reapplied in subtly different ways in another realm.

The relationship between personal experience of death and participants taking up the frame of death, loss and mourning in relation to endings in counselling, is not a straightforward one. I discovered some loose patterns emerging: firstly, that the counsellors who had sudden or untimely deaths or losses in their history engaged well with this construct as a way of framing endings in counselling. There was also more engagement with the construct by counsellors who were younger in either chronological terms, or in terms of their proximity to being a student counsellor. Or perhaps this can be refigured thus: older counsellors and more experienced counsellors showed less affiliation to the frame of death,

loss and mourning in relation to their understanding of endings in counselling. The stronger factor of these two is the proximity of the training experience. My interviews with supervisors reinforced this finding, with supervisors being most clearly detached from this construct in relation to endings. I have drawn on the anthropological approach used by Davies (2009) in understanding the role of the training process in socializing trainees into practitioners.

Within the death, loss and mourning frame there is a sub-theme of using the ending experience in counselling to rework earlier endings. This is a suggested mode of work for counsellors, but I found little evidence that it was picked up as a way of practice by the counsellors in this sample. There was a feeling from Ursula that she was remiss in not doing this, and for Anna a concern that reworking earlier losses might in fact be damaging. Another theme is to do with ritual: the counting down of sessions towards the last week, rather like marking off the days in advent; the final invoice and payment (or not!); within WPF Therapy there is the completion of paperwork including handing the client details back to the organisation; the receipt of the client's CORE scores, showing whether the counselling has resulted in an improvement or not; the final presentation of the client in supervision. My findings were again that counsellors in closer proximity to their training tended to emphasise the importance of these rituals and used these processes as an opportunity to reflect on the overall nature of their engagement with their client.

The second major theme I identified, attachment and separation, emerged as a new development in psychoanalytic thinking after the Second World War. The timing of this development may well be connected to this major episode of disrupted attachments and the dislocation of populations during this period. Certainly the evacuation of children from cities gave immediate focus to the consequences of separation from their parents. My sense is that, in a relatively new profession, attachment theory is still viewed as a relative newcomer and not yet fully integrated into the collective consciousness of psychodynamic practitioners. So it sits in a kind of semi-detached way, formally included within the remit of psychodynamic training, yet not treated with the same reverence that is reserved for the work of Freud, Jung or Klein. Importantly, attachment theory is research based (at the heart of all attachment theory is Ainsworth's 'Strange Situation' experiment) rather than being developed through clinical practice. It originates in the experimental setting, not on the couch. This makes it distinct from other modes of psychodynamic thinking.

Within the data from my research, I found a number of trends were evident within the attachment and separation frame. Of particular note is that the data divided my findings into two clear camps: the interviews and transcripts from counsellors and supervisors gave many examples of positive attachment feelings and behaviours, whilst those from clients showed a much more ambivalent range of attachment feelings and behaviours. Although the language of attachment is common parlance and not held solely within the professional lexicon, I found that counsellors and supervisors drew on attachment theory and terminology more than clients. This manifested itself in their discourse being peppered with examples describing attachment behaviours in the language of mothers and babies. There is a literal quality to the stories told by counsellors and supervisors – they *are* attached, not using the model as a template for making sense of the clinical relationship. Thus Nina and Denise are both preoccupied with their experiences of being merged with their client. The powerful nature of this connection impinges almost physically on the counsellors, with descriptions of "*pain"* at separating and of how the memory of the client *"sort of flashed through my head"*. Grace owns her motherly feelings towards her client; Ben is more reticent. His comment *"what does it mean, what went on between the two of us… was it really an alliance?"* perhaps reflects something about the less well researched role of fathers in attachment.

Strongest of all attachments – and consequently most painful of all separations – were those described by counsellors and supervisors in respect of their own therapists and supervisors. These relationships were usually framed within the context of either the creation of the new professional status (they were in training and thus needed both therapist and supervisor) or the maintenance of their professional status (you cannot work without receiving supervision and being in therapy yourself is positively regarded in the therapy and counselling world). This means that these relationships are brokered on a qualitatively different basis from clients seeing a counsellor or therapist to resolve an issue or pattern in their lives. I suspect the process of acculturation into a new profession necessarily demands the almost unquestioning commitment to the machinery of professionalization. Thus the sense of participants throwing themselves wholeheartedly into the relationship with their supervisor or therapist comes across strongly. They are in a very different place, in terms of attachment, to clients who have not come to find or maintain their professional identity. So let's not confuse our own experiences of attachments to and within the psychodynamic milieu with those of our clients.

The experience of the clients in my research sample presented a challenge to any notions of their being babies cooing gratefully in the arms of their attentive counsellor mummies. The majority of client participants were either non-committal or less than complimentary about their counsellors. The absence of good enough attachment was vocally recounted by Roberta, Irina and Lena, all of whom found the strictures of the therapeutic frame too harsh to be helpful. This part of my thesis makes for hard reading for those of us trained in the psychodynamic model. Our assumptions about how quickly clients will attach to us and how deeply the attachment will be maintained is challenged by the client accounts I received. These participants stated the absence of orientation to the psychodynamic model was a stumbling block – another challenge to our construction of the value of the therapeutic frame. This aspect of my research is important. We rarely hear the client voice and although my sample here is small, it is worth listening to the consistency of the comments. If we want to posit endings in terms of attachment and separation, our assessment of the strength of the attachment needs to be robust. We may feel attached to our clients, but the converse is not necessarily the case.

8.2.3 To identify the qualities of the counselling and supervisory relationships and to investigate whether specific qualities can be useful in predicting the likely outcomes of psychodynamic counselling

This objective seemed to me, at the start of my research process, to be a perfectly reasonable question to ask. Now, with a greater understanding of the complexity and depth of psycho-social research of this nature, I wonder at myself. Was it naivety or grandiosity that led me to think I might find a clear answer to a question riddled with such a plethora of morphologies? My struggle to do anything like justice to this objective shows something of the shift in role I have undertaken over the past six years. The objective probably originates from my role as a supervisor and trainer of counsellors. If we had the definitive answer to this one, wouldn't that radically improve our training programme! My response to the objective now is more informed by my status as a psycho-social researcher, balancing this with my continuing role as a trainer. I shall begin by discussing one aspect of counselling and supervisory relationships which sits within a psycho-social understanding and then list a number of points that relate more directly to training.

The 'danger zone': I believe my research taps into a phenomenon that is rather obscured from the training and clinical practice view. It is the *fear* I identified from counsellors that their personal feelings might creep in at the ending stages of their work with clients. This occurred in the context of attachment and separation. The issue of the counsellors' own

feelings begins with discourses that fondness and attachment are acceptable if these feelings can be thought about and framed in appropriate therapeutic terms. In the course of this research I have discovered the work of Suttie, whose writing was previously unknown to me. His 'Taboo on Tenderness' is a strong voice for bringing the simple strength of human attachments to mind for the psychodynamic world. What emerges is the idea that the end of the work creates a kind of *danger zone* which is qualitatively different to other stages of the counselling relationship. It is as if the counsellors might let something slip out which they would normally be able to retain and make sense of. This is in part to do with their personal experiences of endings and what gets activated when another ending is imminent.

However, as well as individual, personal experiences, I wonder if there is a universal experience of ending, as described by Williams (1997). She wrote of "the structure and energizing functions" of ending as an archetype within the human psyche. The protagonists in the ending of a counselling or supervisory relationship are subject to more than just their own feelings about the end – there is a meta-process taking place which is concerned with the universal human experience of endings. This universal experience might be eliciting responses from counsellors or supervisors that are not congruent with the model of clinical abstinence. Perhaps this dissonance is felt at both an affective and an emotional level and gives rise to the non-specific sense of danger. I find it interesting that the feeling of danger came from attachment based, rather than death and loss based, discourse. I suspect this is an example of an attachment based drive which works at quite a primitive level – the desire to *let something out* that throws a line across the imminent gap between two people. This concept is then congruent with Elias's idea of figuration – "it is as though we are each attached to every other with a series of elastic bands" (Dalal, 1998, pg 89). So I think what I have come across in this danger zone experience is something about how the group matrix shapes identities. This is a universal, meta-process that is going on behind the scenes of our own more conscious, collective attempt to develop the project of individual therapy, and of our conscious, individual attempts to develop and enact our professional roles as counsellors or supervisors.

My findings about the qualities of the counselling or supervisory relationship which fit into a training based understanding are in general a reiteration of what is already known. It is worth my detailing here because I believe having research-based evidence is a necessary and useful addition to practice-based evidence.

The blank screen: I need to emphasise the difference here between counselling and psychoanalysis. In analysis, the therapist providing a blank screen for the patient's projections is a central feature of the work. Indeed, part of the function of having the patient on the couch is to keep the analyst out of view, thus emphasising that aspect of the work. My research has been about psychodynamic counselling – a face to face engagement where eye contact, expression, gesture and body posture all form an essential component of the working alliance. Roberta and Irina recounted engaging with counsellors who didn't respond in natural way: we could surmise that those counsellors were attempting to impose a 'blank screen' on top of what was actually a face to face encounter. Roberta and Irina both evidenced the damage that this approach caused, and linked it to their ending the work before they had had the benefits that might have resulted from a warmer, more natural engagement.

The blank screen is illustrative of a hierarchy of professions. Psychoanalysis can be seen, having been the point of origin for psychotherapeutic work, as the apex of the psyche professions, an object for idealisation and imitation. The way in which counsellors, through their training and socialisation into the profession, interpret certain aspects of psychoanalytic practice suggests there is still a powerful pull to be closely associated with the original form of work. The blank screen is an interesting example of this. There are compelling clinical reasons for a counsellor allowing themselves to be used as a relatively featureless canvas: this gives a place for the client to project their ideas, hopes and fantasies of what the counsellor might represent to them, thus usefully revealing something of their inner world. But the way the blank screen is replicated in counselling is, to my mind, rather clumsy. It is as if there is a literal imitation of the psychoanalyst's capacity to be hidden from the client's sight that is replicated, rather than a more sophisticated attempt to replicate the function. So the client's transferential comment hangs in the air: they do not receive the kind of ordinary social response they might expect (in the early stages of the work), but nor is there a sense of the comment being received and made use of in a manner that is digestible to both client and counsellor. Psychodynamic counsellors have yet to take hold of their own professional autonomy. We need to critically appraise how practices such as the blank screen might be usefully mapped onto the face-to-face encounter, in a way that allows the underlying function, rather than the observable behaviour, to be retained and developed.

