

Coming to terms: Client subjective experience of ending psychotherapy

Authors:

Marit Råbu, Associate Professor

Department of Psychology, University of Oslo

Postal Box 1094, 0317 Oslo, Norway

Email: mariraa@psykologi.uio.no

Hanne Haavind, Professor

Department of Psychology, University of Oslo

Postal Box 1094, 0317 Oslo, Norway

Email: hanne.haavind@psykologi.uio.no

Coming to terms: Client subjective experience of ending psychotherapy

Abstract

How do clients consider their own contribution and that of their therapist in the last phase of therapy when they are moving towards the end? Thirty-seven clients who had received therapy from highly experienced clinicians were interviewed. Since the time for ending had not been decided at the onset, clients in both short and long term therapies were included. Thematic case-by-case analyses were carried out. Clients actively engaged in looking back and looking ahead, as means of reflecting on their capability to handle issues on their own. The majority of clients were satisfied with what they perceived as a reciprocal engagement that enabled them to come to terms with emotionally charged issues in life and in therapy. For some clients unresolved issues remained: wondering whether a therapist with another approach could have helped more; feeling pushed away by the therapist; having to take the lead in ending therapy; the fear of being an “unworthy” client; or wanting to end without the therapist’s approval. Coming to terms with the ending of therapy was highly personally meaningful and loaded with affective tensions, in ways that were not always shared with their therapist.

Keywords: client perspective, psychotherapy process, qualitative method, subjective experiences, termination

COMING TO TERMS

Coming to terms: Client subjective experience of ending psychotherapy

In recent years, there has been a shift toward greater recognition of the client's role as an active agent of change in psychotherapy (Bohart & Wade, 2013; Levitt, Pomerville, & Surace, 2016). Clients' perceptions of the therapeutic process are important for how they make use of therapy. (Bohart & Wade, 2013; Davidson et al., 2005; Duncan & Miller, 2000; Levitt et al., 2016; Muran & Barber, 2011). Bohart and Tallman (2010) argue that clients make therapy work through actively and creatively transforming their experiences in therapy. Clients even make constructive use of therapist's interventions that are experienced as inaccurate (Bohart & Tallman, 1999). Qualitative studies have shown that clients are highly active in therapy, often without the therapist being aware of it. They reflect on their own thoughts, emotions, and behavior, they contribute to establishing and maintaining the therapeutic alliance, and they can actively lead the interaction with the therapist, in order to pursue their goals (Greaves, 2006; Rennie, 2000; Rennie, 2010; Williams & Levitt, 2008).

Several qualitative studies have explored therapeutic change from the perspective of the client (Binder, Holgersen & Nielsen, 2010; Borg & Davidson, 2008; Kühnlein, 1999; Berg, Sandahl, & Clinton, 2008; McElvaney & Timulak, 2013; Moltu, Stefansen, Nøtnes, Skjølberg & Veseth, 2017; Nilsson, Svensson, Sandell, & Clinton, 2007; Timulak & Creaner, 2010; Valkonen, Hänninen, & Lindfors, 2011; Veseth, Binder, Borg, & Davidson, 2012). Clients define good outcomes in terms of a wide range of criteria, including establishing new ways of relating to others, achieving less symptomatic distress, and bringing about changes in the behavioral patterns that had contributed to suffering, in order to achieve better self-understanding, self-acceptance, and self-evaluation (Binder et al., 2010). A key outcome was the experience of 'being normal', in the sense of being able to participate in everyday life, and being good to oneself (Borg & Davidson, 2008; Veseth et al., 2012) and an ongoing process of recovery (Moltu et al., 2017).

COMING TO TERMS

Ending psychotherapy primarily has been explored in the psychodynamic tradition, where it is known as termination, in reference to Freud's paper, "Analysis terminable and interminable" (1937). In the psychodynamic tradition, the many and ambiguous meanings of ending are highlighted, such as the ambivalence that exists between feelings of dependency and the possibility for increased autonomy, the awakening of infantile anxieties and feelings of abandonment, and the use of the ending phase as an opportunity to work through old conflicts toward new, more mature resolutions (Freud, 1914; Loewald, 1988). Most of the psychodynamic contributions, however, either are discussed on a strictly theoretical level or in textbooks that focus on offering recommendations to the clinician about endings (Novick & Novick, 2006; Schlesinger, 2005; Wachtel, 2002).

Gelso and Woodhouse (2002) have reviewed literature on the process of ending psychotherapy, and they sum up the typical ending process as follows:

Typically, a final date is set by one or both participants and the work is summarized, including the extent to which goals have been accomplished. The client shares what he or she has liked about counseling, and, to a lesser extent, what he or she has disliked. Client and therapist examine the client's plans for the future, which, based on clinical experience, we assume includes the conflicts and problems that remain unsolved. The counselor typically invites the client to return if and when the client feels a need. (p. 348).

There are some empirical studies of therapy termination that examine clients' experiences (Etherington & Bridges, 2011; Hynan, 1990; Knox et al., 2011; Olivera, Braun, Penedo, & Roussos, 2013) or combinations of therapists' and clients' experiences (Hunsley, Aubry, Verstervelt, & Vito, 1999; anonymized reference, 2013). However, as Knox et al. (2011) state, minimal empirical research has focused on clients' experiences of termination.

COMING TO TERMS

Whether or not therapy has a fixed number of sessions from the start will impact on how the process of ending is handled and experienced by the participants. Economic constraints will, in many contexts, be an important condition. In a study by Olivera et al. (2013), eight of 17 clients terminated for external reasons, such as finances. In another study by Knox et al. (2011), the clients terminated therapy primarily for logistical or financial reasons. Abandonment of treatment or premature termination are considered a major problem in psychotherapy practice (Corning, Malofeeva, & Bucchianeri, 2007; Swift & Callahan, 2010). This calls for a need to study clients' perception of therapy, and to learn from their experiences.

Knox et al. (2011) found that clients with experience of a positive termination reported a strong therapeutic relationship and positive outcomes of therapy. In a qualitative study of clients' experiences of ending therapy, Etherington and Bridges (2011) recognized the therapeutic importance of mutuality and negotiation in decision making about endings. A qualitative study of the termination of open-ended and publicly funded psychotherapy found that clients and therapists seemed to share an ideal of reaching a concerted decision to end therapy (anonymized reference); through careful negotiation of when and how to end, they seemed to regulate their own and each other's mixed emotions about terminating and the upcoming separation. Client – therapist dialogue toward the end of therapeutic relationships was packed with metaphors, like how they had moved, cleaned up and sorted out things, highlighting how they had worked together and what they had accomplished (anonymized reference, 2012).

