

Book Review: Forced Endings in Psychotherapy and Psychoanalysis

by Anne Power - Reviewed by Miranda Buckley

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Endings. Goodbyes. These raise issues which, as CAT therapists, we aim to bear in mind and build into our work from the beginning. Yet what about breaks which therapists themselves have to make through unforeseen sickness, maternity leave, sabbatical or retirement, and how these impact on themselves, their clients, and their supervisors? Maybe we should fine-tune our sensitivity to endings in relation to these.

'Forced Endings in Psychotherapy and Psychoanalysis' by Anne Power is an enormously thoughtful book. The author was trained at the Bowlby Centre and is an attachment-based psychoanalytic psychotherapist working with individuals and couples and a lecturer at Regent's University London. She was interested to explore how hard retirement is for both therapists and patients, and how they manage the challenge, being aware also that in a decade or so she would meet this challenge herself. Her book is a descriptive study based on interviews with nineteen therapists, seventeen women and two men, who ranged in age from sixty one to eighty eight when they made their break with work through retirement, maternity leave, sickness, relocation or sabbatical. All of them worked in private practice with long term patients and used either a psychoanalytic or an integrative approach. The themes which arose from the interviews form the headings for the chapters in the book, each one beginning with a reflection by the author on

the attachment and developmental issues which it raises. She has a practised grasp of psycho-dynamic theory, her sensitivity and openness to questioning are very apparent, and the clarity of her writing style makes her book a pleasure to read.

There are rich resources here for CAT practitioners and supervisors, including those employed in organisations. Perhaps a particularly relevant aspect for those of us who work mainly or partly short-term is how the patients concerned responded to being left, examined through the lenses of attachment theory, the grieving process, narcissistic wounding, envy, and the transference, together with the possibility of a creative opportunity for the client in ending. Reciprocal roles are not difficult to spot in the descriptions of these processes. The ambiguous area of just how to put a plan for a break into action is discussed, for example through how the therapists decided on the amount of notice to give clients and just what to say about the reason for the break, especially when traumatic illness was involved. A section of the book which I found particularly moving were the difficulties for retiring therapists in giving up so much that had been a healing influence for them, together with structure, engagement, intensity, and meaning, and the degrees to which they were able to find 'exits' through new interests and ways of being. In discussing retirement, Anne Power gives weight to external and demographic factors as well as internal ones in noting the impact of depleted financial resources and possible effects of social class and ethnicity on social isolation, together

with the positive effects of good health or supportive family networks.

Importantly, the book confronts issues which can be avoided or overlooked, such as the tricky one as to who decides on fitness to practice, and the responsibilities of supervisors in overseeing both supervisees' and their clients' feelings at times of forced breaks or retirement. The differential in age is discussed here, and how it can be difficult for younger supervisors to help supervisees process feelings about age and retirement if they themselves have not encountered these themselves, so that the desired support can be lacking. The painful impact upon a practitioner of having a supervisor who retires or dies is discussed too. Mention is also made of the responsibilities of training organisations to support retiring practitioners (ACAT seems to be fulfilling these in its 'Non-Practising' and 'Retired' membership categories), and the need for therapists in private practice to have a therapeutic will and executor so that endings or transitions for clients can be managed sensitively, notes/pc documents appropriately destroyed, and relevant professional associations, directories, and websites informed. There is a helpful appendix at the back of book which lists appropriate therapeutic or practical questions to address in specific situations which characterise emergency endings.

At the end of the book Anne Power concludes that, although the small size of her sample can have no predictive power, the spectrum of experience among her participants who retired could be seen as falling into four clusters: those who appeared to retire

with ease (high comfort), those who experienced the greatest sadness and loss (high grief), those who felt the most ambivalent (high ambivalence) and those who conveyed most stress (high stress). The numbers of subjects in each group were 3, 4, 3, and 3 respectively.

Although not all the endings in the book were literally forced, the author captures the poignancy of the ambivalence involved in all of them in the title 'Forced endings'. However

she ends on a positive note regarding retirement, suggesting that although we need to keep the shadow of ageing in view, the skills we developed through practising as therapists will travel with us in our relationships with others and with ourselves, however many years we live as retired people.

In an age when therapists tend to retire older than previously, this is a particularly timely book. For myself, when I eventually confront

retirement I will much value its wisdom and practicality.

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CPD Trauma and Transference

Dr. Michelle Hamill

I attended Steve Potter's CPD workshop on 'Trauma and Transference' on 13th November 2015. It was the first CPD event I had been to since returning from maternity leave in March and I had been really looking forward to it; to reconnect with Steve and some of the CAT community, and to refocus and develop my skills in therapeutic mapping of trauma. Having done my supervisor's workshop with Steve back in 2011 I valued his encouragement to let go of some of my previously unhelpful notions about 'perfect maps', instead 'mapping' from the start of therapy to engage and join with patients in starting to co-construct a meaningful dialogue about their difficulties. The lasting effects of complex and early trauma are often central to my clinical

work with older adults, and that of the colleagues that I supervise. Having a day to think and reflect on the process of this work, using CAT to map the enactments of trauma within the therapeutic relationship, was refreshing and reinvigorating.

Steve's active style of facilitation and experiential mapping of our 'safe enough' to share experiences of trauma in small groups was a powerful learning experience. I was really fortunate to end up in a small group with another psychologist and our shared mapping experiences of recent work related difficulties (which we were both experiencing as personally and professionally painful and challenging) ended up being a mutually supportive

supervisory/ therapeutic experience. I was very grateful to have had this space away from work to map and then process these experiences, which I had felt really stuck with. Being heard and validated through the mapping, allowed these experiences to be held, thought about and worked through. Although very tired by the end of the day I felt clearer about things going forward, and returned to work the next week ready to move forward again.

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