In my research I have noticed what appears to be a link (which needs further investigation) between stages of training and adherence to a more rigid interpretation of what is seen to

be the 'right' way to do things. I suggest the blank screen feeds into this tendency with particular relation to endings; and with particular attraction to less experienced counsellors. In the section above, I noticed and discussed the 'danger zone' that the ending phase can represent for counsellors. A retreat into the good practice of the blank screen at the 'danger zone' usefully defends counsellors from their own anxiety about what might happen if their feelings about the ending are revealed. This connects back to Menzies-Lyth's (1960) account of organisational defences against anxiety, which I refer to in section 8.3.

A further interpretation of the blank screen lies in the function it serves in delineating the psychoanalytic approach as set apart from ordinary life. Turner's (1967, pg 19) definition of ritual – "prescribed formal behaviour for occasions not given over to technological routine, having reference to belief and in mystical beings or powers" – can be applied to the therapeutically abstinent responses that adhere to the blank screen. This serves a dual function. In addition to the clinical reasons given above, the formality of the encounter endows it with "a legitimating *gravitas"* which "bestows on the enclosed space a ceremonial depth (a fact again accentuating its 'set apartness')" (Davies, 2009, pg 82). So the blank screen illustrates a complex interweaving in psychodynamic counselling. There is a mixture of the pull of historical origins, clinical rationale, habit, a need to contain individual anxiety, and a mechanism by which professional delineation and status are maintained.

Don't mention an ending: clients found it unhelpful to have counsellors who did not review progress, make a suggestion about ending, or respond to the client's attempts to raise the subject. Irina's counsellor didn't even take her leaving the country to mean there was an ending to talk about. Megan realized she would have to raise the issue of endings as *"my counsellor wasn't ever going to say to me, 'Right, you're ready to stop'"*. Lena told her counsellor she wanted to stop and there is just an embarrassed silence, leading her to enact the ending via email. Carol's first counsellor didn't make an end at all but met her for lunch instead, leading to complications over a number of years. I think there are tensions at play which make it hard for counsellors and supervisors to raise the subject of endings. These include the income that clients or supervisees bring with them acting as a negative reinforcement to end the work; similarly client hours for trainees. Edith voiced her thoughts when her prospective case study client wanted to leave: *"but the truth of my feelings when it initially came up was like 'Nooo! No you're not, I don't want you to, you're not going anywhere just yet, madam!'* 'Holding one's clients' is still a benchmark for good practice, as evidenced though the British Psychoanalytic Council requirement for registrants to have at least one client they have worked with for over a year. I am not suggesting that most counsellors or supervisors

hang on to their clients or supervisees in a thoughtless manner, putting their own needs first. There was reflection from participants on the ethics of ending and what would be the clinically appropriate route to take. But the drive to keep clients, regardless of the quality of the work, is strong and therefore the profession needs to ensure there are mechanisms in place to counter this tendency.

How will it be when we no longer meet? The converse of not talking about an ending were the helpful examples of those counselling or supervisory dyads who could imagine the ending and life after the end of the clinical relationship. Where a positive ending experience was recounted, the idea of planning an end together and being able to address how each participant might keep the other in mind after the end were evident. Thus Nina's parting from her client, although painful, was seen by her as containing and symbolic of the journey both had been through; Grace could let her client know she would be missed. From the client perspective Megan found it helpful that she had some time to work towards an ending, and she and her counsellor checked out how it felt to be ending: they processed this aspect of the work in real time, adjusting their experience as they went. My suggestion is that the counsellor should test the capacity of the client to think about how it will be after the ending. This is a useful indicator of when might be the right time to finish. Put simply, we cannot expect our client, or supervisee, to be able to feel, think and speak about the ending unless we can model how to do this as a counsellor or supervisor. This is not a new finding, but a reiteration of accepted good practice. My research finding here is the relative paucity of this practice, based on my research sample.

It's hard to find the right supervisor as you get older: a small point but one well made by the supervisors I interviewed. As one's practice and training extend – with a number of counsellors and supervisors undertaking training in different modalities of counselling – finding a supervisor who is happy to work in this broader way and to trust to the judgment of their supervisee gets harder. As Tina commented, it is easier to find a new therapist than a new supervisor.

8.2.4 To explore the opportunities, constraints and dynamics created by using psychodynamic counselling skills as part of a qualitative research methodology

My original thinking was that my counselling skills would be an asset to the research methodology chosen. As I reflect on this at the end stages of the process I feel that this has largely held true. I am adept at getting a working alliance going quite quickly on encountering a new person. All of the people, who undertook one interview with me,

stayed with the research process and completed both interviews; many asked for copies of their transcripts. Most of them requested to receive the research abstract on completion. I also think that my counsellor's tendency to open up the participant's discourse, to ask open questions and to elicit stories has proved useful in enabling people to expand and reflect on their statements in the interviews. I have tried to find the balance of attending closely to and retaining the narrative in each interview, whilst being able to keep a questioning approach rather than a literal understanding of it. My counselling background has given me useful antennae for free association and I have generally been able to offer a reflective space for this and enable participants to play with their associations, rather than being fearful of getting off the point. I have been able to ask about their feelings and unconscious actions, in addition to their thoughts and behaviours. I have been interested in and asked about relationships and their understanding of the dynamics in their lives. I think these skilful components of my relationships with my research participants, both in setting up their participation and in the interview settings themselves, are connected to my role and experience as a counsellor. But of course, I cannot compare this with myself *not* as a counsellor.

What I have found very difficult was to adhere to Hollway and Jefferson's (2000, pg 36) request to keep to the respondents' ordering and phrasing. They note that achieving this may require the interviewer to keep some notes as they go, which is alien to me in my counselling practice. I did not attempt to do so in the interviews. This again hits upon issues of role shift. I was not interviewing people as a counsellor, but as a researcher. My choice not to use the researcher tools of pen and paper were an enactment of my role 'lag'.

A second constraint, or possibly a dynamic, of using psychodynamic counselling skills was shown in what I *did not* ask – at times I think I have been too careful, too respectful of my participants to ask more probing questions. This is part of the counsellor's 'softly softly' approach, letting the client unfold their story in their own time. As a researcher I had two interviews only. In retrospect, looking at the transcripts, I can see questions that I wish now I had asked, rather than being aware of my curiosity in the interview and holding back. An example of this might be in Carol's interview where she speaks of her counsellor arranging to meet her for lunch. Of course I wanted to know what she really felt his motives were in this! But I was too respectful and held back, waiting to see if something would be revealed later on. In psychodynamic training we help our students develop what is called 'therapeutic abstinence'. An example of this is how we urge our students to only ask questions that will widen the client's understanding or perception; not to ask questions

to satisfy our own curiosity. The overlap between these two areas can be debatable. In these research interviews I fear there are times when I have been too much a counsellor applying therapeutic abstinence and not enough a researcher doggedly pursuing my data.

The third constraint I experienced is a variation on the second. I can colloquially define this as 'not asking the bleeding obvious' because of my shared professional knowledge with counsellors and supervisors. I think this stopped me getting below the surface of their discourse on occasions. I haven't asked questions that I knew the answers to and thus missed the opportunity to hear first-hand accounts of systems, processes and ways of working that might helpfully have revealed something new to me. This is a limitation of being an 'insider researcher'. It is hard to balance this with the advantages of being an insider. Would those participants have agreed to take part if they did not know I was a counsellor too? There are also my assumptions about clinical practice, supervision and psychodynamic organisations that may have blunted my view of aspects of my data. Another researcher coming upon my transcripts, without my professional background, might well see trends or themes which I am blind to.

8.2.5 To articulate how my research findings may contribute to the education and practice of counsellors and clinical supervisors

There are three clear recommendations which my research points to in respect of the education and practice of counsellors and clinical supervisors. I write these recommendations with a feeling of strength from my position as a researcher. Research by its nature knocks at the door of the therapy room, sacrilegiously interrupting the work within. My findings here have that quality of interrupting the process of ongoing clinical practice with my view of the work from a very different perspective.

Firstly, I think it would be helpful for there to be a more explicit rendition of how the death, loss and mourning, and attachment, models might be considered in relation to endings. In the course of my research I have excavated the origins of how endings are addressed in counselling and described the powerful place that death, loss and mourning hold within psychodynamic thinking and practice. The later arrival of attachment theory provides a new set of constructs for making sense of endings. Counselling students could benefit from having an understanding of the history and development of thinking about endings in counselling: the relative positions and tensions between these two approaches in the context of endings. One could argue that this approach could work for many aspects of our work – why pick on endings? My response is that endings are ubiquitous and therefore

provide a rich ground for thinking and practice. This would open up the debate and understanding of how we approach endings in our work and strengthen the place for attachment based approaches which I believe are still not fully integrated within psychodynamic thinking.

Secondly, I recommend it is desirable for supervisors to have knowledge of the ending experiences of their supervisees, particularly where there have been sudden or untimely deaths or endings in their personal history. One might argue that this could be true for other aspects of the work. What about the supervisees' experiences of relationships? Or of being a parent? Again, it is the ubiquity of endings that justifies this stance. Every single piece of clinical work engaged in is guaranteed to have an ending. I have detailed in my research how the experience of ending can feel qualitatively different to other parts of the counselling relationship; also of how the 'danger zone' of endings seems to chime with a universal archetype of ending feelings, thoughts and behaviours. These aspects make it more important than at other times in the work for supervisors to really *know* their supervisees and to be able to think with them about how their own life experiences might be activated in ways which they are both conscious and unconscious of.

My final recommendation is that counsellors and supervisors both need to triangulate their predispositions towards a particular way of framing endings with the presenting problem and dynamic of the client approaching an end, in order to think about what might be the most useful way ahead. For example, if we have a supervisor who favours an attachment based approach and a counsellor who has a strong bent towards endings in counselling being an example of another loss which has to be mourned, how do they suggest working with the client who has experienced poor early attachment or repeated losses and deaths in recent years? My aim here is not to create a prescriptive method of working, but rather to enable the parenting dyad of counsellor and supervisor to be aware more fully of their own and other frames of reference regarding endings – including issues of money or client hours - and to think about where the client's needs sit within this. This way of thinking and speaking about endings, and our own place within them, helps to make the ending dynamics in a piece of work more explicit. This would hopefully reduce the capacity for some of the more contentious or difficult aspects of ending to go underground. Modelling within supervision how to talk about the dynamics around endings – and indeed to speak about how or when to end – helps counsellors open up this topic with clients in a less heightened, more normative way. With luck this might begin to reduce the number of

poorly managed endings and the lingering sense of shame that still seems to cling around experiences.