In open-ended psychotherapy, where the length of therapy is not established at the outset and there are no predetermined criteria for when the process should end, the question of what should be achieved before therapy comes to an end is a matter of negotiation. When the course of events in actual psychotherapies evolves within such a framework, therapists and

COMING TO TERMS

clients will need to co-construct certain notions of whether the client is improving and what the client and therapist are accomplishing together through this particular therapeutic relationship. Some attainments may represent the fulfilment of expectations that originated at the beginning of the therapeutic sessions, and others could appear as post hoc discoveries. We wanted to systematically investigate the variety of clients' positions and contributions in the process of ending their therapy. This is a plea for detailed and in-depth knowledge about the subjective character of how clients bring their psychotherapy to an end and how they leave their therapists. We have, therefore, explored how clients experience and make sense of the process of ending psychotherapy. Our research questions for the present study were:

- How do clients, in retrospect, consider their own contributions and the contributions of their therapist in the last phase of therapy, when ending was a concern in their minds and an issue in the sessions?
- How do clients wrap up and configure the specifics of their therapy from the particular point in time when they can look back and be aware of what the therapy meant to them?

Method

We investigated narratives within qualitative post-therapy interviews with psychotherapy clients from a hermeneutic-phenomenological perspective (Binder, Holgersen, & Moltu, 2012; Smith, Flowers, & Larkin, 2009; van Manen, 2014). The interviews were analyzed through qualitative thematic analysis (Braun & Clark, 2006; Braun, Clark, & Rance, 2014).

Participants

The sample of 37 clients consisted of 24 women and 13 men, ranging from 25 to 62 years of age (mean 39). The duration of therapy ranged from 5 to 62 months (mean 28). The number of sessions ranged from 10 to 168 (mean 62). The sample was a naturalistic clinical

COMING TO TERMS

sample, consisting of clients with all kinds of social background and with a variety of mental health problems. Most clients explained their reasons for seeking help in terms of some kind of life crisis. According to their scores on Outcome Questionnaire-45 (Lambert & Burlingame, 2004), 28 clients had symptoms of clinical significance at the outset, while nine were suffering in the personal sense, but had symptoms below clinical significance. The outcome in this sample of clients can be characterized as good, defined through a combination of registration of reduction in symptoms and the qualitative reports of clients' subjective experiences. Altogether, 25 clients gained significant symptom reduction on OQ-45 during therapy, while 11 did not. There was only one client with a moderate increase in the level of symptoms.

The therapists were comprised of 14 psychologists and two psychiatrists, with a mean of 30 years' experience. Twelve were women and four were men, their ages ranged from 49 to 68 years. To determine their theoretical affiliations, the therapists were asked to rate, on a scale from zero (not at all) to five (very much so), the degree to which they based their therapeutic work on the following theories: psychodynamic, behavioral, cognitive, humanistic, systemic, or other. The majority of therapists were drawing on three to four theoretical orientations, so what their clients would encounter was a therapist who worked to integrate methods across theories. A smaller number of therapists were predominantly psychodynamic or predominantly cognitive and systemic. Twenty three of the clients were in therapies conducted according to an integrative approach, nine according to a psychodynamic approach, and five according to a cognitive and systemic approach. Some therapists had recruited up to five clients, others included only one.

Procedure

Data were drawn from an extensive psychotherapy research project called 'An intensive process-outcome study of the interpersonal aspects of psychotherapy', which

COMING TO TERMS

explored psychotherapy in naturalistic settings and involved 18 therapists, 48 of their clients, and several researchers (Rønnestad, 2009; Rønnestad et. al., 2014). The sessions took place in publicly funded private practices or in public outpatient clinics, where, in all cases (except one), the clients paid a low standard fee for their consultations. The clients had actively sought therapy, and the therapists could tailor the treatment, including its length, to the needs of the clients. All the therapies ended as a result of agreement between client and therapist. Initial client recruitment was managed by the therapists, who provided clients entering therapy with an information letter from the researchers.

Both qualitative and quantitative data were collected. In order to prepare data of relevance for this study, we selected the post-therapy research interviews with the clients.

Both researchers read through all the 48 transcribed client interviews to get a basic sense of the clients' experiences of the therapy they had taken part in, and, in particular, their stories of how it ended. After the first reading, we knew that there were no drop-out cases. In some cases, the therapy came to an end due to some external cause, such as when the client was moving to another city, or the therapist was about to retire. In order to create a purposive sample, we chose to leave out 11 cases where external causes were clearly the dominant reason for termination. The resulting sample of 37 clients was comprised of the most relevant cases according to our research questions, since the decision of when and how to end was grounded in the interpersonal process and was, therefore, a matter of negotiation and case-specific points of view.

The qualitative research-interviews were carried out face-to-face within 2-6 weeks following termination. The interview guide was organized around the therapeutic process, focusing on helpful as well as challenging aspects of the treatment. The interviews explored

- a. The therapy narrative, including the initial circumstances that led the client to seek therapy, as well as how therapy unfolded over time.

COMING TO TERMS

- b. How the client accounted for improvements in therapy, as well as what could count as an outcome of therapy.
- c. The client's ways of experiencing the therapist and the relationship with the therapist. They were also asked if there were relational difficulties or challenges.
- d. How the issue of ending was evoked and handled in the last phase of therapy, and what the client thought about this way of coming to an end. The interviews were audio-recorded and transcribed verbatim.

Researchers

Both authors are clinical psychologists and researchers and work in a university setting, combining research with teaching and part-time psychotherapy praxis. Each has an interest and experience in qualitative research into processes of change in psychotherapy. They have been actively engaged in the present analyses of the interview material. The first author carried out some of the interviews analyzed in this study, though the majority of the client interviews were carried out by another researcher in the main study (Margrethe Seeger Halvorsen). The second author was included in the sample of therapists, with two clients.

Ethics

The study was approved by the Regional Committee for Medical and Health Research Ethics (Region South-East) and by the Norwegian Social Science Data Services (Rønnestad, 2009). All participants provided informed consent. A few biographical details have been slightly changed to ensure anonymity, and the names used for clients in this text are all pseudonyms.

Data analysis

COMING TO TERMS

We performed a thematic analysis of the selected material, guided by the principle that “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” (Braun & Clark, 2006, p. 82). Our attention was directed at clients’ subjective experiences of issues in life and in therapy that appeared to be resolved and unresolved. Both researchers separately carried out initial segmenting and coding, suggesting significant narratives and categories. To enhance our comparison of cases, the content from each interview was condensed and configured as a narrative, with their description of approaching the end as a set of events, including their reflections and efforts to make sense of how ending came about. The structure of each narrative was highlighted, in the sense that citations from the text were sorted into segments according to what experiences the clients brought to attention and pinpointed as meaningful.

