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Coming to an end: a case study of an ambiguous process of ending psychotherapy

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Keywords: case study, ending psychotherapy, multiple perspectives, negotiating termination, qualitative research, therapeutic dialogues, working alliance

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Abstract

Aim: When the duration of therapy is not preset and the outcome is a matter for negotiation, the decision to end psychotherapy will be an experiential concern for the two participants. This case study draws attention to how ambiguities may be settled in a process where ending is initiated by the therapist and resisted by the client. *Method and analysis:* The actual case was strategically selected as exceptional owing to a combination of circumstances. The client and the therapist had developed a 'good enough' alliance (WAI) and reached a 'good enough' outcome (OQ-45), and still the client felt she was far from finished. A close inspection of interactional data in sessions together with both clients' and therapists' reflections in post-therapy interviews elicited information about both substantial content and structural aspects of this complicated process of ending. *Findings and discussion:* The discrepancy between therapist and client was not addressed, but rather postponed and revisited again later. Structural elements like preparations for a break for vacations and reduction of frequency were used to test experiential qualities, such as how the client managed life without therapy. Carefully preserving a 'good enough' emotional bond through the negotiations seemed important to both parties. Substantial elements considering the client's autonomy were interpreted as the final proof of improvement, and the client came to a point where she could affirm that she had grown better only by accepting that treatment was coming to an end.

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When the duration of psychotherapy is not preset and the outcome is a matter of negotiation, the decision to end psychotherapy will be an experiential concern for the two participants. In clinical work, it is widely recognized that dealing with many types of difficulties related to the therapeutic alliance is essential to the course of therapy (Bordin, 1994; Orlinsky, Rønnestad, & Willutzki, 2004; Safran & Muran, 2000; Safran, Muran, Samstag, & Stevens, 2002). In psychotherapy research the alliance is usually defined in terms of Bordin's (1979, 1994) model, which comprises three aspects of the working alliance: agreements on the therapeutic goals; consensus with respect to the tasks that make up therapy; and an emotional bond between client and therapist. Negotiation of ruptures in the therapeutic alliance is considered to be at the heart of the change process, and in Safran and Muran's (2000) view it is a main curative element in psychotherapy (Eubanks-Carter, Muran & Safran, 2010; Safran & Muran, 2000; Safran et al., 2002; Muran et al., 2009; Muran, Safran & Eubanks-Carter, 2010). Safran and Muran (2000, 2006) define alliance ruptures broadly as problems in quality of relatedness, deteriorations in the communicative process, breakdown of collaboration or poor quality of relatedness. They point to the termination process as the resolution of the ultimate alliance rupture, and the process of ending as a phase likely to evoke tensions between the needs for individuation and relatedness (Muran et al., 2010).

In one sense, Safran and Muran (2000) are right when they point to the conclusion of treatment as the end of the therapeutic alliance as well. This can be said to count for the tasks and goals of treatment, which are more distinctively in-treatment concepts. It may be significant to keep an emotional bond beyond the end of treatment, and the client will go on

with her/his life goals and life tasks. As in many other kinds of relationships the autonomy of each party may rest on a reliable and reciprocal emotional bond.

In this paper we present a process of ending where this inbuilt ambiguity came to our attention. In the case we are going to present there seems to be an unsettled issue as to whether the goal of increased autonomy for the client is accomplished or enforced by the ways in which the therapeutic sessions were brought to an end.

Ending treatment entails separation and powerful and sometimes negative emotions (Schlesinger, 2005; Wachtel, 2002). Hoffman (1998) and Gabbard (2009) are concerned with making endings 'good enough', and address the myth of a perfect termination. *Good Enough Endings* is also the title of a new book edited by Salberg (2010).

Schlesinger (2005) thinks therapists often have too high expectations that processes of ending should be more streamlined than they often are. This could be a consequence of the fact that the literature on ending is usually based on clinical accounts by therapists. The way in which an ending is dealt with however, is something that is going on in interactions, and as such can be accessible to outside observers. In addition, ending is comprised of a dual set of personal experiences and can be described from the vantage point not only of the therapist but of the client as well. In this case study we combined both client's and therapist's reflections with interactional data in ways that made room for a combination of different perspectives on the same therapy process.