8.2.6 To investigate whether the classic psychodynamic counselling model is still a robust and useful template for negotiating and effecting an end of the counselling relationship, in Britain in the 21st century

In order to respond to this objective I have to ask myself 'what is the classic psychodynamic counselling model?' At the start of my research I felt this to be represented by the work of Freud, Jung and Klein, with the attachment theorists sitting somewhat on the edge of the model. Having completed my research, I still believe this to be the case. The separation between the two approaches seems to be located most strongly in the realm of training counsellors, with the distance between the positions reducing as practitioners develop their own styles of practice as qualified counsellors.

What of endings generally in 21st century Britain? I don't feel my research has explored the sociology of endings. My literature review has picked up on something of the changing nature of how some endings are construed, with particular emphasis on the permeability between the social and therapeutic contextualisation of bereavement. But there are many broader enactments of endings which I had hoped to understand better, which have fallen outside of the scope of this project. Examples include: the practice of roadside memorials for road traffic victims; Facebook pages enabling comments to be posted on relationship break-ups and deaths; the increasing array of grave gifts and ornaments resulting in some cemeteries setting rules on what is allowed; and the increase in what we might call 'ordinary life endings' – people now have (and end) more relationships and jobs than ever before.

The 20th century was shaped by the two World Wars: many families were affected by deaths and significant losses. This was the context in which psychoanalytic thinking developed, with "the assumption that humans are born with, as it were, packages of inherited information that are activated during development and so structure our learning and experience of the world as we grow and mature" (Knox, 2011, pg 21). The narrative of death, loss and mourning resonated and had meaning in the face of the permanent losses that people experienced and had to survive. Freud develops his thinking about instincts in his 1915 paper 'Instincts and their Vicissitudes'. In the aftermath of the First World War, he wrote 'Beyond the Pleasure Principle' (1920), where he explores the idea of the death instinct more fully. Initially taking a biological perspective he states "If we are to take it as a truth that knows no exception that everything living dies for *internal* reasons – becomes

inorganic once again – then we shall be compelled to say that *'the aim of all life is death'*" (Freud, 1986, pg 246). Freud drew attention to the "vacillating rhythm" of the instincts and suggested that the drive towards death was, more specifically, a wish "to die only in its own fashion" (Freud, 1986, pg 247 - 248).

Phillips (1999, pg 73) suggests the death instinct represents "that part of ourselves that determinedly wishes not to know, the part of ourselves that is sceptical, as it were, about our belief in knowledge and truth." This certainly rings true to me, when viewed not only on an individual basis, but also on a societal level. The act of going to war requires a great splitting off of our knowledge and the truth of the humanity we share with our enemy: we do not wish to know they are like us. Freud died in 1939. He had fled to London to escape the Nazis and was preoccupied by the fate of the Jews. Phillips (1999, pg 9) describes how Freud wrote, shortly before his death: "The individual perishes from his internal conflicts, the species perishes in its struggle with the external world to which it is no longer adapted". In this quote I see, in his reference to 'species', the biologic perspective again. Freud is drawing on the work of Darwin, whose ideas on speciation were so wilfully misinterpreted by the Nazis, in their rejection of the Jews as fellow humans. Freud himself, unlike so many Jews, managed to die in his own fashion, in freedom in London.

From the ravages of the Second World War, the development of attachment theory found a foothold, with the evacuation of children inadvertently functioning as a great social experiment: "Just as the so-called 'war neuroses' had been influential in the development of psychoanalytic theory, the problems of evacuated children in Britain changed psychoanalytic thinking about childhood" (Phillips, 1988, pg 62). The work undertaken by Bowlby, Winnicott and their peers began to shape understanding of the importance of attachments and an emphasis on the relationships. As documented in Chapter 6 (Attachment and Separation), the integration of attachment theory as a later concept within the psychoanalytic world has not been straight forward. However, the 21st century seems to be shaped by forces of movement, dissolution and re-connection, with travel, relationship breakdown and connection via technology as common features in many people's lives. In this context, the concept of attachment and separation is congruent. The retention and duplication of digital images, film and voice recordings are a powerful force in 'keeping alive' a presence. Changing social practices mean that, although relationships end, the connections with people we have previously loved often continue. Distance is no object for Skype or Facetime.

But if ideas about attachment and separation are gently displacing a narrative of death, loss and mourning, what might this be replaced with in due course? A model of 'coming and going' might serve instead. The days of young adults flying the nest are being replaced with adult workers living with their parents, as the prohibitive mortgage and rent rates stop them finding their own nest. There can be a return to the parental home for those whose relationships have broken down, or become unemployed. Where people have work, Sennett (1998, pg 22) identifies changing patterns of work, which can be illustrated through the motto 'no long term'. He cites that an American graduate could now "expect to change jobs at least eleven times in the course of working, and change his or her skill base at least three times during those forty years [of working life]." What does this mean for family and social life? Sennett (1998, pg 25) states "'No long term' means keep moving, don't commit yourself, and don't sacrifice". The consequences of coming and going from an employment market characterised by short term contracts and projects creates conflict. "This conflict between family and work poses some questions about the adult experience itself. How can long-term purposes [such as family life] be pursued in a short-term society? How can durable social relations be sustained? How can a human being develop a narrative of identify and life history in a society composed of episodes and fragments?" (Sennett, 1998, pg 26).

A model of 'coming and going' requires, at least in the workplace, social skills which are "*portable:* you listen well and help others, as you move from team to team … as though moving from window to window on a computer screen. Detachment is also required of the good team player: you should have the ability to stand back from established relationships and judge how they can be changed… rather than be plunged back into long histories of intrigue, past betrayals, and jealousies" (Sennett, 1998, pg 110). Of course, 'detachment' is the opposite of 'attachment' and an avoidance of thinking about past emotions and relationships is anathema to the psychodynamic approach. Mine is not a 'portable' occupation, but is strongly linked to consistency of time, place and person.

So, in response to my research objective: the classic psychodynamic counselling model is, still, providing a template for negotiating and effecting an end of the counselling relationship, in Britain in the 21st century. But, as a profession, we need to be fully alert to the nature of the rapid social and cultural change around us, which will create new discourses of what it means to live, love and work in 21st century Britain.

8.3 Other Findings Generated

I began my research wanting, at heart, to have a better understanding of why I found endings so difficult, both personally and professionally. In the same way that many trainees access the therapy they need via the route of doing a counselling course, I suspect I have learned a great deal about my own approach to endings via the academic cover of a PhD. What has surprised me about the research journey taken, is how my attention has moved from the clinical engagement of counsellor and client, supervisor and supervisee, to the importance of the development of the profession of psychodynamic counselling and therapy.

In addition to the findings which relate directly to my research objectives, I have also encountered themes which have helped frame and structure my thinking and understanding. In Chapter 3 (Methodology) I showed my use of thematic analysis. Themes are to do with how people see the world and themes emerge relationally (in conversation). This links to unconscious working models (where something becomes invisible) and reappears as 'cultural information' (such as our social rules and mores). We respond to these social rules though our behaviour and conversation. This is how themes become visible again, though these performative aspects. In this section I want to revisit some of the findings and themes which I have introduced in earlier chapters, which sit outside of the original research aims and objectives.

8.3.1 Time, nature and the industrial society

The theme and importance of time made a repeated presence in my research. I think what I am getting hold of is something about the natural world, the natural ebb and flow of time and how this is becoming squashed and commercialised by our industrial society. The therapeutic world might remain one of the last bastions of natural time, paradoxically held within a modern institution. Both clients and counsellors valued the capacity of time to operate in a different way within the fifty-minute counselling hour. The circularity of time/no-time was seen as central to accessing unconscious processes. Images of seasons, of life rising and falling, of sustenance from the earth in the ordinary mode of decay and regeneration were important references for participants. These ideas sat outside of religious connotations, at least within the interviews I conducted. This again is rather paradoxical, as religious worship might be another bastion for time/no-time. Today, time and money are seen as connected. Time is money and this presents a challenge for the increasing

prevalence of the position of the counselling client as consumer. Can we show value for money within the fifty minutes, or does a focus on outcomes somehow inhibit the connection to time/no-time? I am aware my writing here is rather esoteric, but this is in the nature of my findings. Time and the natural world came up as important and valued components of a good therapeutic engagement. I think we need to take these constructs seriously and gain a better understanding of their place in psychodynamic thinking and practice.

8.3.2 The experience of seeing the dynamics within my own professional group

I own my fascination at the journey this research has taken me on. I have found it hard to identify aspects of psychodynamic work without then asking the question 'So why would the profession need to do it this way?' It is as if I cannot make sense of the research data without taking an anthropological stance towards my own profession. I have excavated the layers of meaning that lie beneath the more obvious clinical explanations. Perhaps my everyday role as Head of Training within a psychodynamic counselling service makes me more attuned to the training process, but at the point of training new counsellors there does seem to be a heightened impact of certain key ideas. These ideas seem to act almost as a talisman. It is not the idea itself – for example, the notion of transference – but the performance of the idea which seems to be part of the process of acculturation of counsellors. So being seen to understand and talk of using transferences, in this example, holds a meaning that is as important as the clinical application of working transferentially.

The 'performance of the idea' links back to discourse psychology, which I explored in Chapter 3 (section 3.5.1). There I described 'speech acts' – the way in which our language is organised through discourse to do more than simply describing or communicating something. We are also, through our conversation, legitimizing or supporting, or challenging or subverting, and so forth, the object of our speech. Language 'does' something, in the same way that performing a clinical act and speaking about the performance of it also 'does' something. What does 'performativity' mean in relation to training counsellors? There is a danger that the differences between being able to imitate (to 'act' like a counsellor) versus being able to take in and internalise aspects of a valued trainer, supervisor or therapist (to 'feel' like a counsellor) are hard to differentiate and assess from the outside.