During this process, the two researchers met regularly to present and explain their emerging understanding of the material, case by case. The narratives and the content that each had selected were critically reviewed, and revised and refined over time during these meetings, before consensus was reached about overarching themes and a model for the presentation of the results. Aspects of the data analysis were presented to and discussed in groups of colleagues.

We have chosen to present quite comprehensive quotations from the material to bring out the voices of the informants. The quotations were translated into English by the authors.

Results

The clients appeared to be eager to look back and consider the reasons why this was the right time to end therapy. The invitation from the interview seemed to be actively used as a way of coming to terms with how things had happened in therapy. Such a process of

COMING TO TERMS

reconciliation drew together subjective experiences loaded with emotional tensions from their own life, as well as from their relationship with the therapist with whom they had shared such experiences.

The majority of clients could easily offer positive appraisal of how clients and therapists had worked together in ways that had enabled the client to come to terms with emotionally charged issues in life and in therapy. Their narratives about therapy from beginning to end, as well as their report from the last phase when termination was brought up, were about their handling of serious challenges and were shaped by their engagement in finding viable solutions. Thus, their positive accounts were not presented in a straightforward way. Rather, they could offer reflections about what would count as improvements in their case, and they would do so according to what they had expected and/or hoped for. In each case, the client's notions about the contribution from the therapist seemed to be connected with ideas about their capacity and their own contribution to the process. Out of a total of 37 cases, we could identify 27 that, in the mind of the client, were experienced as challenging but successful in the aftermath.

In a smaller subset of ten cases, some issues about improvements and/or benefits were not sufficiently addressed in the last phase of therapy, when the ending was approaching. Various kinds of subjective concern over being in therapy and/or over leaving therapy still occupied a central place in the mind of the client. In each of these cases, the client had concerns, in the form of serious doubts and also some strong convictions, which they had kept to themselves.

In these ten less satisfied cases, the clients' accounts in the post-therapy interviews allowed us to identify unresolved issues that were still, in some sense, experienced as troubling. These accounts were fairly nuanced. It was not about everything being bad or inappropriate. The clients came closer to saying that there was something that did not work

COMING TO TERMS

for them, and the process of ending had put this aside rather than resolved it. What exactly this was about varied from case to case. In most cases, the clients suspected that their therapist had kept some discrepant view on subjects that were difficult to address in the relationship. This was in contrast to the majority of cases, where such discrepancies could be successfully resolved when they were addressed. Our analysis generated two main themes and six subthemes. Table 1 gives an overview of these themes.

Overview of Clients' Themes with Subthemes

- Coming to terms with challenges in life and therapy made me ready to end
 - I experienced improvement and prepared for separation (27)
 - Unresolved issue: I wonder if a therapist with another approach could have helped me better (3)

 - It mattered who, when, how and for what reason ending was brought up
 - Unresolved issue: I felt pushed away by the therapist (1)
 - Unresolved issue: I one-sidedly took the lead toward an end (5)
 - Unresolved issue: It was hard to find the right time because I felt unworthy (3)
 - Unresolved issue: I wanted to quit before the therapist thought I was ready (2)
-

The main themes are general. The numbers in parenthesis indicates how many clients each subtheme pertains to

In the following section, we describe the various themes by providing examples from the material. The examples and quotations are chosen to illustrate the main tendencies, as well as the variations in the clients' accounts.

Coming to terms with challenges in life and therapy made me ready to end

Investigating the subgroup of 27 clients who looked back on their therapy as a basically useful and meaningful experience made us realize how there seemed to be several challenges and concerns which had to be resolved in each case to arrive at a satisfying end to

COMING TO TERMS

therapy. We were able to learn about the ways in which the clients could draw on their notions of an engaged and supportive therapist in their efforts to resolve issues that, most likely, would otherwise have led to a pending sense of discomfort. In this array of resolved issues, we will later point out some of the corresponding niggling spots by presenting a brief overview of unresolved issues and concerns from the ten cases where some issues were still troublesome.

The case of Iris was typical of the 27 cases, which, to a large degree, reached reconciliation of the challenges and tensions at stake when a therapy that is successful in the mind of the client is about to end. Iris was able to reflect on her experiences and articulate a narrative that provided a complex and nuanced understanding of the complicated emotions she dealt with, but which she also felt was resolved towards the end by herself and her therapist together. When Iris told of how she had feared ending therapy, it worked to strengthen her impression that, over time, therapy had made her feel more solid and no longer in need of it. When she started to feel better, she found herself postponing sessions, and thereby increasing time between sessions. In retrospect, she appreciated that the process of ending had proceeded slowly. She felt that the ending process matched the therapy process; something she dreaded turned out to proceed without drama and with a feeling of being normal.

Iris was a 30 year old woman who had sought therapy after she experienced a “mental break down”. Her therapy with a female therapist had lasted for 42 therapy sessions over close to two years. Prior to her crisis, Iris reported that she had been traveling the world, and for a period had lived and worked in a country far from home. After she arrived home, she established a serious love relationship. This relationship led her to reflect on losing her father to suicide when she was a teenager, and she found it incredibly hard to share these experiences with her husband-to-be. At the same time, she had struggled with some somatic

COMING TO TERMS

conditions and had a hard time at work, which, all in all, led to what she described as a “collapse”. She felt she was losing control of her “turbo thoughts” which scared her, and she was afraid she was “going crazy”.

Iris said that she from early on liked her therapist as a person, and felt trust in her. She emphasized that the therapist was “hard to shock”, and that their tone was relaxed and often amused: “I felt that she liked me too, and I think that is important to be able to trust someone”. Iris had been afraid, beforehand and during therapy, that the therapist would be bored by her, but realized that this did not happen. She felt that the therapist had helped her to understand her reactions and feelings, and normalized them. After therapy, she felt more normal. Her account is filled with affective tensions that eventually got resolved, not just through verbal dialogues, but just as much through mutual trust and the adjustment of affects. Iris suggested that she thought the therapist might have meant that the therapy could have ended earlier: “The therapist asked me sometimes how often I wanted to come, or for how long I wanted to continue, or how I wanted it to be. And, in the end, I found out it was okay to stop.”

I experienced improvement and prepared for separation.

Most of the clients, like Iris, felt that they needed some time to come to terms with the separation from the therapist. Other clients said that it felt good to end quite quickly after they realized they were finished. Jenny, a woman in her late twenties, sought therapy with a female therapist to discuss her childhood trauma. After her 10 session long therapy, she was satisfied:

She said I could do what I felt was best and that she would be there for me if I should experience a relapse. As I see it, we were well through my problems. So I took the initiative, and I am glad she supported me. I did not want a long therapy.