The selection of the actual case is a strategic choice owing to the fact that the therapist wanted to end treatment when the client felt she was far from finished. We already knew from a wider selection of cases that this case was exceptional. In this case negotiations about when and how to end continued across thirteen sessions in a way which brought forward several issues that could be addressed as relevant for the decision, as well as issues that were left out of the dialogue and which the two parties therefore kept to themselves.

The exploration of the case has been guided by the following research questions:

- When and how is the theme of ending introduced?
- How was the other's response?
- How were the decision postponed and what arguments made the theme reoccur?

Method and design

The case was selected from a larger psychotherapy research project (Rønnestad, 2006). The project includes eighteen highly experienced therapists and 40 clients. The database contains both quantitative and qualitative data, and the material was stored case by case.

All sessions were audio recorded, allowing for observations of the dialogue according to the chronology from beginning to end. Both client and therapist were interviewed after the end, and asked for their subjective configuration of the events in therapy and their corresponding reflections. The alliance was measured with the Working Alliance Inventory (WAI; Hatcher & Gillapsy, 2006; Horvath, 1994a, 1994b; Horvath & Greenberg, 1989) and outcome was measured with the Outcome Questionnaire 45 (OQ-45; Lambert & Burlingame, 2004). These procedures for data collection were independent of the present case.

Subject

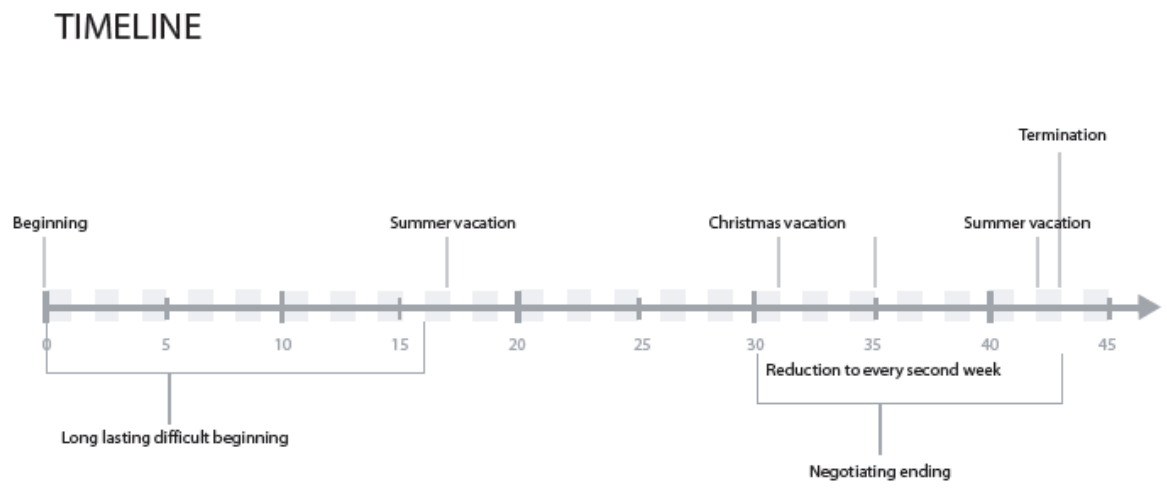
The client. Marian is a 35-year-old woman who was referred to a psychotherapist after two hospitalizations a few years earlier. The hospitalizations were owed to severe depression accompanied by suicidal thoughts (the first time) and psychosis (the second time). When she started therapy she was diagnosed with Bipolar I disorder, currently moderately depressive and used anti-depressant and mood stabilizing medication. Marian has an artistic profession

and started therapy while on sick leave, though she gradually started working again during the process of treatment.

The therapist. Paul is a 54-year-old man, who works in a public outpatient clinic. He has worked as a clinical psychologist for many years, and he is also an experienced teacher and supervisor in psychology. His psychotherapeutic orientation may be defined as eclectic and integrative, with input from psychodynamic, systemic and cognitive thinking.

The therapy. The therapy was conducted in an outpatient setting, and the client paid a low standard fee for the consultations. There was no predefined time limit for the treatment. The therapy lasted for nineteen months and a total of 43 sessions. The frequency was one session per week the first year, and one session every second week for the last six months.

Figure 1



Analysing interactions and reflections (therapy sessions and post-termination interviews)

We have previously described how the client and therapist in the present case struggled with severe difficulties in finding common ground on which to work together in the initial phase of this therapy, and how they managed to create a meaningful therapy process

with a good outcome after all (Råbu, Halvorsen & Haavind, 2011)). When the issue of ending was introduced it was in a relationship where the earlier struggle had led to a strong alliance with a mutual belief that the client was actually helped by the therapist.