This situation is further complicated by therapeutic language. Earlier stage students seemed to use technical terms more readily than their more experienced colleagues. Within the

psychotherapeutic world there are therapeutic domains which are "constructed and maintained through patterns of discourse so that we are able to make sense to each other, to speak the same language" (Parker, 2002, pg 224). Students are keen to partake in this discourse, to be seen to use the shared language. Parker (2002, pg 222) reflects on how "doing counselling or psychotherapy involves the construction of a certain kind of discourse" and also that we need to better understand "how the therapeutic self is fashioned in the context of certain powerful regimes of knowledge". These ideas are important in counsellor training, as we are trying to assess our students' capacities without being able to observe them in action with a client. In my role as Head of Training, I am of course concerned with the content and delivery of a programme. However, I now have anthropological insights into how the profession constructs and maintains its theoretical and practical foundations, through systems such as performativity and discourse. The student experience needs to be considered within this context. I need to give thought to how to refine assessment of their developing skills and understanding, in the complex matrix of the training and clinical environment. For me, there is always going to be the researcher part of myself looking on and observing my own, and the group process, of maintaining the professional culture.

8.3.3 The place of research in psychodynamic thinking

I was aware when I started my research process that many of my colleagues thought I was rather mad. As if mine was an admirable endeavour, but *why?* It was as if I were opting to join a bizarre cult. I initially put down these kinds of responses to part of what I consider to be a particularly British form of anti-intellectualism. (Being from Bengali stock - the powerhouse of intellectually-based development and status seeking - I have always been rather insulated from this.) Now I can see another reason for the experience of being viewed as an oddity for wanting to do research. Research is a direct challenge to the founding principles of psychodynamic thinking: that theory develops out of practice, not out of research. The attachment theorists are different and perhaps this is one of the reasons why I nail my colours to their mast. They are able to use research (and indeed experiment) to explore and make sense of their findings. This is not simply a return to a positivistic tradition of knowledge, but to my mind a useful bringing together of practice with research. And bringing together different paradigms is still quite an alien and challenging concept within the psychodynamic world. Psycho-social research is viewed as a curiosity, rather than as a necessary expansion of the epistemology of the psychodynamic world, in the way that I am proposing and demonstrating in this thesis.

8.3.4 Terminable or interminable?

Freud's reflections on whether it is possible to terminate an analysis, either through it reaching a natural end or through the therapist's act of bringing it to an end, came early in my literature review. This question of what is terminable, and whether it is desirable to have termination, extends beyond the frame of psychodynamic engagements. Freud's observation about the painful and piecemeal reconstruction of one's reality, to accept the loss of someone we care about, captures the to and fro of the mourning process. Though the process is difficult, there is an expectation that the bereaved person will, in time, *work through* their loss.

In chapter 4 (Death, Loss and Mourning as a Primary Narrative in Psychodynamic Thinking) I explored how Craib (1995) used Parkes (1987) work 'Bereavement' as an indicator of both the placement of mourning within an illness framework and illustrate how ideas are reinterpreted as they move from the wider social culture, into therapeutic discourses, and then are taken up again by the wider culture. There are cultural resonances of 'terminable' and 'interminable' in the impact of modernity, which have been revealed by this psycho-social research. Mourning in pre-modern society was a more extended process than the modern world requires. Today, there is a fear that grieving might be interminable, unresolvable. This comes into conflict with contemporary cultural ideas about 'moving on' and 'managing' difficult situations. Cultural resonances about 'attachment' suggest ongoing development and connection. Therefore, the idea of an analysis or therapy ever being 'completed' does not fit ("I'll come back and see you again, next time I have a 'wobble'" as a client once assured me). The death, loss and mourning narrative suggests, in contemporary culture, that therapy should be both complete and terminable to be 'good'; whereas attachment narratives rest more easily with idea that it is necessarily incomplete and interminable.

8.3.5 The 'good ending' in psychodynamic counselling

The 'good ending' in psychodynamic counselling: In Chapter 3 (Methodology) I referred to a dream I had, in which Menzies-Lyth's study of nursing services came to mind. In this famous study, she observed that the methods that social institutions use to contain anxiety are closely linked to the ongoing viability and success of the institution (Menzies, 1960, pg 118). I suggest the orthodoxy of endings in psychodynamic counselling reflect an institutional defence against anxiety. This relates to the procedures and practices that counsellors' use in their work. For example: how they invoice for and receive money from

the client; their consideration of how much of themselves they are prepared to disclose; how they manage breaks in the work. In all of these examples there is both the performative aspect alluded to above and an anxiety to 'get it right'. In the ending stages of the work, there can be a concern to both achieve a good ending, and to be seen to achieve a good ending. The use of CORE outcome measures, and client satisfaction surveys, taps into a managerial discourse of providing a good service. In the final session, the description of the 'danger zone' nicely conveys the fear that the counsellor might reveal too much of their own feelings or short-comings. The professional demands of settling up fees and completing paperwork, along with the final presentation of the client in supervision, provide an excellent vehicle of containment for the anxiety that counsellors related in their accounts of the final session.

8.4 Original Research Produced through this Thesis

My research gives a snapshot of the British psychodynamic counselling profession at a moment in time. Not only have I captured the overt and covert practice of managing endings in counselling, but I have also gained a cultural and social overview of how the profession initiates new members and maintains some of the competing tensions around incorporating new developments, whilst holding on to the founding principles of the work.

My research is distinctive in having unearthed the history of endings within the psychodynamic model. This gives a broader and more profound understanding of why counsellors and supervisors approach endings in the ways that they do and how this is concerned with more than simply the best clinical practice. The requirement for the acculturation of new counsellors has an effect which is evident in how they choose to talk and manage their endings with clients. A social understanding of how counsellors have to begin their professional life by cleaving strongly to fundamental psychodynamic values has been revealed through this research. I have also been able to show how this adherence lessens with age and experience and enables broader interpretations of the work to take place, with a greater association to attachment-based models for making sense of endings.

I have demonstrated how there appear to be some initial associations for counsellors between particular life experiences and ways of working with endings. Although there is not a strong causal link in my research, I tentatively suggest the hypothesis that counsellors who have experienced sudden rather than timely deaths in their biographies, and those who have not had children, tend to adhere more strongly to the death, loss and mourning model

of endings. These findings have particular implications for how supervisors might adapt their practice by actively asking about supervisees' biographies in respect of endings. This would be a new and specific development of supervisory training and practice.

Another aspect of my original research has been to hear the client voice in respect of endings. As far as I am aware there has not been other research on endings which has triangulated the experiences of counsellors, supervisors and clients, giving weight to each of these positions in psychodynamic practice. I believe it is important to hear the client voice outside of a purely psychodynamic interpretation of their discourse. Here I have used the free association narrative interview technique to use client interviews and the resultant transcripts to create data about the client experience of psychodynamic counselling. The data I obtained sheds important light on how clients perceive the counselling relationship and how very different their view actually is, compared to a psychodynamic interpretation of what we think they express through their words and actions. These findings suggest we need to review and clarify how the counselling engagement differs from an analytic attitude. The profession of psychodynamic counselling has its origins in psychoanalysis. We need to debate how much of the language and practice of psychoanalysis should we, as psychodynamic counsellors, replicate in our thinking and practice.

8.5 What Remains to be Investigated

If I were to continue researching endings in psychodynamic counselling there are certain areas that warrant further investigation. The first of these is concerned with the models of practice in use. In this thesis I have addressed the two main constructs of psychodynamic thinking which I identified from the data, but I am aware that this might be an artefact of my particular research sample. Are there other ideas about approaching endings that I did not take up? My thesis does not contain a comprehensive review of the Jungian, Kleinian or Lacanian literature on endings. No doubt there are equally rich findings to be had here. The voices of Jung, Klein and Lacan are not entirely absent, however. They are there, in the voices of participants who have been exposed to these theories and practices in their engagement with the psycho-therapeutic world.

This was psycho-social research. I do not feel I have done justice to an understanding of endings more generally in 21st century British society. The role of the internet and online engagement has not been explored here and this is a rapidly expanding and developing area of life that needs to be addressed. With the advent on online counselling and Skype

counselling I am curious to know what happens to endings in these contexts. Might there be a virtual therapist one day?

Finally, I am curious still about the reaction to the research process within and by the profession. How can we get a more fluid cross-fertilisation between research and practice, without either side feeling better informed or more challenged than the other? As a researcher I have to enhance my understanding of how the fruits of research can be made digestible to the practitioner community.

8.6 Concluding Reflections

This thesis takes the first part of its title from a detective novel by Raymond Chandler. Published in 1953, 'The Long Goodbye' is Chandler's most autobiographic and complex novel. He wrote it whilst his wife was terminally ill and it concerns the nature of attachments and the illusion of endings: they are not always what they seem. Using the genre of hard-boiled detective fiction, Chandler presents an investigation: his hero Marlowe makes a brief but powerful attachment to a drunk called Lennox (Chandler's alter ego) who then seeks his help in fleeing the country before his wife is found dead. Lennox then allegedly kills himself. The novel explores Marlowe's attempts to find out what happened; who killed who; whether his drunken friend was really who he claimed to be; and whether he is still alive or not, living under a changed identity. There are issues here of what we know and how we know it; of attachments and losses; of what happens when our intuitive knowledge is challenged by our observations and the assumptions of those around us.

Without wishing to strain the metaphor, my research shares some qualities with the story. At its most simple level, this thesis is an investigation: I wanted to try to find out something about complex and interweaving aspects that go to make up endings in psychodynamic counselling. The themes of attachment and death have been powerful and can threaten at times to obscure the myriad of other, more subtle dynamics that form essential components of endings. Alongside these powerful themes is professional orthodoxy. My research has given a clearer understanding of the way in which such orthodoxy is transmitted within the profession and where it most strongly becomes enacted and perhaps forecloses on other ways of making meaning.

The character whose identity has been changed over the duration of this investigation is of course me. I started my research encounter as a counsellor and have concluded it as not

only a counsellor but also as a psycho-social researcher. This change has left me enriched: I have an understanding of complexity and discourses which was hitherto unknown to me. But it also positions me subtly as an outsider. I feel my capacity to be purely within the professional identity of psychodynamic counsellor is challenged – I now see another level of dynamics operating within the profession and within the social context in which counselling takes place.

One of my colleagues seemed puzzled by my choice to do a PhD, remarking "But wouldn't you rather do further clinical training and become a psychotherapist?" Had I done that, instead of this research, I would have developed a deeper clinical acumen and written deeper case studies; I would have known more about the psyche and about the internal world in microscopic detail. However, by undertaking psycho-social research - by problematizing the boundary between the individual and the social – I am showing what troubles and what interests people, and how social forces operate. I have observed how the inner and the outer interpenetrate, as described in Chapter 7 (section 7.3) in relation to what Elias calls 'elastic relatedness'. Through this research I have allowed the interpenetration of what is therapy and what is research, informed by theory from therapy, anthropology and sociology. So what am I now? Not just an individual counsellor any more. How I take that forward remains to be seen. Will I withdraw into the safety of the professional herd? Or change my identity entirely and find a new herd? My hope is that I can manage the ambivalence of holding an identity that usefully bridges these positions. I am a counsellor-researcher.