COMING TO TERMS

Some clients highlighted how they continued to actively use their internal relationship with the therapist, such as Peter, a man in his thirties who had been in therapy with a female therapist for close to two years due to depression and anxiety related issues: “I have stopped seeing my therapist, but I have actually continued to visit her in my mind. I still have dialogues with her.” Sarah, a woman in her twenties, who had worked on her anxiety in a low frequency but five years long therapy, formulated her wish to continue a relationship with her therapist like this: “I have always known that this therapy would end one day. On the other hand, I would gladly continue to have her as my aunt (laughs). But it is fine the way it is”.

Some of the clients who looked back on a meaningful therapy experience talked about ending therapy as a relief. Being able to end therapy was seen as an affirmation that they had improved and could deal with life without professional help. This was expressed in statements like the following, from Paige, a woman in her mid-thirties who had been in therapy with a female therapist for about three years to work on some complicated grief and on her tendency to end up in destructive relationships: “That the therapist introduced termination felt like an affirmation that I had managed well and made progress.” Likewise, Ruth, a woman in her mid-twenties who had been in therapy for about three years with a female therapist due to her eating problems, stated: “How can you continue to grow if you do not dare to let go?”

Unresolved issue: I wonder if a therapist with another approach could have helped me better.

Looking back, the majority of clients found the methods their therapist applied to be a good match for them. They could refer to a variety of experiences in the sessions that they had experienced as supportive as well as challenging. These experiences were connected with their own ability to find a better balance between challenge and safety in their life, and such a balance seemed to come forward in their mind as a significant reason to end. However, three of the clients were more doubtful about the therapeutic approach their therapist tended to use.

COMING TO TERMS

These clients went on to ruminate on whether their therapist's approach or the specific techniques applied were right for them. In their interpretation of their experiences from the phase of ending, they were bothered with the question they posed to themselves: would a therapist with another approach have helped me better?

Serious doubts about the adequacy of the method seemed to be closely attached to the issue of whether their hopes and expectations had been met. The intensity with which these issues were addressed in the post-therapy interviews seemed to follow from the experience that critical views on what seemed to them to be part of the therapist's professional repertoire had been difficult to share at termination. Such issues could be left behind as unresolved.

Gabriel, a man in his late thirties, concluded that he had experienced no relief from his severe obsessive thoughts throughout one and a half years of therapy: "In a way, the therapy that I had with her was all fine, but I felt that we were not arriving anywhere. It just came to a standstill. There was simply no progress."

Looking back, he suspected that this was due to his therapist's lack of expertise in the treatment of his disorder. This thought had been growing in his mind along the way. The issue was, however, settled in retrospect because he had started in therapy with a new therapist, parallel to the phase where he was finishing his relationship with the therapist who was part of this study.

From early on, Gabriel experienced his therapist as a well-meaning person and he assumed that she was working according to professional standards. At the same time, he felt that being with her provoked feelings of shame rather than hope.

My relationship with her was good. I looked forward to the sessions because she represented some kind of safety for me. (...) She also said herself that she did not carry any particular expertise for the treatment of obsessive compulsive

COMING TO TERMS

disorder. (...) So, this is not meant as a critique, quite the contrary. Anyone will try to do their best based on whatever they know something about. (...) The treatment I am in now it is more about finding ways to help yourself based on a deeper understanding of what obsessions are all about.

Gabriel ended the therapy without telling his therapist the full reason for doing so. Since lack of progress mattered as his reason for quitting, keeping this to himself was a way out. Instead of complaining, he had looked for a therapist with a more relevant competence. It was as if the unresolved issues in the therapy he had just left made him very enthusiastic about the new expert he had found; his hopes and expectations were elevated.

Two more clients who worked hard to come to terms with their sense of mixed results when ending was approaching also attributed their disappointments as proceeding from limitations in the methods that their therapist could draw on. These two clients could also draw on their general knowledge of different therapeutic orientations.

One of them, Eva, a woman in her early forties, sought therapy due to her serious sleep disturbances, something that had persisted in her life for many years. She came to realize from the start that her female therapist was not a specialist in ‘sleep therapy’ directed at symptom reduction. It was Eva herself who carried a distinct notion of what sleep therapy was about, and that this was outside this therapist’s professional repertoire. However, they quickly agreed to work on other issues. Eva’s hope of getting some kind of relief from her constant lack of sleep was, from there on, nourished by an idea that coming to terms with some emotional problems could also make her sleep better at night.

When the idea of ending came up after two years in therapy, Eva was able to account for and actually praise what they had accomplished together, even if her sleeping problems prevailed. Eva tried short-term therapy with an expert in sleep therapy parallel to the main

COMING TO TERMS

therapy just mentioned, and this symptom-specific approach did not help her either. For Eva, the ending of therapy seemed to be about coming to terms with the experience that she could get no relief from the burden of living with insufficient sleep. There was a troubling mix of fit and misfit between the therapist's approach and the needs and expectations of the client. This was made both easier and more difficult by Eva's recognition of her therapist as warm and wise.

In these cases, it seemed as if the clients were actively drawing on comparisons in their efforts to settle unfinished concerns. Gabriel was helped when he compared the initial therapist with the next one. His renewed enthusiasm seemed to make it easier to accept the defeat they had suffered earlier. For Eva, the acceptance of her sleep problem as something prevailing seemed to make it easier for her to single out and acknowledge the benefits of being less haunted by shame in social settings.

It mattered who, when, how and for what reason the ending was brought up

The majority of clients seemed to have perceived an implicit understanding that the responsibility for bringing up ending as a topic for discussion was left to them. In these open-ended therapies, therapist and client could draw on their established habit of arranging for the next session, and repeat this again and again, in a way that implied continuation, until one of them suggested otherwise. When the client was hinting at or asking about duration, the therapist seemed to be there in a sensitive way and ready to assist in a further exploration.

When a client perceived the decision to end as predominantly one-sided, either by the therapist or left to the client, this seemed to create some emotional tension in how to interpret what the therapy had resulted in. It also seemed to provoke doubts about the quality of the relationship with the therapist. Depending on whether the client felt it was the therapist who was drawing the conclusion that this therapy should come to its end, or if it was the client who

COMING TO TERMS

had reached such a conclusion one-sidedly, this seemed to matter in terms of what kinds of challenge the actual client was up against, and therefore had to handle, in the last phase of therapy.

Unresolved issue: I felt pushed away by the therapist.

Most of the clients spoke about how their therapist carefully attended to their thoughts about ending and was willing to confirm that their client's feelings about the subject mattered. Such attention was experienced as comforting and seemed to reduce their fear of abandonment.

The following example is the only case where the client felt that the process of ending was initiated by the therapist and was taken to conclusion despite her doubts and explicit objection.