Our design allowed for the possibility of data triangulation (Denzin, 1989), i.e. interviews with the client and the therapist asking for their subjective configuration of the events in therapy and their corresponding reflections, in combination with audio recordings allowing for observations of the dialogue according to the chronology of the therapy sessions. We could therefore explore how ending evolved as a chronology and was configured into two complementary narratives, with a special focus on negotiations as well as experiential concerns.

To explore the first-person perspective on the termination process, a combined hermeneutical-phenomenological approach was chosen (Binder, Holgersen & Nielsen, 2010; Finlay, 2003; Gadamer, 1989; Heidegger, 1962; Laverty, 2003; McLeod, 2001; Smith, 2007; Smith & Osborn, 2003). We wanted to stay as close to the informants' concrete and contextually anchored experience as possible, while exploring their views of what felt significant in the therapeutic process (Elliott & Shapiro, 1992; Smith & Osborn, 2003; Smith, 2007). We also wanted to connect their experiences with what we observed in the therapy sessions, and our aim was to identify patterns of interaction as well as how the theme of ending occurred in the dialogue.

Even though we tried to stay as close as possible to the informants' own descriptions, in addition avoiding theoretical concepts, both the formulation of research questions and the reading of the data will necessarily be affected by the specific experiential horizon of each researcher (Gadamer, 1989; Smith, 2007). In accordance with reflexive methodology, we used

dialogue with the participants' views in order to explore and reflect on our own pre-understanding (Alvesson & Sköldberg, 2000; Finlay, 2003).

We marked and selected material from sessions as well as from interviews that could provide some answers to the analytical questions about initiations/recurrences and the subsequent responses. Further, we paid attention to the issues that were brought out – or kept hidden – in the negotiations and in the narratives about ending or continuing. We also produced a systematic overview of structural changes in the scheduling of sessions and the ways in which they were addressed and experienced. The following set of selected material was reduced and condensed with the use of a hermeneutically modified method for systematic text condensation (Malterud, 1993, 2001), and inspired by McLeod and Balamoutsou's (2001) qualitative narrative analysis of psychotherapy transcripts. The analysis was carried out with the assistance of Nvivo 8 software (QSR, 2008). The data analysis proceeded as follows:

(i) the first author listened to and transcribed verbatim the recordings of the interviews and the therapy sessions;

(ii) both authors read through the written material separately several times to obtain a basic sense of the negotiations about ending in the relationship between client and therapist;

(iii) we discussed the material together and identified units of meaning which represented different aspects of what had taken place both in the sessions and in terms of the participants' experiences, and looked for connections between what we observed in the sessions and how it was experienced and reflected upon by the participants in the aftermath;

(iv) we then selected examples and quotes from the transcripts to illustrate various aspects in the presentation. The narrative dimension is important for

structuring and interpreting the data (McLeod, 2001; McLeod & Balamoutsou, 2001; McLeod, 2010) so we chose a chronological presentation of the course of therapy.

The researchers

Both authors are psychologists and both combine working with psychotherapy, teaching psychotherapy and doing research. The first author (MR) has thirteen years of clinical experience. She is a research fellow with training in long-term psychodynamic psychotherapy with adults and an interest in relational approaches and in psychotherapy integration. The second author (HH) has more than 30 years of clinical experience. She is a professor in clinical psychology working with both adults and children. Her therapeutic work is theoretically informed by developmental and interpersonal perspectives. Our background and training as psychotherapists, together with an interest in relational therapy theories, assisted us to set up a relational study and see relational themes in the material.

Ethics

This study (Rønnestad, 2006) was approved by the Regional Committee for Medical and Health Research Ethics (Region South-East) and by the Norwegian Social Science Data Services. Details about the informants have been changed to provide anonymity. The informants read a late draft of the paper both to give final consent and to contribute to the validity of the study by ensuring that the quality of their experience was faithfully conveyed in the analysis and presentation.

Findings

In the last session, Marian concluded by saying: '*I think this is a good timing. I feel ready now*'. Before this, extensive negotiation had taken place. Even if Marian finished by stating that she was ready, doubt still exists whether she really felt that it was a good time to end.