Appendix 1

An Invitation to Take Part in Counselling Research into Endings

As a counsellor, do you find endings with clients a challenge? Can they sometimes be imbued with sadness, or at other times a cause for great relief? Or are you a supervisor helping counsellors work through endings and having to manage the ending processes in the supervision group too?

Jane Woodend, a WPF trained psychodynamic counsellor, is undertaking Doctoral level qualitative research into counsellors and supervisors experiences of working with the complexities of endings.

Would you be willing to meet with Jane to be interviewed about your ending experiences? She will be conducting interviews at WPF Therapy, on a Thursday and Friday. For further information, or an informal chat, do please contact Jane directly on 07971 030 899 or nila.woodend@uwe.ac.uk

Appendix 2

Dear Former WPF Counselling Client,

I am contacting you because you registered an interest in participating in research at WPF Therapy. I am conducting a research project about endings in counselling and very much hope you might be interested in taking part: as counsellors, we have so much to learn from our clients' experiences of the process, so your input would be invaluable. My research project has been formally approved by WPF Therapy and the Ethics Committees of both WPF and the University of the West of England.

The project would involve you having two interviews with me to consider your experiences of ending counselling and of endings more generally in your life. Previous participants have found the interviews to be a helpful space to reflect and make sense of the way endings resonate for us personally.

If you would like further information (without committing to take part) do please contact me on: nila.woodend@uwe.ac.uk or call me on 07971 030 899. Many thanks.

Yours sincerely,

Jane Woodend MSc MBACP (accred).

Appendix 3

FACULTY OF SOCIAL SCIENCES AND HUMANITIES

Faculty Research Ethics Sub-Committee

Request for ethics advice and/or approval

STEP 1:
Please ensure that you have done the following:

- Read the Guidance Notes for Ethics Approval and Advice
- Discussed this application with colleagues/supervisor
- Attached your research proposal
- Secured CRB certificate if needed and attached a copy (see guidance)

STEP 2:
Clarify whether you are seeking advice on the ethics dimension of your enquiry or whether you are seeking approval to proceed.

- Advice
- Approval

STEP 3:
Identify whether your enquiry falls within the remit of Department of Health Research Governance Regulations – specifically:

- The enquiry is to be conducted with people in their capacity as patients or staff of the National Health Service
- The enquiry is to be conducted on NHS premises
- The enquiry involves the harvesting of human tissues

If it does you should talk immediately to the Chair of the Faculty Research Ethics Sub-Committee who will advise you on the particular procedures you need to follow. You do not (yet) have to complete this form.

STEP 4:
Complete this form, Section A and/or Section B

FIRST, PLEASE GIVE US YOUR DETAILS

Name: Nila Jane Woodend

Staff/Student/Department: Centre for Psycho-Social Studies

Your contact details:
104 Bisley Road, Stroud, Gloucestershire. GL5 1HG.
07971 030 899
Nila.Woodend@uwe.ac.uk

Do you have a Project Director or a Supervisor – and if so who are they?
Director of Studies: Prof Paul Hoggett (CPSS)
Supervisor: Nigel Williams (CPSS)

Is the enquiry:

Externally funded? No
(By whom?)

Linked to a project or programme with external partners?
(If so – whom and who takes the lead?)
No

Part of an award programme?
(If so, which?)
PhD (CPSS)

Personal research?
No

Is a response to this application urgent? If so, why, and by when do you have to have a response?

A response is not urgent, although I hope to commence my research later this summer.

SECTION A: Seeking the Sub-Committee's advice on the ethical dimensions of my enquiry

I have been advised that my enquiry does not need formal ethics approval – or I already have secured such approval. Nonetheless, I have encountered certain ethical issues in the enquiry on which I would like the Sub-Committee's advice. In brief, these concern the following: (no more than 750 words)

N/A

SECTION B: Seeking the approval of the FRESC to proceed with my enquiry

PLEASE ATTACH AN OUTLINE OF YOUR RESEARCH PROPOSAL WHICH MAKES CLEAR YOUR PURPOSES, METHODOLOGICAL APPROACH, LIKELY RESPONDENTS, TIMEFRAME AND PLANS FOR PUBLICATION.

Will the participants be from any of the following groups?*(Tick as appropriate)*

- ☐ Children under 18
- ☐ Adults who are unable to consent for themselves[2]
- ☐ Adults who are unconscious, very severely ill or have a terminal illness
- ☐ Adults in emergency situations
- ☐ Adults with mental illness (particularly if detained under Mental Health Legislation)
- ☐ Prisoners
- ☐ Young Offenders
- ☐ Healthy Volunteers
- ☐ Those who could be considered to have a particularly dependent relationship with the investigator, e.g. those in care homes, medical students
- ☑ Other vulnerable groups

([2] Please note, the Mental Capacity Act requires all intrusive research involving adults who are unable to consent for themselves to be scrutinised by an NHS Local Research Ethics Committee – Please consult the Chair of your Faculty Research Ethics Sub-Committee or Amanda Longley or Alison Vaughton (RBI) for advice)

If any of the above applies, please explain their inclusion in this research

My research involves interviewing former counselling clients. As such, there is the potential for some of these participants to be considered vulnerable. Former clients are included in my research because they are central to my understanding of the psychodynamic counselling relationship. I am investigating the phenomena and qualities of the counselling relationship that help us understand how an ending of the work can be effective – the client's perspective is as essential as the counsellor's perspective of this relationship.

Note: If you are proposing to undertake research which involves contact with children or vulnerable adults you will generally need to hold a valid Criminal Records Bureau check. Please provide evidence of the check with your application.

Outline the ethics procedures you plan to implement in your enquiry (you must read the guidelines). This may involve a Participant Consent

Letter, an Explanatory Note and/or an Ethics Agreement – which you should attach to this application**:**

The ethics procedures I plan to implement in my enquiry are:

- Liaise with WPF Therapy centrally and with the network centres ethics committees. (I have had one meeting with the Chief Executive of WPF Therapy and a proposal has gone to their ethics committee. I have received a written response describing their interest in principle – they wish me to attend their next ethics committee in July to provide further details.)
- Ensure I am clear with each service about their processes, if any, for ensuring research is ethically conducted.
- Produce participant information sheets and consent forms (attached), for completion by all individuals taking part in the research, in line with the requirements of the Faculty Research Ethics Sub-Committee and participating services.
- Obtain a letter of informed consent from each participating service, showing their understanding of their responsibility towards clients, counsellors or supervisors as a result of engagement in the research. For example, if after an interview a counsellor feels they were not appropriately supported by their supervisor, this will be the responsibility of the counselling service to pursue.
- Ensure my research data is anonymous, that confidentiality is maintained and that data is stored in line with the Data Protection Act.

Outline any risks you foresee to respondents and/or to you and your research and how your ethics procedures respond to them (again, read the guidelines):

The potential risks associated with my research fall into two categories: those concerned with the 'opening up' of the therapeutic relationship and those concerned with the role of the counselling service.

For former clients, it is likely that the free association narrative interview approach might reawaken feelings or memories relating to the content of the counselling. This in itself is not a difficult or undesirable outcome, particularly given the context of the two interview structure I am adopting, which will give an opportunity for thoughts, feelings or questions arising from the first interview to be explored and hopefully resolved. However, there is the possibility that for some the reconnection to this material brings up issues that require further psychotherapeutic attention. My response to this is shown in both the letter of consent from participating services and in the participant information sheet and consent form for former clients – it will be the responsibility of the counselling service to offer an appropriate response in support of a former client.

For counsellors and supervisors, there is the possibility that the interview process may raise greater awareness of the relationships between counsellor, supervisor and service. If this coalesces into a concern, again the counselling service will be responsible for pursuing this within their existing processes. This is detailed in the letter of consent from participating

services and in the participant information sheets and consent forms for counsellors and supervisors.

Are you planning to follow ethical guidelines or standards of any professional body (refer to these guidelines)**?**

Yes, I will follow the guidelines or recommendations of the ethics committees of participating WPF services.

Do you have plans for the storage and management of data, taking into account the Data Protection Act, and if so what are they?

Although I will require the assistance of services in identifying former clients, counsellors and supervisors, the participating services will not be told who has responded to my request.

I will ensure that all identifying information is stored in a locked filing cabinet, separate from the associated non-identifying information.

Participanting services will be referred to by a letter and individual participants will be referred to by number. For example, data titled: A.4.2 will refer to the service (A.), the fourth person interviewed (4.), and the second interview I had with them (2).

All data will be stored in locked filing cabinets.

All data will be kept for the duration of the PhD. Upon completion, all data will be destroyed.

I will have access to my data in raw form. My supervision team and the peer group I wish to use to help analyse my data will be given copies of anonymous data, which will be returned to me for shredding upon completion of data analysis.

Declaration

Principal Investigator	
Signed	
Date	
Supervisor or module leader (where appropriate)	
Signed	
Date	

Appendix 4

WPF Therapy Ethics Committee
Research Proposal from Jane Woodend

Research Title
'The Long Goodbye' – an investigation of the psychodynamic counselling relationship, to identify the phenomena and qualities that help us understand how an ending of the work can be an effective part of the therapy.

Introduction
I am a WPF trained, BACP accredited psychodynamic counsellor and I am employed as Service Manager at Local Counselling Service. I am undertaking a part-time PhD with the Centre for Psycho-Social Studies at the University of the West of England. I am in receipt of a bursary for three years, from the university. There is no other external funding and my research is not sponsored by my employer or any other organisation.

Rationale
My experience, as a clinician, a supervisor and as a manager in a countywide WPF Network centre, is that a surprisingly high number of endings with clients have proved to be difficult. This is evidenced in particular by the number of clients who simply stop attending sessions, with no prior discussion with their counsellor and often without paying their outstanding fees. Sometimes it is the counsellor who struggles: Lesley Murdin (2000) writes "Many complaints received by the professional organisations from patients relate to endings that were too precipitous and were brought about because of the therapist's anxiety and inability or unwillingness to sustain a difficult relationship."