Marian, a woman in her early forties, who had struggled with depression and anxiety and had also been hospitalized due to her mental health problems, spoke about how she felt scared the first time her therapist proposed that they should terminate their regular contact in the near future. After more than a year with regular weekly sessions, she felt her therapy to be unfinished. She held a strong conviction that their work together had been beneficial, and she, therefore, assumed that there could be more to gain if they continued. She spoke about how she tried to object to the idea that the time was due when her male therapist brought up the prospect of ending. Marian felt she was on her way to handling difficult issues in her life, thanks to the work they did in the sessions. From having a mind that was captured by endless and useless concerns and worries, she felt she was on a different track leading to wider social participation and satisfaction with her life. However, it was challenging for her to experience that her therapist, when it came to the matter of when they should end, did not take her

COMING TO TERMS

objections seriously, but, instead, tried to convince her that ending would be in accordance with her best interests.

The one-sided pressure to change her mind about ending seemed to be felt as abandonment in disguise. For a period, she felt trapped when the therapist continued to argue that ending now was the best way to confirm what she had accomplished:

He was so eager to declare that my way to get better was to get out of the system, quit therapy and take care of my participation in the actual world. I have always had this habit of talking and talking myself away from everything. (...) Now, I had to become confident that I could continue on my own.

In one sense, the therapist's proposal that she should end therapy appeared as a consequence of the confidence he had in her. Since this was something she valued in their relationship, his proposal was something she could not resist. Marian eventually went for and contributed to a concerted decision to end therapy, even though she retained a feeling that this was, in some way, pushed upon her. Her uneasiness with the termination she had resisted and, at the same time, contributed to was thereby silenced. She said that she felt she could not ask for more than she had already received.

In summary, one could say that the client in this case was high in engagement in the sessions, and, therefore, probably low in her initiative to move toward the end. Her responsibility for further change was rather pushed upon her. Her somewhat reluctant acceptance can be seen as an indication that this decision to end was not fully reconciled between therapist and client.

Unresolved issue: I one-sidedly took the lead toward an end.

COMING TO TERMS

At the other end of this dimension, Benjamin, a man in his mid-thirties who had sought therapy to work on his self-confidence after a relational breakup, seemed to have been rather low in his engagement in therapy over a period of time. This low engagement seemed to have brought him to the conclusion that it was time for him to end after more than two years in therapy. He said that the initiative to end therapy came from him; he had already made up his mind before he told his therapist. He experienced the decision to end as a considerable relief, and felt that he was doing better because of his decision: “I had taken that step. It proved to me that I was able to move ahead and feel all right.” He appreciated that his female therapist had reacted with full agreement, and he said that he trusted that she would have spoken up if she had thought otherwise. Benjamin felt that therapy was not what he needed in his life: “In a way, I got empty and felt finished. In the end, I touched upon some engagement to get out and find something else to do with my life.”

In one sense, Benjamin did not seem to include any devaluation of his therapist in his accounts of his therapy. His one-sided decision to end was growing out of some persistent and unresolved issues not only about whether therapy was right for him, but also whether he was living the life he wanted to live. He was not just quitting therapy; he made it into a personal turning point. Different from the other clients, he took full responsibility, and the troubled quality of one-sidedness also proved that it was his own decision.

Viewing all the other cases in the light of these two made us realize how much a mutual decision about when, how, and for what reasons the end of therapy is brought up seemed to matter. Marian felt she was the target of a process that was driven by her therapist, and Benjamin could admit that he was operating single handedly. They seemed to work to come to terms with themselves and with the other. In both cases, coming to terms with ending

COMING TO TERMS

also became the taking back of some responsibility, being in charge of life. Ending came about not as reaching a goal, but rather as a way to redirect their lives.

In five cases, the notion that the decision of when to end rested with the client created some disturbance in the client's relationship with their therapist. These five clients, who in one sense assumed that ending was up to them, also assumed that their therapist most likely kept an opinion about the actual therapy process and how the client was performing, which they were probably hiding from the client. What bothered these clients seemed to be that they felt their therapist might be somewhat reluctant to reveal if they thought the client was not making enough progress. They felt that it would be difficult to address the possibility that they were holding divergent ideas about progress, since such a conversation could reveal that the therapist lacked engagement because the client was not interesting enough, or because the client was not sufficiently aware of her or his own failures.

Unresolved issue: It was hard to find the right time because I felt unworthy.

Three male clients spoke about significant worries and doubts over whether they were worthy of the therapist's attention. What bothered them and created a series of issues that were difficult to settle was their doubt as to whether their therapist was reluctant to reveal thoughts they might have about the client, and the suspicion that their therapist felt they were not making enough progress. Somewhat reluctantly, these clients were driving therapy toward an end without revealing to the therapist their uneasiness with the lack of progress and their growing conviction that they were a failure both in life and in therapy.

Adam, a man in his mid-fifties who was suffering from depression, spoke about how he made the decision to end after more than four years in therapy, a decision he, in some ways, regretted in the aftermath. Unlike Benjamin, he did not take full responsibility for his decision. It seemed to him like something that just happened. Adam said that he did not

COMING TO TERMS

experience much progress in the therapy, and that he did not bring this up with his male therapist as a reason for quitting. Instead of addressing his self-doubts and other disturbances that pertained to issues about ending therapy, he used references to upcoming travel as an excuse and a way out of therapy. Being fully aware of the fact that he could schedule new appointments with the therapist upon his return, he never did so. Instead, he continued to worry himself about what he could have done.

I could, perhaps, have benefitted from more therapy, for my own sake, but also to... to act more appropriately, to end therapy in a more proper way. This is one of several things I don't... which I in one sense think I should do, but still don't do. Bad conscience, something like that [Interviewer: Is there anything the therapist could have done differently?] Well, I have a sense that it was ... sort of a professional issue for him... not to initiate ... to leave it to me.

Adam's afterthoughts about his reluctance to return and to discuss his worries with his therapist could also be taken as a service to the therapist who then, in Adam's view, got rid of a client that could not be helped.

What is at stake here is a question about the right time to end therapy. For Adam, it became close to impossible to find the right point in time and the proper way to do it. He would, therefore, blame himself for the poor results. He was also convinced that it was up to him both to initiate and to carry out the termination of therapy. Unlike Benjamin, he did not find the kind of decisiveness that made him feel better about himself. In Adam's case, unresolved issues were running in his mind, as he expressed thoroughly:

I am sure something happened in the sessions. But I cannot remember now exactly what it was. Enough to nourish some hope, perhaps. But when I think

COMING TO TERMS

about it, the therapy had no impact on my work. (...) Coming there was more for comfort than for hope, I believe.