When Paul, the therapist, first took the initiative to end treatment, the client Marian resisted. Marian responded by saying that she was not finished yet and she wanted to continue therapy. Paul was willing to postpone the end, but he still stood firm in his decision despite the client's repeated dissent. This ambiguity between handling their conflicting views and reaching a conjoint decision endured for the last thirteen sessions.

Session 31 was the one in which Paul introduced the theme of ending therapy. This was the last session before the Christmas vacation, and the quote is taken from the end of the session.

Session 31

Paul: After this vacation I think we should consider deciding a date, either to end therapy, or to meet more seldom?

Marian: That sounds fine. But I very much want to continue for a while. I feel like the sting is still not out.

Paul: But we have managed to meet for a long series of sessions now.

Marian: Absolutely. But I feel that I have only recently been able to use this therapy.

Paul used the long series of sessions as an argument for planning to end using the forthcoming vacation as an opportunity to make a proposal they could consider after the vacation. Marian pointed to the long difficult beginning, and that she had only recently been able to use the therapy. She negotiated as an answer to his statement about the long series of sessions: the first part of therapy should not be counted.

Session 32 – the first session after the Christmas vacation

Marian: It has been a while. Just before Christmas we summed up some. Where are we heading?

Paul: We agreed that we should make plans with the perspective that we are approaching the end. It is important that we find a tempo that suits you.

Marian: I am glad to hear that. I sort of don't want to stop next week. As I've said, I used so much time just to be able to use this therapy.

Paul: I think we could manage to finish rather soon. And if we agree that we are approaching the end, we don't need to decide a date today.

In this session Paul made a further move toward ending. He referred back to the last conversation as if the agreement was more solid than it really was. He said 'We agreed' and Marian responded by restating that she had only recently become able to use the therapy. In general, Paul's lines seemed to have two parts: he invited her to join in the decision; and he marked his own decision. He said that 'It is important that we find a tempo that suits you', and immediately he modified it by saying that they could manage to finish quite soon. Paul effectively divided the ending into smaller parts.

The next illustration was ten sessions later, and the frequency was then reduced to every second week.

Session 42 – the last session before the summer vacation

Marian: Last session before summer?

Paul: Mhm.

Marian: I feel I am not done yet. There are so much more to work on. I feel some anxiety almost always. When I wake up every morning, all my worries torment me. I worry

about my mother, the economy, whatever. I long for safety and I need control.

Paul: So it's far from strange that you feel you aren't finished here. There is always much to worry about, if you want to spend your time that way.

…

Paul: I suggest we have three more sessions after the summer, and then it's the end.

Marian: Now you are strict.

Paul: But it seems to me that you see the point. And this safety you are hunting for to feel able to stop treatment, you will never find. That isn't life, it's just an idea.

Marian disapproved of Paul's eagerness to stop treatment and she pointed to her worries. Paul used his firmer experiences with Marian when he said, *'There is always much to worry about, if you want to spend your time that way'*. This was far from an independent report, and pointed back to their process together. Paul interpreted Marian's worries and hesitations instead, for instance, of exploring them.

Session 43, the last session, after two months' summer vacation

Paul: Now it's been two months, and we planned this to be the last session, didn't we?

Marian: Did we really plan that? I think you said it, not we. And I thought, okay, that remains to happen. Perhaps three more sessions, I thought.

Paul: (laughs): But in fact you have had two good months since I said that. So if we are to take that response seriously it seems to be a good timing.

Marian: Actually I think it's a good timing. I feel ready now.

Paul used the temporary interruption because of the summer vacation and he repeatedly used the word *we*, seemingly to make earlier ambiguous agreements about ending more solid. He seemed to have forgotten the suggestion of having three more sessions after the summer.

Marian, though, remembered, and gently suggested that there was a difference between their points of view. She finished by stating that the timing was good, and that she was ready. She both disagreed with the therapist and she complied.

In the sessions, Paul repeatedly stated that the termination was significant in terms of Marian's main area of difficulty, her autonomy. In his view, she had to realize that she had to live with much of her difficulty and trust her ability to handle her concerns on her own. Marian however stated that it was both appropriate to end and that she wanted to continue treatment. She consented to the idea, but wanted to postpone the point of time. In the dialogues she typically started out by agreeing with Paul's point of view, then she hesitated, and finally she agreed with Paul. It is still unclear whether Marian was unable to get her message through and gave up, or whether she really felt some relief because she was able to be part of a conjoint decision to end treatment. In one sense she was talked into it, and she felt she had no choice. In another sense the proof of a successful therapy in this case showed as the capacity to move on with her life and experience a reduction in her somewhat pointless worries and tendencies to hang on to unresolved issues.