Clients who 'disappear', and perhaps also those who feel poorly contained, are less likely to complete service feedback forms or 'End of Therapy' CORE (Clinical Outcomes in Routine Evaluation) questionnaires. This leaves both services and, ultimately, the profession, with skewed outcome data. We end with outcome data for a self-selecting group of participants who have remained engaged with the counselling process and do not hear from those for whom the experience has, perhaps, failed to be containing or sustaining enough.

What happens between counsellors and supervisors when something fails in the counselling relationship, in the supervisory relationship, or in the counselling process? Can the counsellor bring their failure to supervision in the first place? If it is raised, can failure be thought about, or is there an impetus to ascribe the failure to the client rather than the counsellor, because of the fear of professional inadequacy? Do supervisors, and supervision groups, tend to console the counsellor, and by inference the profession, rather than explore the failure? Researching failure touches on issues of un-attributed shame dynamics and professional inadequacy. How much of this can be spoken of in the counselling relationship and is it ethical to do so? My intention is to interview clients as well as counsellors about their experiences.

Conceptual Frame:
The Anthropologist Mary Douglas (1966) writes of the function of taboo "as a spontaneous device for protecting the distinctive categories of the universe. Taboo protects the local consensus on how the world is organised. It shores up wavering certainty. It reduces intellectual and social disorder." Her work on rituals of purity and impurity provide a template within which to view the overt and unspoken rituals encountered in the therapeutic relationship and in the organisational context within which the work takes place.

The second conceptual frame I want to draw on is the work of Philip Rieff, in reflecting on the development of the counselling profession itself, at this point in time. Rieff's contention is that psychoanalysis is taking the place of religion in the western world – "Religious man was born to be saved; psychological man is born to be pleased. The difference was established long ago, when 'I believe', the cry of the ascetic, lost precedence to 'one feels', the caveat of the therapeutic. And if the therapeutic is to win out, then surely the psychotherapist will be his secular spiritual guide." If this is the case, what does this mean for failure within the profession? Will we allow ourselves to explore this notion?

Objectives
My objectives in undertaking this research include:

(1) To investigate whether the classic psychodynamic counselling model is still a robust and useful template for negotiating and effecting an end of the counselling relationship, in multi-cultural Britain in the 21st century.
(2) To have an understanding of how endings are construed within the psychodynamic counselling world and to interrogate these constructs, using concepts and theories both within and outside of the psychoanalytic tradition.
(3) To observe and describe the psychodynamic phenomena that can occur in the ending stages of counselling, for clients, counsellors and their supervisors.
(4) To identify the qualities of the counselling and supervisory relationships and to investigate whether specific qualities can be useful in predicting the likely outcomes of psychodynamic counselling.
(5) To explore the opportunities, constraints and dynamics created by using psychodynamic counselling skills as part of a qualitative research methodology.
(6) To articulate how my research findings may contribute to the education and practice of counsellors and counselling organisations.

The Methodology of the Study and the Methods to be used for Data Collection:
I am aware that to research a 'failure' is a counter-cultural theme within the current development of counselling as a profession. Keen to show our effectiveness in a culture that requires evidenced outcomes, failures can become hidden. This means that researching failure (or the fear of failure) therefore, will need a methodological framework that can enable participants to feel contained and safe. If this is achieved, they may then allow their ambivalent feelings or partially formed responses, in their conscious and unconscious communications, to be considered and reflected upon.

My plan is to approach psychodynamic counselling services that are part of the WPF network. From participating services I want to identify a small sample of former clients willing to take part, and counsellors and supervisors. I wish to gain 30 - 35 hours of digitally recorded interview material. Where possible, I hope to hire a suitable room from the participating service, in which to conduct the interviews.

The issue of ethics is present throughout the research methodology I am proposing. The notion of confidentiality is held dear within the profession and this incorporates the notion that the work undertaken is internalised and can continue after the termination of the actual counselling sessions. There is a view that to 'intrude' on this, to re-examine the counselling relationship and process, changes the internalised relationship. This construction of endings by the profession presents a difficulty in how we can understand it further.

In order to ensure my research is ethically sound, I will need to:

- Liaise with WPF Therapy centrally and with the network centres ethics committees.
- Ensure I am clear with each service about their own process, if any, for ensuring research is ethically conducted.
- Present my research proposal to my university's Faculty Research Ethics Sub-Committee for approval (completed in June 09).
- Produce participant information sheets and consent forms, in line with the requirements of my Faculty Research Ethics Sub-Committee and participating services.
- Obtain a letter of informed consent from participating services, showing their understanding of their responsibility towards clients, counsellors or supervisors as a result of engagement in the research. For example, if after an interview a counsellor feels they were not appropriately supported by their supervisor, this will be the responsibility of the counselling service to pursue.
- Ensure my research data is anonymous, that confidentiality is maintained and that data is stored in line with the Data Protection Act.

In selecting a sample of clients, I will need participating services to provide names and addresses of clients who have finished their counselling within the past 12 months. Former clients will be contacted by letter inviting them to participate in the research; a research briefing paper will be enclosed. Where services use the CORE system (Clinical Outcomes in Routine Evaluation), this will be the method of identifying the group. The findings from CORE data also give contextual information about the numbers of clients in each service ending in a planned and unplanned way. I would need assistance from services in contacting counsellors and supervisors to invite their participation. This may take the form of a letter and briefing paper as before, with the possibility of a meeting if this is deemed helpful.

The research will involve two interviews each, with former clients, counsellors and supervisors, with a week between the interviews. The interview approach will utilise the techniques of free association and narrative interview, described by Hollway and Jefferson (2000). I anticipate that addressing issues of loss associated with endings, and issues of failure, will produce degrees of defence in my subjects. I am therefore keen to enable participants' stories to be told, rather than get into a

justification of events and responsibilities – "story-telling stays closer to actual life-events than methods that elicit explanations" (Hollway and Jefferson (2000) Pg 32). The interviews will be recorded and transcripts produced. The transcripts will be analysed in detail by:

- Myself and my supervision team.
- A peer group of accredited psychodynamic counsellors who are not employed by any of the services involved in the research will undertake an analysis of a sample of interviews. This will provide an external source of validation for my analysis of the data – a triangulation that mirrors the dynamic between client, counsellor and supervisor. The experience of these counsellors engagement with a research activity will be explored and collated.

Further outcomes I hope to achieve through this research include:

1. Proposals for the content and delivery of education and training initiatives for training courses leading to professional qualification, and for continuous professional development for British Association for Counselling and Psychotherapy (BACP) accredited psychodynamic counsellors will be detailed.
2. A review of current thinking and reported best practice in the supervision of endings in psychodynamic counselling will be made. This will be contrasted with my findings and the areas of difference highlighted.
3. Proposals for the training of supervisors, to incorporate my findings, will be detailed.
4. To submit an article for publication in an appropriate professional journal, for trained supervisors to be informed of my findings. The article will stimulate thoughts and feelings for supervisors to reflect on in relation to their practice. At present, there are limited numbers of supervisor training courses and little specific continuous professional development initiatives for supervisors available. This means that there is not an obvious structure for new learning to be made accessible for the majority of practicing supervisors, hence my wish to make my findings available via a journal.
5. To make some recommendations about the training requirements that counselling services might need to offer or access as a prerequisite for enabling effective client endings.
6. To produce guidance for services, giving examples of best practice in service structures, processes and delivery to enable effective client endings and monitoring of such.
7. To ensure my research experience and findings can contribute to the public education – for example by sharing my findings with other associated disciplines at the University of the West of England and beyond.

Bibliography:

Murdin, L. (2000) *How Much is Enough?* Hove: Brunner Routledge
Douglas, M. (1966) *Purity and Danger.* London: Routledge
Rieff, P. (1966) *The Triumph of the Therapeutic.* Delaware: ISI Books
Hollway, W. and Jefferson, T. (2000) *Doing Qualitative Research Differently.* London: Sage

Appendix 5

Letter of Consent to Participate in a Research Study

To: Centre for Psycho-Social Studies, University of the West of England

From: WPF Therapy, London Bridge.

This letter gives consent from WPF Therapy to participate in:
'The Long Goodbye' – Researching Endings in Counselling study, conducted by Jane Woodend.

As a service, we agree to assist in the identification of, and contact with, potential participants from our former client base, and existing counsellors and supervisors.

We will, if possible, make available for hire a room for research interviews to take place in.

We acknowledge that there is a possibility that the research may reawaken personal issues for former clients that need to be addressed. We understand that former client participants have been told to contact the service in this situation, with a view to re-engaging with the service. We accept our responsibility to respond appropriately should this be the case, as with any other former client who later approaches the service due to unresolved issues.

We acknowledge that there is a possibility that the research may raise issues for counsellors, regarding their relationship with either their supervisor or the service. We understand that counsellor participants have been told to bring such issues to the attention of the service. We accept our responsibility to respond appropriately should this be the case.

We acknowledge that there is a possibility that the research may raise issues for supervisors, regarding their relationship with either their supervisees or the service. We understand that supervisor participants have been told to bring such issues to the attention of the service. We accept our responsibility to respond appropriately should this be the case.

We understand that if we have any concerns regarding the research, we will contact the researcher in the first instance.

Position

Date

Signature

Appendix 6

'The Long Goodbye' - Researching Endings in Counselling

A research study conducted by Jane Woodend MSc MBACP (accred.) as part of the award of PhD with the University of the West of England. This research study is not externally funded.

Information for Former Counselling Client Participants

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

Thank you for reading this.

The purpose of the study

I am undertaking this study to find out more about what happens when we end in counselling. Ending counselling can be a different experience for different people – for some it is a planned ending after a long period of working together; for others an ending is sought sooner because their experience of counselling is not as they imagined it would be. Some people need to finish because of money or time constraints. Sometimes family commitments can mean we have to stop counselling. Perhaps ending counselling felt like a relief? Endings in life generally can be hard. In counselling, reaching an end of the work with your counsellor can reawaken feelings or memories associated with other endings or losses. How are these feelings addressed in counselling?

My research is attempting to find out what makes for a good or useful ending. What are the difficulties we might encounter in ending counselling? What do we take away with us from the experience of counselling? One of my aims is to identify how we can best enable ending in counselling to be an effective part of the work undertaken between counsellor and client.

How will the research be conducted?

I will be inviting up to 10 people who have completed counselling to take part in two individual interviews, set at about a week apart. The interviews will be conducted by me and I will be inviting you to tell me something about your experience of ending counselling and about endings more generally in your life. The interviews will not consist of set questions, but may feel more like a conversation that takes its own course. There are no right or wrong answers and you are encouraged to be frank and open in your responses.