Adam did not seem to reach any conclusions for himself when he was trying to configure what was going on during his long period in regular therapy. Adam's life had come to a standstill, where he just went to work and did what he was expected to do. Coming to terms became, for Adam, a matter of lowering hopes and expectations for his life.

Unlike Adam, Evan, a man in his early forties, also suffering from depression, was able to bring his feelings of being inferior as a client up as a theme in the sessions. He experienced his female therapist as engaged and supportive, and, for a while, he felt that she really cared about him. He could hear her saying that psychotherapy was not a matter of performance but her acceptance never took away his doubts and tendency to blame himself.

All the time I carried some doubts that I did not deserve a position as her client.

Perhaps she had other clients that had needed it more. What if I took up space for someone who needed help more than I did? These thoughts have always been a disturbance.

In Evan's case, as well as for Adam, the prospect of a vacation break was turned into the easiest way to reach an end to therapy, and he ended after one and a half years in therapy. Thus, they could avoid too much discussion about unresolved issues that were evoked from looking back, as well as from looking ahead. To end therapy felt appropriate. There seemed to be no other way to protect himself and to save his dignity.

Unresolved issue: I wanted to quit before the therapist thought I was ready.

Two female clients gradually came to realize that their therapists seemed to carry ideas about what they were suffering from, which they themselves were unwilling to accept. This

COMING TO TERMS

was a disturbing issue which drove them toward ending. When they assumed that there was a discrepancy between their view and the view of their therapists about progress and outcome, their own decision to end would appear as a counterargument.

After close to two years in therapy, Anita felt no need to work on her eating problems, which she felt that her female therapist had hinted at several times. Similarly, at the beginning of her third year in therapy, Emma wanted to shield herself from her female therapist's enduring interest in her drinking habits. She took the stance that she would not continue in therapy under the assumption that she was in any way seen as a substance abuser.

Anita, a woman in her late thirties, carried some reasons to end which she could share with her therapist and other reasons which she kept to herself. In the aftermath, Anita wondered whether she could have asked her therapist more directly about what she thought about her development during therapy. During therapy, she was talking about herself, rather than asking for her therapist's opinion, in order to avoid issues that pertained to eating. Bringing therapy to an end appeared to Anita as a way of protecting and preserving what they had accomplished, and to leave behind the doubts she had.

Emma, a woman in her early fifties, seemed to be more direct in her efforts to resolve what she picked up as discrepant views between herself and her therapist about the appropriate time for ending. Her view was "enough is enough", when she reached a conclusion similar to Anita's. She carried mixed feelings about not only being helped, but also being hurt by her therapist.

For Emma, it was easy to look back and praise her therapist. She appreciated how therapy had helped her through a serious life crisis in the aftermath of her divorce. Depression had been her life companion since she was young, and she had been in therapy before. In the actual therapy, an important theme was her rage toward her ex-husband and her guilt toward

COMING TO TERMS

her children, which made her feel ill and unable to keep up with her job. Her therapist was a strong match to her suffering:

I met a strong caring attitude, and I believed in it. She was a person I could trust immediately. She was attentive, but challenged me as well ... exactly what I had asked for. Not just 'aha, aha'. I really wanted her to ask questions, and to tell me what she really thought, and she actually did. Even when she provoked me I liked that.

Emma also carried a seemingly incompatible assessment of her therapist's approach:

She was very preoccupied with my consumption of alcohol. I was completely open about it, and on that topic her skills as a therapist were rather poor. In my experience she was rather moralistic. She was not able to contain what I told her. (...) She would bring in my GP. And she proposed a strategy for reduction of my consumption. I was not interested in that at all. I told her right out! ... I told her that she was trying to direct me and organize me, instead of listening to me. (...) Her response was to schedule sessions every other week, instead of weekly which was my request ... I felt she was misusing her power, and it made me really mad. I felt hurt.

During the summer, Emma resolutely decided that it was time to bring therapy to an end.

This is just how I am. I make up my mind, and then I just go ahead and do it. I had actually thought thoroughly about it; felt the time was due, and that I could do well without therapy. It struck me: I am tired of this, tired of taking the tram. Not just the travelling, but also to come there for the session. And then, I said to myself, this might be a proof of improved health.

COMING TO TERMS

Both these clients felt, in the end, that they had been able to take an active stance and defend themselves against their assumption that they had a therapist who wanted them to dig into more problems in their lives. They felt that their therapist had to accept their termination as a proof that things were all right in their own subjective sense. They were not bothered by any sense of being unworthy.

Discussion

Gelso and Woodhouse (2002) presented the results from their review of the literature around therapy ending processes by describing a sequence of events from when “a final date is set by one or both participants” until the therapist “invites the client to return if and when the client feels a need” (p. 348). The main tendency in our findings is in line with the description of their results. However, the thorough case-by-case analyses of qualitative post-therapy interviews allowed us to pay close attention to the subjective character of the clients’ experiences. From this we may learn how a wide set of issues and concerns were evoked and handled in the minds of the clients and in their ways of relating to their therapist. What, from an observational perspective, could be adequately described as a rather typical and straightforward process from setting a date to opening up a possible return, appeared, from an experiential perspective, to be highly personalized and loaded with affective tensions and efforts to come to terms with such tensions. Scrutiny of the therapy and scrutiny of self-representation were running through the minds of each client according to their personal dynamic. They were all trying to find a viable balance between positive and negative assessments, between affirmations or doubts, between being proud or shameful, and between the celebration of what was gained or the dissatisfaction when some kind of hope was unmet.

We have brought attention to some of the cases where the affective tensions and the efforts to handle issues and concerns which were troubling to the actual client were spelled

COMING TO TERMS

out in more detail. These cases shed light on the fine balance and attunement in the majority of cases where everything seemed to more easily fall into place towards the end. The clients' views on therapy and bringing it to an end were not experienced simply as linear processes or merely as a result of what were gained in therapy, but also as a process where they took part as agents of change who created and validated some positive outcome.

When it comes to the decision to set a final date, these clients definitely seemed to feel that they had, and should have, a say about when and how to end therapy. Most of them also carried assumptions, which mattered to them, about what their therapist thought about this. For some clients, such interpretations led to tensions between having improved from therapy and from feeling like a burden to the therapist. The clients' motivation to end therapy seemed to be grounded in personal and very different causes. For some, their reasons were troublesome and had grown out of a fear of being abandoned, a lack of engagement, or a feeling of being empty or unworthy. Some seemed to be motivated to end therapy to protect a vulnerable self.

For the clients, it seemed important also to come to terms with modest or disappointing results where "the work is summarized, including the extent to which goals have been accomplished" (Gelso & Woodhouse, 2002, p. 348). Goals set in the beginning could, in some cases, be accommodated to what was actually accomplished. From the clients' perspective, it is important that beneficial results are attributed to themselves, as opposed to the therapist, or to their collaboration.