The dialogues in the last phase of this therapy share some patterns with the difficulties we observed in the sessions in the beginning of this therapy (Råbu et. al., 2011). In the interview, Marian said that in the beginning she experienced the therapist as being arrogant, authoritarian and lacking empathy. Paul said in the interview that at the beginning he experienced Marian as a somewhat defensive person who was passively waiting to receive help. His therapeutic goals were more in the direction of challenging her, thereby helping her to develop agency and autonomy. Marian and Paul started out with differing expectations of what therapy should be like and how each of them was supposed to behave. They met for about fifteen sessions before a sufficient balance was reached and they established common ground on how to work together.

In the sessions in the late phase, Marian gave reasons for not ending therapy yet by repeatedly pointing to the experience in the early phase; that she needed a long time before she was able to use the therapy. Paul's criterion of recovery was mainly autonomy, and this was perhaps what Marian ended up consenting to. There were, however, important differences between the early and the late dialogues. For instance, both Marian and Paul reported the alliance to be good in the end. The dialogues in the late phase after all also seem to reflect a more equal relationship where the client seemed more capable of asserting herself.

Reflections from the post-therapy interviews

Both participants stated in the interviews that the process of ending had been a challenge.

Marian: The first time Paul introduced ending I was scared. I didn't feel ready. After a while I felt more secure about continuing on my own even though I felt there still were topics to work on in therapy. After all, the ending went well. It feels like a security that Paul gave me the opportunity to call him.

She said that she resolved the ambivalence and it went well: they still have a connection, an emotional bond in terms of the working alliance, and she can call him.

Paul: We had to spend some time on ending. It was the same central theme of autonomy. I wanted to make it soft, but finally I had to say, okay, this ending is for real. And then we agreed that it was time. But I had to mark it clearly and crisply.

Their stories about ending can be seen as complementary. Marian was scared to be pushed. In the interview she also said that from time to time she felt really bewildered after ending. She mentioned that Paul gave her the opportunity to call him after the end of therapy as an extra security. Paul felt that he both needed to be soft and needed to hold to the decision to end treatment. He also came out with the ambiguous statement that they agreed it was time, but he

had to state the decision clearly and crisply. Paul also revealed some of his general thoughts about ending in the post-therapy interview about this therapy.

Paul: One shouldn't use therapy to resolve all one's troubles; the client should go on with her life. It is also a matter of capacity and priorities in this outpatient clinic, so here it is often the therapist who decides the end. The end is a farewell, with all the anxiety and separation anxiety that means, but also a kind of recognition that I think she is able to make it on her own. So there is potentially support in suggesting an ending. And I see it as a good point to be able to handle farewells that are sad, but still possible to endure. And sometimes I say that it may be a way to think of it, that we have finished a piece of work, and we don't have sessions anymore, but I am not dead, I work here, and it is possible to call me, for instance, if that feels meaningful. Perhaps only thinking it is possible is enough?

Paul explained his reasons for initiating the ending both in externals, such as capacity and priorities at the clinic, and in internals, such as the potential support and affirmation his attitude might bring about. He also utilized the possibility of later contact as a way to stimulate the client to make constructive use of her image of the therapist and the relationship after the therapy had ended.

The informants' reflections on this paper

Both participants read a late draft of this paper to ensure that the quality of their experience was conveyed in the analysis and presentation. Marian felt the paper provided a good analysis of the process of ending. She felt that Paul confronted her with a fait accompli which she felt powerless about. She remembered that she concentrated on ways to look positively and constructively upon the ending when she had to end in any case. Paul stated that he felt the

paper gave a valid picture of their process of ending. He remembered struggling with this ending, and reflected upon his own tendency to become impatient if leave-takings last too long. He raised the question whether therapists who are used to attaching emotionally to clients may be vulnerable during the process of detachment and therefore in danger of becoming less empathic?