Each interview will last for up to an hour and will be at a mutually convenient time. It can take place at the counselling service or, if you prefer, at another venue which we can agree nearer the time. I will use a digital recorder to record what is said and then transcribed the digital version into a written form. Transcripts of your interviews will be available for you should you wish.

I will analyse the information gathered from all the transcripts to draw together my understanding of what has been helpful in ending counselling and what might need further attention in the counselling process. The results will be contained within my PhD thesis and, hopefully, will also be published in the form of specific articles in professional or academic journals. I will be providing a summary of the results for participants.

Confidentiality

Knowing that what you say will remain confidential is very important. Outside of this research study, I do not have any contact with WPF Therapy. Neither the service (WPF Therapy) nor the counsellors are aware of who is taking part. In order to maintain absolute confidentiality I will be taking the following steps:

- All data will be anonymous – your interview transcripts will be identified by a numerical code only.
- All data will be kept in a locked filing cabinet.
- All data will be destroyed on completion of the research study.
- I will not disclose anything that is said to me in the interviews to the counselling service or its staff.
- In the final results, or in any subsequent publications, I will ensure that no personal description or details can give away the identity of any participants.

Do you have to take part?

It is up to you to decide whether to take part or not. If you do decide to take part, you will be given this information sheet and asked to sign a consent form. *If you decide to take part, you are still free to withdraw at any time and without giving a reason.*

What are the possible benefits or risks of taking part?

In addition to providing valuable information for this study, I hope that you will find being interviewed gives you an opportunity to revisit and reflect upon your experience of counselling and what this has meant to you. There is a risk that connecting again to this experience may make you aware that there are unresolved issues for you. The counselling service is aware of this research project – if the interview process reawakens any personal issues that you need to address, it would be appropriate for you to contact them with a view to re-engaging with them.

What should you do if you want to take part, or want further information?

If you would like to participate in this research, or would like further information, then please let me know:

Jane Woodend:
Telephone 07971 030 899
Email nila.woodend@uwe.ac.uk

Appendix 7

'The Long Goodbye' - Researching Endings in Counselling

A research study conducted by Jane Woodend MBACP (accred.) as part of the award of PhD with the University of the West of England. This research study is not externally funded. Jane is a WPF trained Psychodynamic Counsellor and Supervisor, working at Gloucestershire Counselling Service, a member of the WPF network of counselling centres.

Information for Counsellor Participants

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

Thank you for reading this.

The purpose of the study

I am undertaking this study to find out more about what happens when we end in counselling. Ending counselling can be a different experience with different clients – with some it is a planned ending after a long period of working together; for others an ending is sought sooner because their experience of counselling is not as they imagined it would be. Clients can disappear with no contact, leaving us unsure of our part in the counselling engagement. Some people need to finish because of money or time, or family commitments. Perhaps the ending of a counselling relationship has sometimes felt like a relief to you.

My research is attempting to find out what makes for a good or useful ending in psychodynamic counselling. What are the difficulties we might encounter in ending counselling? What do both we and our client take away with us from the experience of counselling? One of my aims is to identify how we can best enable ending in counselling to be an effective part of the work undertaken between counsellor and client.

How will the research be conducted?

I will be inviting up to 30 people to take part. Participants will include former clients; counsellors; and counselling supervisors. Participants are invited to take part in two individual interviews, set at about a week or two apart. The interviews will be conducted by me and will have as the starting point your experience of endings in counselling. The interviews will not consist of set questions, but may feel more like a conversation that takes its own course. There are no right or wrong answers and you are encouraged to be frank and open in your responses.

Each interview will last for up to an hour and will be at your convenience. It can take place at WPF Therapy or, if you prefer, at another venue which we can mutually agree nearer the time. Transcripts of your interviews will be available for you should you wish.

I will analyse the information gathered from all the transcripts to draw together my understanding of what has been helpful in ending counselling and what might need further attention in the counselling process. The results will be contained within my PhD thesis

and, hopefully, will also be published in the form of specific articles in professional or academic journals. I will be providing a summary of the results for participants.

Confidentiality

Knowing that what you say will remain confidential is very important. Outside of this research study, I do not have any contact with WPF Therapy – the service will not be aware of who is taking part. In order to maintain absolute confidentiality I will be taking the following steps:

- All data will be anonymous – your interview transcripts will be identified by a numerical code only.
- All data will be kept in a locked filing cabinet.
- All data will be destroyed on completion of the research study.
- I will not disclose anything that is said to me in the interviews to the counselling service or its staff.
- In the final results, or in any subsequent publications, I will ensure that no personal description or details can give away the identity of any participants.

Do you have to take part?

It is up to you to decide whether to take part or not. If you do decide to take part, you will be asked to sign a consent form. *If you decide to take part, you are still free to withdraw at any time and without giving a reason.*

What are the possible benefits or risks of taking part?

In addition to providing valuable information for this study, I hope that you will find being interviewed gives you an opportunity to revisit and reflective upon your experiences of counselling and what this has meant to you. There is a risk that your reflection might raise issues regarding your relationship with either your supervisor or the counselling service. WPF Therapy is aware of this research project – if the interview process gives rise to any issues that you need to address, it would be appropriate for you to contact them regarding this.

What should you do if you want to take part, or want further information?

If you would like to participate in this research, or would like further information, please do contact me:

Jane Woodend:
Telephone 07971 030 899
Email Nila.Woodend@uwe.ac.uk

Appendix 8

'The Long Goodbye' - Researching Endings in Counselling

A research study conducted by Jane Woodend MBACP (accred.) as part of the award of PhD with the University of the West of England. This research study is not externally funded.

Information for Supervisor Participants

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

The purpose of the study

I am undertaking this study to find out more about what happens when we end in counselling. Ending counselling can be a different experience with different clients – with some it is a planned ending after a long period of working together; for others an ending is sought sooner because their experience of counselling is not as they imagined it would be. Clients can disappear with no contact, leaving us unsure of our part in the counselling engagement. Some people need to finish because of money or time, or family commitments. The client and counsellor are two of the participants in the counselling process – the third participant is the supervisor. In order for me to investigate how we approach endings in psychodynamic counselling, the role of the supervisor is an essential component.

My research is attempting to find out what makes for a good or useful ending in psychodynamic counselling. What are the difficulties we might encounter in ending counselling? What do both counsellor and client take away from the experience of counselling? How do counsellors use supervision to address the challenges that endings present us with – and what are the supervisors left with? One of my aims is to identify how we can best enable ending in counselling to be an effective part of the work undertaken between client, counsellor and supervisor.

How will the research be conducted?

I will be inviting up to 30 people to take part. Participants will include former clients; counsellors; and counselling supervisors. Participants are invited to take part in two individual interviews, set at about a week apart. The interviews, which will be recorded on a digital recorder, will be conducted by me and will have as the starting point your experience of supervising endings in counselling. The interviews will not consist of set questions, but may feel more like a conversation that takes its own course. There are no right or wrong answers and you are encouraged to be frank and open in your responses. Each interview will last for up to an hour and will be at your convenience. It can take place at a venue which we can mutually agree nearer the time. Transcripts of your interviews will be available for you should you wish.

I will analyse the information gathered from all the transcripts to draw together my understanding of what has been helpful in ending counselling and what might need further attention in the counselling process. The results will be contained within my PhD thesis and, hopefully, will also be published in the form of specific articles in professional or academic journals. I will be providing a summary of the results for participants.

Confidentiality

Knowing that what you say will remain confidential is very important. In order to maintain absolute confidentiality I will be taking the following steps:

- All data will be anonymous – your interview transcripts will be identified by a numerical code only.
- All data will be kept in a locked filing cabinet.
- All data will be destroyed on completion of the research study.
- I will not disclose anything that is said to me in the interviews to third parties.
- In the final results, or in any subsequent publications, I will ensure that no personal description or details can give away the identity of any participants.

What if you change your mind during the research process or afterwards?

If you decide to take part, you will be given this information sheet and asked to sign a consent form. *If you decide to take part, you are free to withdraw at any time and without giving a reason.*

What are the possible benefits or risks of taking part?

In addition to providing valuable information for this study, I hope that you will find being interviewed gives you an opportunity to revisit and reflective upon your experiences of supervising and what this has meant to you. There is a risk that your reflection might raise issues regarding your relationship with either your supervisees or, if you are employed, by the counselling service or organisation within which you work.

What next?

If you would like to participate in this research, or would like further information, then please contact me:

Jane Woodend:
Telephone 07971 030 899
Email nila.woodend@uwe.ac.uk

Many thanks!

Appendix 9

'The Long Goodbye' - Researching Endings in Counselling

A research study conducted by Jane Woodend MBACP (accred.) as part of the award of PhD with the University of the West of England. This research study is not externally funded. Jane is a WPF trained Psychodynamic Counsellor and Supervisor, working at Local Counselling Service, a member of the WPF network of counselling centres.

Information for Counsellor Participants

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

Thank you for reading this.

The purpose of the study

I am undertaking this study to find out more about what happens when we end in counselling. Ending counselling can be a different experience with different clients – with some it is a planned ending after a long period of working together; for others an ending is sought sooner because their experience of counselling is not as they imagined it would be. Clients can disappear with no contact, leaving us unsure of our part in the counselling engagement. Some people need to finish because of money or time, or family commitments. Perhaps the ending of a counselling relationship has sometimes felt like a relief to you.

My research is attempting to find out what makes for a good or useful ending in psychodynamic counselling. What are the difficulties we might encounter in ending counselling? What do both we and our client take away with us from the experience of counselling? One of my aims is to identify how we can best enable ending in counselling to be an effective part of the work undertaken between counsellor and client.

How will the research be conducted?

I will be inviting up to 30 people to take part. Participants will include former clients; counsellors; and counselling supervisors. Participants are invited to take part in two individual interviews, set at about a week or two apart. The interviews will be conducted by me and will have as the starting point your experience of endings in counselling. The interviews will not consist of set questions, but may feel more like a conversation that takes its own course. There are no right or wrong answers and you are encouraged to be frank and open in your responses.

Each interview will last for up to an hour and will be at your convenience. It can take place at LCS or, if you prefer, at another venue which we can mutually agree nearer the time. Transcripts of your interviews will be available for you should you wish.

I will analyse the information gathered from all the transcripts to draw together my understanding of what has been helpful in ending counselling and what might need further attention in the counselling process. The results will be contained within my PhD thesis

and, hopefully, will also be published in the form of specific articles in professional or academic journals. I will be providing a summary of the results for participants.