In line with the summary from Gelso and Woodhouse (2002), the clients seemed to have shared "what he or she has liked about counseling, and, to a lesser extent, what he or she has disliked" (p. 348). Clients may have a variety of reasons for keeping critical attitudes or difficult feelings about their therapist and/or the therapy. One reason may be the need to feel

COMING TO TERMS

safe, or to be liked by the therapist; another reason can be a wish to protect and take care of the therapist.

When “client and therapist examine the client’s plans for the future, which, based on clinical experience, we assume includes the conflicts and problems that remain unsolved” (Gelso & Woodhouse, 2002, p. 348), clients may share or hide their future plans from their therapist. Ending therapy may be a way of mastering life and being able to face conflict and problems on their own terms. For some clients, ending therapy also seems to be a way to bring to an end something which did not work for them, and they do not necessarily tell their therapist so.

From the client’s perspective, it seems to be extremely important that the therapist “invites the client to return if and when the client feels a need” (Gelso & Woodhouse, 2002, p.348). The invitation may be a proof of the therapist’s true care and trust in them. To receive such an invitation seems, for most clients, to be experienced as a relief, which contributes to making them feel safe and personally affirmed, and reduces their fear of relapse. This is in line with Etherington and Bridges’ (2011) findings of clients’ valuing mutuality and negotiation in decision making about endings.

It is worth noticing that we learned about clients’ experiences from therapies which came to an end because either the client, the therapist, or, in most cases, both felt it was time to finish for reasons that they brought forward because they were embedded in the therapy as a process. This is different from the samples of clients in other studies, for example, by Knox et al. (2011) and Olivera et al. (2013), where external constraints were the predominant reason.

The finding that clients with a positive termination experience reported a strong therapeutic relationship and positive outcome (Knox et al., 2011) may also be the case the

COMING TO TERMS

other way around - a strong relationship and a satisfying result of therapy may lead to a positive termination experience. Experiencing is a process, as Rennie (2010), for instance, has pointed out when he used the Interpersonal process recall (IPR) research method where he played sound recordings of therapy sessions together with clients in the aftermath to discuss their experiences. The meaning of events will change and develop when clients are remembering them and reflecting on them. Thus, each client tends to take their stance as an active agent in a decision, and more so in the aftermath. Subjective agency is, in itself, a way of coming to terms with experiences that could otherwise stay troublesome. As Rennie (2010) points out, looking back at therapy is not about subjective distortion of objective results. Rather, it might strengthen self-awareness and foster a capacity that he called radical reflexivity, which we present as coming to terms.

Limitations

The sample was drawn from a group of fairly content psychotherapy clients, most of them with a fairly good outcome. The therapies were open-ended and conducted in a naturalistic setting and, therefore, with large variation when it came to therapy duration. The therapists were very experienced and the clients had actively sought psychotherapy. The therapies took place in a country where psychotherapy is publicly funded and affordable for most people. Interviews after therapy with clients with less experienced therapists, or under tougher economic conditions, might have yielded other results.

Conclusion

To sum up, the results from the present study highlight the importance of recognizing clients as active agents in all phases of their therapy, including coming to terms with life and therapy in the last phase and in the aftermath of therapy. Clients' engagement or lack of engagement in the therapy process seems to be a dimension therapists should pay particularly close attention to. Subjective doubts and discrepant views between client and therapist can be

COMING TO TERMS

an important driving force when it comes to bringing therapy to an end, and such discrepancies may be particularly important to attend to.

References

- Berg, A. L., Sandahl, C., & Clinton, D. (2008). The relationship of treatment preferences and experiences to outcome in general anxiety disorder (GAD). *Psychology and Psychotherapy: Theory, Research and Practice*, *81*, 247–259.
doi:10.1348/147608308X297113
- Binder, P.E., Holgersen, H., & Moltu, C. (2012). Staying close and reflexive: An explorative and reflexive approach to qualitative research in psychotherapy. *Nordic Psychology*, *64*, 103–117. doi:10.1080/19012276.2012.726815
- Binder, P. E., Holgersen, H., & Nielsen, G. H. (2010). What is a ‘good outcome’ in psychotherapy? A qualitative exploration of the former patient’s point of view. *Psychotherapy Research*, *20*, 285–294. doi:10.1080/10503300903376338
- Bohart, A. C., & Tallman, K. (1999). *How clients make therapy work: The process of active self-healing*. Washington, DC: American Psychological Association.
- Bohart, A. C., & Tallman, K. (2010). Clients: The neglected common factor in psychotherapy. In B. L. Duncan, S. D. Miller, B. E. Wampold, & M. A. Hubble (Eds.), *The heart and soul of change: Delivering what works in therapy* (pp. 91–131). Washington, DC: American Psychological Association.
- Bohart, A. C., & Wade, A. G. (2013). The client in psychotherapy. In M. J. Lambert (Ed.), *Bergin and Garfield’s handbook of psychotherapy and behavior change* (pp. 219–257). Hoboken, NJ: Wiley.
- Borg, M., & Davidson, L. (2008). The nature of recovery as lived in everyday experience. *Journal of Mental Health*, *17*, 129–140. doi:10.1080/09638230701498382
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*, 77–101. doi:10.1191/1478088706qp063oa

COMING TO TERMS

Braun, V., Clarke, V., & Rance, N. (2014). How to use thematic analysis with interview data.

In A. Vossler, & N. Moller, (Eds.), *The counselling & psychotherapy research handbook* (pp. 183–197). London: Sage.

Corning, A. F., Malofeeva, E. V., & Bucchianeri, M. M. (2007). Predicting termination type from client-therapist agreement on the severity of the presenting problem.

Psychotherapy: Theory, Research, Practice, Training, *44*, 193–204.

doi:10.1037/0033-3204.44.2.193

Connolly, M., & Strupp, H. (1996). Cluster analysis of patient reported psychotherapy

outcomes. *Psychotherapy Research*, *6*, 30–42. doi:10.1080/10503309612331331558

Davidson, L., Borg, M., Marin, I., Topor, A., Mezzina, R., & Sells, D. (2005). Processes of recovery in serious mental illness: Findings from a multinational study. *American*

Journal of Psychiatric Rehabilitation, *8*, 177–201. doi:10.1080/15487760500339360

Duncan, B. L., & Miller, S. D. (2000). The client's theory of change: Consulting the client in integrative process. *Journal of Psychotherapy Integration*, *10*, 169–187.

doi:10.1023/A:1009448200244

Etherington, K., & Bridges, N. (2011). Narrative case study research: On endings and six session reviews. *Counselling and Psychotherapy Research*, *11*, 11–22.

doi:10.1080/14733145.2011.546072

Freud, S. (1937). Analysis terminable and interminable. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 21, pp. 1–56). London: Hogarth.