Discussion

Ending has been explored as a chronology and as a narrative. This dual approach has brought attention to some of the constituents that make the decision to end consensual and allow the qualities of the alliance to bear on the suffering derived from separation. The theme of ending was negotiated back and forth between the participants, and the underlying notion was that they were searching for an agreement. Difficult emotional reactions can be smoothed indirectly – even by forgetfulness – as well as addressed in a direct way. Structural realities, such as breaks because of vacations and meeting again after vacations, are important constituents in the decision to end. When the process of ending was initiated by the therapist, he was actually preparing for a vacation and seemed to use this opportunity to introduce ending as a somewhat analogous experience.

Such breaks were further used to test how Marian managed life without her therapist. Paul presented ending as the final proof of improvement. The therapeutic dyad reached an agreement that it was time to end treatment. Ending was also an important experiential concern for the participants. When the participants reflected on it in retrospect, the therapist was satisfied with the decision and the client was left with traces of doubt. When the relationship appears to have some unfinished business, the improvement in the direction of autonomy may continue.

Marian's doubts and bewilderment are ambiguous. It may be a sign that the decision to end treatment was somewhat forced, and that the therapist tricked her into it. To complain and say so, however, could be a sign that she was going back to her earlier habits of clinging and complaining, and thus had not benefited from the therapy. In the last sessions Marian was in an emotional twist that mirrors important qualities of ending: solving the ambivalence and preserving an emotional bond. If she continued to protest, she would be unhealthy, alone, dependent and not emotionally affirmed. If she agreed with Paul, she affirmed that she was healthy and independent and she received his emotional support and affirmation. Paul made Marian 'an offer she couldn't refuse', so to speak. Paul's offer was tempting because it invited her to be more healthy and independent than she perhaps really felt or was. In his view, ending was a sign of autonomy and it pointed to further autonomy in the future. His stance can be said to contain a paradox or a double bind for Marian: she had to make the decision to end to show her autonomy, but he without doubt was the one who made the decision. She could affirm that she had grown better only by accepting that she had to end treatment. This emotional twist can be thought of in terms of the fundamental paradox entailed in the need for recognition, as described by Benjamin (1990). When we realize our own independent will, we are dependent upon another to recognize it.

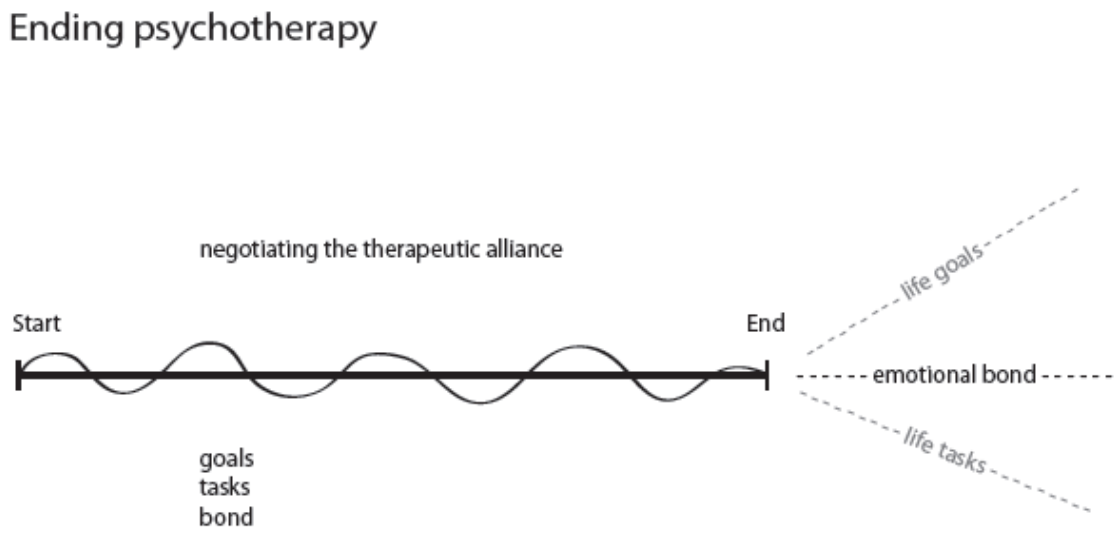
Paul, who in the sessions and in the interview seemed mainly preoccupied with the chronology and the goal of coming to an end, revealed experiential concerns considering detachment and vulnerability when reflecting upon our configuration of the process of ending in this paper.

