



Women's Therapy Centre

Discovering bits and pieces of me:

Research exploring women's experiences of psychoanalytical psychotherapy



"Girl With Two Mothers" - © Paula Rego

Women's Therapy Centre - 2005

This report was written by Brigid Morris, Research and Development Worker at the Women's Therapy Centre, with contributions from the project's research steering committee.

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Brigid Morris April 2005

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PART ONE BACKGROUND

Chapter 1 Introduction

This chapter outlines the aims of the research, the development of the research design, how the research was undertaken and ends by describing the characteristics of the women who took part.

1.1 Background and aims

The Women's Therapy Centre appointed a researcher in spring 2003 to work on a project funded by the Big Lottery Fund for two years. The initial remit of the research was to draw together the monitoring information already systematically and comprehensively collected by the Centre. The Centre wished to review the records it already kept in order to: highlight the needs of the women who approached the Centre; to assess whether the psychoanalytical psychotherapy provided helped them to progress in their lives; and to identify any possible gaps in service provision.

During the first few months of the project, a decision was made to modify the initial design of the project. The project shifted its focus from solely analysing data already collected, to building on this data and utilising the study as an opportunity to collect fresh information. With the advice and support of a steering committee, following consultation with therapists working at the Centre and with the approval of the Community Fund, the research design was modified to incorporate a more qualitative approach. The focus of the research, identifying the needs and outcomes of women who had contacted the Centre, remained the same. However, in addition to utilising the quantitative monitoring data, the steering committee and research worker felt it would be illuminating to collect the qualitative views of women who had received therapy at the Centre in the past. The main focus moved from gaining a broad feel of a large number of women's needs and outcomes from examining the monitoring data, through to exploring a smaller number of women's experiences, but in much greater detail, through a series of depth interviews. This information could then be utilised by the Centre to benefit women accessing psychoanalytic psychotherapy now and in the future.

The monitoring data that is regularly collected by the Centre involves: records kept by workers in the appointments and referrals team about initial client contact via phone call, letter or email; forms completed by therapists and clients at the start of therapy; and forms completed by therapists and clients at the end of therapy. On the forms given to clients at the end of therapy, space is provided for clients to comment on their experience of attending the Centre.

This study is a direct response to two key developments within health and social care, that of evidence based practice and service user involvement. Health and social care services are increasingly being asked to provide evidence that the interventions they deliver are effective and efficient. In addition, organisations are expected to listen to the voices of their clients, in order to develop and improve the service they provide. The modification of the initial research design in this project enabled the original research questions still to be addressed and also provided a timely opportunity for the viewpoints of clients to be taken into account. The views and experiences of clients of psychoanalytical psychotherapy services to date have rarely been sought or examined.

Evidence based practice

Until recently, psychoanalytical psychotherapy organisations have been reluctant to become involved in research and evaluation (Fonagy, 2000). However this climate is changing. Increasing numbers of large-scale, and often multi-sited, randomised controlled trials have been carried out to explore the efficacy and effectiveness of psychoanalytical psychotherapy (Fonagy et al, 1999). These studies often involve comparing psychoanalytical psychotherapy to other interventions such as cognitive behavioural therapy, medication or being on a waiting list. Some utilise standardised measures to record symptom change over time, such as depression and anxiety. Individual psychoanalytical psychotherapy clinics are also increasingly taking up the challenge of providing evidence about their effectiveness. The Clinical Outcomes in Routine Evaluation (CORE) Outcome Measure (Mellor-Clark et al, 1999), for example, is increasingly being utilised within UK talking therapy services, including those providing psychoanalytical psychotherapy. This measure has been specifically designed to record change over time experienced by clients of counselling and psychotherapy services. Psychoanalytical psychotherapy services are beginning to realise that, in order to successfully compete for funding within the current health economy, they need to collect and disseminate evidence that the therapy they provide to clients is beneficial.

As this study progressed over the past two years, it was interesting to observe a change regarding how research and evaluation activities were accepted within the Centre. Over time and amongst Centre therapists, there appeared to be a move away from feeling encroached and intruded upon, towards an increasing curiosity about the findings that emerge from in-house research and evaluation, and about how these findings can inform

comprehensive evaluation work of specific funding streams had occurred within the Centre (evaluation of the Language Project, Weston, 2003) or was taking place (evaluation of the Disability Project, Finch, 2005). Further during this time the systematic use of the CORE Outcome Measure was implemented within the organisation.

The client perspective

There does not appear to be a strong tradition of collecting client views within psychoanalytical psychotherapy research. The client experience has been eloquently depicted in an autobiographical novel (Cardinal, 2000) and other client accounts (Dinnage, 1989, Sand, 2000) of medium to long-term psychoanalytical psychotherapy. In addition qualitative research exploring young people's views of individual psychoanalytical psychotherapy was recently undertaken as part of a trainee psychologist's doctorate (Bury, 2003).