Gelso, C. J., & Woodhouse, S. S. (2002). The termination of psychotherapy: What research tells us about the process of ending treatment. In G. S. Tryon (Ed.), *Counseling based on process research: Applying what we know* (pp. 344–369). Boston, MA: Allyn & Bacon.

COMING TO TERMS

- Greaves, A. L. (2006). *The active client: A qualitative analysis of thirteen clients' contributions to the psychotherapeutic process*. Doctoral dissertation, University of Southern California, Los Angeles.
- Hunsley, J., Aubry, T. D., Vestervelt, C. M., & Vito, D. (1999). Comparing therapist and client perspectives on reasons for psychotherapy termination. *Psychotherapy, 4*, 380–432. doi:10.1037/h0087802
- Hynan, D. J. (1990). Client reasons and experiences in treatment that influence termination of psychotherapy. *Journal of Clinical Psychology, 46*, 891–895.
doi:10.1002/1097-4679(199011)46
- Knox, S., Adrians, N., Everson, E., Hess, S., Hill, C., & Crook-Lyon, R. (2011). Clients' perspectives on therapy termination. *Psychotherapy Research, 21*, 154–167.
doi:10.1080/10503307.2010.534509
- Kühnlein, I. (1999). Psychotherapy as a process of transformation: Analysis of post-therapeutic autobiographic narrations. *Psychotherapy Research, 9*, 274–288.
doi:10.1080/10503309912331332761
- Lambert, M., & Burlingame, G.M. (2004). *Administration and scoring manual for the OQ 45.2 (Outcome Questionnaire)*. Salt Lake City, UT: American Professional Credentialing Services, LLC.
- Levitt, H. M., Pomerville, A., & Surace, F. I. (2016). A qualitative meta-analysis examining clients' experiences of psychotherapy: A new agenda. *Psychological Bulletin, 142*, 801–830. doi:10.1037/bul0000057
- Loewald, H.W. (1988). Termination analyzable and unanalyzable. *Psychoanalytic Study of the Child, 43*, 155–166.
- McElvaney, J., & Timulak, L. (2013). Clients' experience of therapy and its outcomes in 'good' and 'poor' outcome psychological therapy in a primary care setting: An

COMING TO TERMS

exploratory study. *Counselling and Psychotherapy Research*, 13, 246–253.

doi:10.1080/14733145.2012.761258

Moltu, C., Stefansen, J., Nøtnes, J. C., Skjølberg, Å, & Veseth, M. (2017). What are «good outcomes» in public mental health settings? A qualitative exploration of clients' and therapists' experiences. *International Journal of Mental Health Systems*, Advance online publication. doi: 10.1186/s13033-017-0119-5

Muran, J. C., & Barber, J. P. (2011). *The therapeutic alliance: An evidence-based guide to practice*. New York, NY: Guilford.

Nilsson, T., Svensson, M, Sandell, R., & Clinton, D. (2007). Patients' experiences of change in cognitive-behavioral therapy and psychodynamic therapy: A qualitative comparative study. *Psychotherapy Research*, 17, 553–566.

doi:10.1080/10503300601139988

Novick, J., & Novick, K. K. (2006). *Good goodbyes: Knowing how to end in psychotherapy and psychoanalysis*. Lanham, MD: Jason Aronson.

Olivera, J., Braun, M., Penedo, M. G., & Roussos, A. (2013). A qualitative investigation of former clients' perception of change, reasons for consultation, therapeutic relationship, and termination. *Psychotherapy*, 50, 505–516. doi:10.1037/a0033359

Rennie, D. L. (2000). Aspect of the client's conscious control of the psychotherapeutic process. *Journal of Psychotherapy Integration*, 10, 151–167.

doi:10.1023/A:1009496116174

Rennie, D. L. (2010). Humanistic psychology at York University: Retrospective: focus on clients' experiencing in psychotherapy: Emphasis of radical reflexivity, *The Humanistic Psychologist*, 38, 40–56. doi: 10.1080/08873261003635856

Rønnestad, M. H. (2009). An intensive process-out-come study of the interpersonal aspects of psychotherapy. Application for the Research Council of Norway. Department of

COMING TO TERMS

- Psychology, University of Oslo. Retrieved from http://www.psykologi.uio.no/personer/vit/helgero_linker/process%20outcome_study.Pdf
- Rønnestad, M. H., Gullestad, S. E., Halvorsen, M. S., Haavind, H., von der Lippe, A. L., Nissen-Lie, H. A. & Reichelt, S. (2014, June). *The outcomes of therapies conducted by highly experienced therapists*. Paper presented at the meeting of Society for Psychotherapy Research, Copenhagen.
- Schlesinger, H. J. (2005). *Endings and beginnings: On the technique of terminating psychotherapy and psychoanalysis*. Hillsdale, NJ: Analytic Press.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis. Theory, method and research*. London: Sage.
- Swift, J. K., & Callahan, J. L. (2010). Decreasing treatment dropout by addressing expectations for treatment length. *Psychotherapy Research, 21*, 193–200.
doi:10.1080/10503307.2010.541294
- Timulak, L., & Creaner, M. (2010). Qualitative meta-analysis of outcomes of person-centred and experiential psychotherapies. In M. Cooper, J. C. Watson, & D. Hölldampf (Eds.), *Person-centred and experiential therapies work. A review of the research on counselling, psychotherapy and related practices* (pp. 65–90). Herefordshire: PCCS Books.
- Valkonen, J., Hänninen, V., & Lindfors, O. (2011). Outcomes of psychotherapy from the perspective of the users. *Psychotherapy Research, 21*, 227–240.
doi:10.1080/10503307.2010.548346
- van Manen, M. (2014). *Phenomenology of practice. Meaning-giving methods in phenomenological research and writing*. Walnut Creek, CA: Left Coast Press.
- Veseth, M., Binder, P. E., Borg, M., & Davidson, L. (2012). Toward caring for oneself in a life of intense ups and downs: A reflexive-collaborative exploration of recovery in

COMING TO TERMS

bipolar disorder. *Qualitative Health Research*, 22, 119–133.

doi:10.1177/1049732311411487

Wachtel, P. L. (2002). Termination of therapy: An effort at integration. *Journal of Psychotherapy Integration*, 12, 373–383.

Williams, S., & Levitt, H. M. (2008). Clients' experiences of differences with therapists: Sustaining faith in psychotherapy. *Psychotherapy Research*, 18, 256–270.

doi:10.1080/105003300701561545