In this therapy, as well as in other cases where the end is not decided in the beginning, there is no right time to end treatment and no set of obvious right criteria. Ending therapy seems to be a matter of constructing agreement through interpersonal negotiation in a way that both parties can tolerate in the experiential mode. In this sense it was a concerted

decision; some ambiguities may have been addressed, and others were covered and twisted. To resolve the ‘rupture’ of disagreement on when to end and to be able to negotiate the ending process in a way that brought Paul and Marian to a concerted decision seems to be an important therapeutic achievement in its own right. They were able to maintain a therapeutic alliance throughout the difficulties. This fits with a view recently suggested by Barber, Khalsa and Sharpless (2010), that is, the therapeutic alliance can be viewed as an outcome in its own right, rather than as a prerequisite for treatment.

A definition of when it is appropriate to end have to be worked through as implicit and explicit negotiations. The point seems to be to utilize structural realities and substantial constituents in order to solicit affirmative responses from the other. In this case Marian herself was ready to say yes at a point in time when saying no did not any longer make sense. Saying yes was the best way to sustain what had been accomplished during therapy. An answer to when therapy stops may be this: therapy stops when client and therapist find a ‘good enough’ way to resolve the basic ambivalence concerning ending. Then they can reach a concerted decision that the therapy should end and the emotional bond continue.

Figure 2



Implications for practice and research

Even if this case is not necessarily exemplary, the clinic-near and narrative form will hopefully be experienced by clinicians as recognizable and having transfer value so it potentially can enrich clinicians' ways of working when similar situations occur in their own practice. Combining reflexive and observational data seemed very useful to investigate psychotherapy process. It would be interesting to explore for instance ending process in series of cases.

References

Alvesson, M., & Sköldberg, K. (2000). *Reflexive methodology. New vistas for qualitative research*. Los Angeles, CA: Sage.

Barber, J.P., Khalsa, S.R., & Sharpless, B.A. (2010). The validity of the alliance as a predictor of psychotherapy outcome. In J.C. Muran, & J.P. Barber (Eds.), *The therapeutic alliance. An evidence-based guide to practice.* (pp.29-43). New York, NY: Guilford Press.

Benjamin, J. (1990). Recognition and destruction: an outline of intersubjectivity. *Psychoanalytic Psychology, 7*, 33-47.

Binder, P. E., Holgersen, H., & Nielsen, G. H. (2010). What is a "good outcome" in psychotherapy? A qualitative exploration of former patients' point of view. *Psychotherapy Research, 20*, 285-294.

Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research and Practice, 16*, 252-260.

Bordin, E.S. (1994). Theory and research on the therapeutic working alliance: New directions. In A.O. Horvath, & L.S. Greenberg (Eds.), *The working alliance: Theory, research and practice* (pp. 13-37). New York, NY: Wiley.

Denzin, N.K. (1989). *Interpretive interactionism.* Newbury Park, CA: Sage.

Elliot, R., & Shapiro, D.A. (1992). Client and therapist as analyst of significant events. In S.G. Toukmanian, & D.L. Rennie (Eds.), *Psychotherapy process research. Pragmatic and narrative approaches* (pp. 163-186). Newbury Park, CA: Sage.

Eubanks-Carter, C., Muran, J.C., & Safran, J.D. (2010). Alliance ruptures and resolution. In. J.C. Muran, & J.P. Barber (Eds.), *The therapeutic alliance. An evidence-based guide to practice.* (pp. 74-96). New York, NY: Guilford Press.

Finlay, L. (2003). Through the looking glass: intersubjectivity and hermeneutic reflection. In L. Finlay, & B. Gough (Eds.), *Reflexivity. A practical guide for researchers in health and social sciences.* (pp. 105-119). Oxford: Blackwell.

Gabbard, G. O. (2009). What is a "good enough" termination? *Journal of the American Psychoanalytic Association, 57,* 575-594.

Gadamer, H.G. (1989). *Truth and method.* London: Sheed Ward.

Hatcher, R.L., & Gillapsy, J.A. (2006). Development and validation of a revised short version of the Working Alliance Inventory. *Psychotherapy Research, 16,* 12-25.

Heidegger, M. (1962) *Being and time.* Oxford: Basil Blackwell.

Hoffman, I. Z. (1998). *Ritual and spontaneity in the psychoanalytic process. A dialectical-constructivist view*. Hillsdale, NJ: Analytic Press.