Confidentiality

Knowing that what you say will remain confidential is very important. LCS will not be aware of who is taking part. In order to maintain absolute confidentiality I will be taking the following steps:

- All data will be anonymous – your interview transcripts will be identified by a numerical code only.
- All data will be kept in a locked filing cabinet.
- All data will be destroyed on completion of the research study.
- I will not disclose anything that is said to me in the interviews to the counselling service or its staff.
- In the final results, or in any subsequent publications, I will ensure that no personal description or details can give away the identity of any participants.

Do you have to take part?

It is up to you to decide whether to take part or not. If you do decide to take part, you will be asked to sign a consent form. *If you decide to take part, you are still free to withdraw at any time and without giving a reason.*

What are the possible benefits or risks of taking part?

In addition to providing valuable information for this study, I hope that you will find being interviewed gives you an opportunity to revisit and reflective upon your experiences of counselling and what this has meant to you. There is a risk that your reflection might raise issues regarding your relationship with either your supervisor or the counselling service. LCS is aware of this research project – if the interview process gives rise to any issues that you need to address, it would be appropriate for you to contact the LCS Chief Executive regarding this.

What should you do if you want to take part, or want further information?

If you would like to participate in this research, or would like further information, please do contact me:

Jane Woodend:
Telephone 07971 030 899
Email Nila.Woodend@uwe.ac.uk

Appendix 10

CONSENT FORM

'The Long Goodbye' – Researching Endings in Counselling.

Jane Woodend
PhD Student – Centre for Psycho-Social Studies
University of the West of England
Frenchay Campus
Coldharbour Lane
Bristol BS16 1QY
nila.woodend@uwe.ac.uk

	Please Initial Here
I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.	----------
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving reason.	----------
I agree to take part in the above study.	----------
I agree to the interview being audio recorded.	----------
I agree to the use of anonymous quotes in publications and in training material.	----------

Name of Participant

Date

Signature

Appendix 11

In this appendix I give examples of how I wrote up the key themes which I identified from my data analysis. For each participant I have used a code: (1) or (2) refers to the interview/s in which the theme can be found; themes which were identified in conjunction with my supervisory team are shown *in italics*.

Roberta (Client) – Key Themes

1. Death as a key theme from the very start: of older sister (1); of mother (2)
2. Still palpable experience of shock/distress at death of mother (2)
3. Birth (2)
4. Both birth and death as rites of passage to be revered but not ritualised (2)
5. Sibling rivalry (2)
6. *Parallels between her sisters, both have step-children. She seems to merge the sisters in the interviews (2)*
7. The importance of a sense of place (1)
8. Absence of a good working alliance with her counsellor, things cannot be spoken of (1); parallels family background where things cannot be spoken of (2); information comes to her non-verbally (2)
9. *Her therapist is her, in the dark and unaware of the ambivalent feelings with a sudden ending enacted… is this about an ending or about attachment? (1)*
10. Subject positioning self as clumsy, as she feels she was perceived by older sisters; childlike body language described (1); absence of comforting from family (2)
11. *The clumsiness of endings, especially regarding mother's death and she is now responsible for a clumsy ending (1)*
12. The importance of the natural world (1)
13. She cannot mourn mother's loss until she becomes a mother herself (2); maternal reverie
14. Importance of friends / the social context for processing feelings (1)
15. Perception of counsellor holding rigidly onto boundaries; institutional setting and therapeutic frame produces a regression to school days (1)
16. Importance of the interview process as processing her ending (1)
17. Importance of the mind / body / environment dynamic; her gaze is outwards rather than inwards, so unlikely that psychodynamic model would suit her (1): *the undone therapeutic tasks that might instead be written as a novel (2)*
18. *She has a lot of 'therapy' in her language – an example of the feedback of social/psychological sciences into culture (Giddens – Modernity) (2)*
19. Synchronicities – skylight, Buddhism - Metta, knowing the same room at WPF (1)
20. Ending as the only option in an impasse (1)
21. Connection between breaks in counselling and ending (1)
22. Financial model of counselling as not entirely trustworthy (1)
23. How do you make informed consent to treatment until you try it? (1)
24. A shared pull to make the research encounter more of a social encounter (1)
25. *A class / cultural divide here – she is a fish out of water in Highgate from Lancashire; and also a fish out of water in her therapy. Her tennis aspirations that never come to fruition… She has a directness that is not part of the culture she finds herself in and this directness is not met by her therapist (2)*
26. *Her difficulties around agency and her lack of it – what has she done to establish her own agency? Is she haunted by her lack of agency? (2)*
27. Time and non-time; linear and circular time (2)
28. Only able to see an ending in the context of what comes after it (2)

Olivia (Supervisor) – Key Themes

1. She creates an alliance by networking with me, finding our areas of common values. This also feels like it is to do with sussing out how 'safe' before she speaks. (1) (2)
2. Not only has she read my material thoroughly and thought about what she wants to bring, but she has also given me reading ahead of our interview. It feels like a more equal encounter, or possibly that she takes the reins too much? (1)
3. Power relations as a key dynamic, especially within supervision; also subtly enacted in our encounter where she steers the content back to her particular interest (experiences of being supervised rather than supervising). (1) And avoid personal content until the very end in interview (2)
4. Equality as a prevalent theme. (1) (2)
5. The raw, the visceral and battle-associated wording and imagery used to describe her experiences: many 'attacks'. (1) (2)
6. Containment as constrainment. Containment as an organisational function, rather than a personal function. (1)
7. Training experiences as suffering a rite of passage, religious imagery used. (1)
8. Surviving training… and survivor guilt. Training as a permanently damaging experience. (1)
9. Anti-WPF and BACP feelings. The organisation as complicit in sadistic supervision; the organisation 'absorbing' poor practice and allowing it to continue. (1) (2)
10. The envious attacks on her pregnancy. (1) (2)
11. Bad objects are linked to war-like and attacking images, good objects to birth-related images. (1) (2)
12. A penchant for complex, cross-boundary roles and relationships. Holding boundaries for others, but not for herself. A strong preference for personal, friendly relationships rather than professionally or 'organisationally determined relationships'. (1) A stated desire for equality in relationships (2)
13. The desperation of denying an ending, when one has been dumped [my word]. (1) And in relation to the distinction between discarded and rubbished in interview (2)
14. Contradictory material – a denial of the rules vs her experience of supervising someone who won't play by the rules and leaves her high and dry. (1) (2) The possible value of having a contract (monotonous) vs her delight at a lack of formality (2)
15. Support more highly valued by her than containment. (1) (2)
16. Ending processes being more important in highly structured institutions. (2)
17. Difficult endings linked to limited resources, a disempowering phenomenon. (2)
18. Particular forms of ending linked to specific client groups. (2) Well documented in high drop-out rates in university student counselling services.
19. Parallel process in endings in supervision mimicking the clinical work. (2)
20. A need to break dispiriting content with a joke. (2)
21. Endings as death in the psychodynamic model. (2)
22. A good ending is only offered at the end of interview (2)
23. The requirement for personally congruent endings (2)
24. Discourse of modern society being removed from the natural processes (2)
25. The personal energy it takes to work in statutory services (2)

Ursula (Counsellor) – Key Themes

1. The quality of the ending can only been seen from after the event (1) You have to get to the very edge to know if it is right to jump (2)
2. Her curiosity about what makes some endings stay with her and others are closed more easily (1)
3. Death of client's father (1)
4. Attachment and separation issues hidden by the assumption that death and loss is the priority (1)
5. Attachment and separation as a secondary theme to endings (1)
6. 'Proper' endings as a rare event (1)
7. The endless project of the self – a professionally arrogant view? (1)
8. The autonomy of saying 'that's enough' set against the professional assumption that there is more to do (1) – an overall theme of holding ambivalent views (1) (2)
9. Duality - Beginning something whilst finishing something else off – her pregnancy with her Dad's death (2) – Do birth and death bring forth similar affectual states? (2) Bonding with sister in the moment of Mum's death (2)
10. Her feeling that a final ending can be experienced as harsh by the client; as act of deprivation by the counsellor (1) and what she has evaded in her own therapy by reducing down, weaning off (2)
11. An attachment based perspective – with different practice – feels like stepping outside of the psychodynamic frame (1)
12. Acknowledgement of the social context as also developmental / therapeutic – not our domain alone that is important (1)
13. 'Making a bid for your client' as deeply rooted in psychodynamic thinking (1)
14. The iterative process of making sense includes the research participant experience (1)
15. Endings that cannot be spoken of are still in the affectual rather than emotional and verbal realm (2)
16. Parallel process in the interview (2) Co-creation of meaning (2)
17. Dream of parachuting (2)
18. 'Digging' the earth and digging thoughts (2) The organic process of blossom and decay (2)
19. Her own experience as a client (2)
20. Strong descriptive ending of her own therapy – or attempt to end! (2)
21. Part objects that require different end points – a new idea (2)

Appendix 12

Cross-reference of Key Themes

NB Data from Patsy (client) not clear enough on the recording to use.

1	2	3	4	5	6	7	8	9	10
Anna	✓	✓		✓	✓	✓	✓		
Ben	✓	✓							Organisations
Carol	✓	✓		✓			✓	✓	Synchronicity in situ
Denise	✓	✓	✓						Endings as private; bid for client as unhelpful
Edith	✓	✓		✓				✓	Desires; smoking
Fiona	✓	✓					✓		Nazi Germany
Grace		✓							
Nina	✓	✓	✓					✓	
Ursula	✓	✓					✓		Part objects requiring different end points; ending and beginning in parallel not series.
Heather		✓						✓	
Olivia	✓	✓						✓	Attacks from WPF; cross boundary relationships
Susie	✓	✓				✓			World War II
Tina	✓	✓							Irreplaceable supervisor
Irina		✓	✓			✓		✓	
Jason	✓								
Keith	✓								Smoking; interview felt like therapy; parallel process
Lena	✓					✓			
Megan		✓				✓			
Roberta	✓	✓			✓		✓	✓	Sibling rivalry; Counselling £, not trustworthy

Key

Column 1 – Participants
Column 2 – Death, loss and mourning
Column 3 – Attachment and separation
Column 4 – Relief
Column 5 – Shame
Column 6 – Time
Column 7 – Money
Column 8 – Natural world
Column 9 – Freedom and constraint
Column 10 – Other themes

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