Horvath, A.O. (1994a). Empirical validation of Bordin's pantheoretical model of the alliance: The Working Alliance Inventory perspective. In A.O. Horvath, & L.S. Greenberg (Eds), *The working alliance: Theory, research and practice* (pp. 109-128). New York, NY: Wiley.

Horvath, A.O. (1994b). Research on the alliance. In A.O. Horvath, & L.S. Greenberg (Eds), *The working alliance: Theory, research and practice* (pp. 259-286). New York, NY: Wiley.

Horvath, A.O., & Greenberg, L.S. (1989). Development and validation of the Working Alliance Inventory. *Journal of Counselling Psychology, 36,* 223-233.

Lambert, M., & Burlingame, G.M. (2004). *Administration and scoring manual: Outcome Questionnaire (OQ 45.2).* Salt Lake City, UT: American Professional Credentialing Services L.L.C.

Laverty, S. M. (2003). Hermeneutic phenomenology and phenomenology: A comparison of historical and methodological considerations. *International Journal of Qualitative Methods, 2*, 21-35.

Malterud, K. (1993). Shared understanding of the qualitative research process. Guidelines for the medical researcher. *Family Practice, 10*, 201-206.

Malterud, K. (2001). Qualitative research: Standards, challenges, and guidelines. *Lancet, 358*, 483-488.

McLeod, J. (2001). *Qualitative research in counselling and psychotherapy.* London: Sage.

McLeod, J. (2010). *Case study research in counselling and psychotherapy.* London: Sage.

McLeod, J., & Balamoutsou, S. (2001). A method for qualitative narrative analysis of psychotherapy transcripts. In J. Frommer, & D.L. Rennie (Eds.), *Qualitative psychotherapy methods and methodology* (pp. 128-152). Lengerich: Pabst Science Publishers.

Muran, J.C., Gorman, B.S., Eubanks-Carter, C., Safran, J.D., Samstag, L.W., & Winston, A. (2009). The relationship of early alliance ruptures and their resolution to process and outcome in three time-limited psychotherapies for personality disorders. *Psychotherapy: theory, research, practice, training, 46*(2), 233-248.

Muran, J.C., Safran, J.D., & Eubanks-Carter, C. (2010). Developing therapist abilities to negotiate alliance ruptures. In J.C. Muran, & J.P. Barber (Eds.), *The therapeutic alliance. An evidence-based guide to practice.* New York, NY: The Guilford Press

Orlinsky, D.E., Rønnestad, M.H., & Willutzki, U. (2004). Fifty years of psychotherapy process-outcome research: continuity and change. In M.J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behaviour change* (5th ed., pp. 307-389). New York, NY: Wiley.

QSR. (2008). *Nvivo 8.* Doncaster, QSR: International Pty Ltd, Victoria, Australia.

Rønnestad, M.H. (2006). *An intensive process-outcome study of the interpersonal aspects of psychotherapy.* Oslo: University of Oslo, Department of Psychology

Råbu, M., Halvorsen, M.S., & Haavind, H. (2011). Early relationship struggles: A case study of alliance formation and reparation. *Counseling and Psychotherapy Research*, *11*, 23-33.

Safran, J.D., & Muran, J.C. (2000). *Negotiating the therapeutic alliance: a relational treatment guide.* New York, NY: Guilford.

Safran, J. D., & Muran, J. C. (2006). Has the concept of the therapeutic alliance outlived its usefulness? *Psychotherapy: theory, research, practice, training, 43*, 286-291.

Safran, J.D., Muran, J.C., Samstag, L.W., & Stevens, C. (2002). Repairing alliance ruptures. In J.C. Norcross (Ed.), *Psychotherapy relationships that work. Therapist contributions and responsiveness to patients* (pp. 235-254). New York, NY: Oxford University Press.

Salberg, J. (Ed.) (2010). *Good enough endings. Breaks, interruptions, and terminations from contemporary relational perspectives.* New York, NY: Routledge.

Schlesinger, H. J. (2005). *Endings and beginnings: On the technique of terminating psychotherapy and psychoanalysis.* Hillsdale, NJ: Analytic Press.

Smith, J.A., & Osborn, M. (2003). Interpretive phenomenological analysis. In J.A. Smith (Ed.), *Qualitative psychology. A practical guide to research methods*. (pp. 9-26). London: Sage

Smith, J.A. (2007). Hermeneutics, human sciences and health: linking theory and practice. *International Journal of Qualitative Studies on Health and Well-being, 2,* 3-11.

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