Extensive work by researchers in the UK and US (for example Hardy et al, 1999 and Llewelyn et al, 1988) has sought the client viewpoint with regard to exploring the detail of what takes place within individual sessions of psychoanalytically-related short term therapies, such as psychodynamic psychotherapy or interpersonal therapy. These studies have often focused on client identified helpful and non-helpful events in sessions and have often compared client and therapist viewpoints. However what has rarely taken place prior to this study, apart from Bury's dissertation, is research exploring clients' perspectives in depth; asking clients to recall in detail, and in their own words, whether they feel that a course of this type of therapy has been helpful to them or not.

More broadly within counselling and other types of psychotherapy, research studies explore the client viewpoint with regard to outcomes (Howe, 1989; Dale et al, 1998; Clarke et al, 2004). These studies explore family therapy, counselling for adult survivors of childhood sexual abuse and brief cognitive behavioural therapy from the client perspective. Further there have been calls, notably from John McLeod (2001), for outcome research to encompass the perspective of clients through the use of qualitative approaches. The term 'outcome' within health and social care, and indeed psychoanalytical psychotherapy, is usually synonymous with quantitative measures of symptoms. These measures are often developed from a service manager or clinical perspective. As part of a wider outcome study, research recently undertaken in Germany did seek the views of clients of long-term psychoanalytical psychotherapy (Beutel and Rasting, 2002). However in the process of analysis, clients' opinions were rated by psychotherapists and so ultimately reflected a clinical rather than client viewpoint.

Individual case studies of clients exploring changes observed over time are frequently written by therapists and published in books and journals. In other areas of mental health service provision and more broadly within health and social care, the client voice in research, evaluation and service development is increasingly required (Department of Health directives 1999, 2000 and 2001; the work of Involve; Department of Health's Research Governance Framework for Health and Social Care, 2001) and obtained (Kotecha, 2005).

It is worth considering why the client voice has been heard so infrequently with regard to outcomes within psychoanalytical psychotherapy and indeed with regard to any aspect of the psychoanalytical psychotherapy process.

- Is it because qualitative research approaches are not valued when considering outcomes of interventions?
- Is it due to a fear that interviewing clients will somehow interfere with the psychoanalytical psychotherapeutic process or relationship?
- Is there an absence of teaching of research skills in therapists' clinical training, or a lack of interest in research amongst therapists, perhaps in contrast to other health professionals such as nurses or psychologists?
- Or could it be that therapists do not feel confident that clients, or perhaps even non-therapist researchers, would be able to understand and convey what takes place within the psychoanalytical psychotherapy consulting room?

This research project aims to begin to redress the balance regarding the presence of the client's voice with regard to outcomes of psychoanalytical psychotherapy and the processes within the therapy relationship that influence these outcomes. This research does not claim to provide the complete picture of what happens within the consulting room, but hopefully puts forward a detailed picture from the perspective of 47 clients.

Influence of feminist research and survivor research

The design of this study was informed by the work of feminist researchers, and researchers and research teams identifying themselves as mental health service users / survivors. Researchers within both of these traditions value the importance of enabling participants within studies to speak out for themselves in as comfortable and respectful an environment as possible (Roberts, 1981; Mauthner et al 2002; Faulkner and Layzell, 2000; Nichols 2004). Careful thought about providing adequate information to participants about each stage of the research process, and thinking through ethical issues is paramount. Differences in power between the role of the researcher and that of the participants are carefully considered and minimised as far as possible.

The identity of the researcher is viewed as being significant, such as a woman interviewing a woman (feminist research) or a person with experience of psychiatric services or of emotional distress interviewing another mental health service user (survivor research). Importance is also placed on people with similar experience to those whose views are being sought, informing the whole research process from the stage of designing the questions through to disseminating the findings. This involvement of those with similar experience and identity to the interviewees can influence research in a number of ways including the topic chosen to be researched, the ways in which data is collected and how the findings are interpreted.

Thus the identity of the Research and Development Worker, Brigid, is relevant here. As well as having previous experience of undertaking research and evaluation focused on gaining mental health service users' views, she has experience of her own mental health problems and of receiving psychoanalytical psychotherapy for several years. Indeed in the past, she had even approached the Women's Therapy Centre at a time of crisis. Her involvement has influenced the conduct of this study in a number of ways including the decision to explore the client experience, careful consideration of the interviewees' experience of participating at all stages of the research process and a commitment to interpreting the data from the client perspective and without a psychoanalytical interpretation.

1.2 Designing and supporting the research

In deciding how former clients of the Centre would be approached to be interviewed, particular care was taken in thinking through how the research would be carried out. The development of the research design was informed by the involvement of a research advisor, the research steering committee, through discussion with external colleagues, through close working and consultation with Centre administrative workers and importantly with the Centre's therapists.

The research advisor had extensive experience of working as a qualitative researcher and was also at the time working as a psychoanalytical psychotherapist. She supported the researcher throughout the study and undertook nine of the interviews. The steering committee met every two to three months to provide advice at all stages of the project. The steering committee comprised researchers with experience of both qualitative and quantitative approaches, within the fields of mental health and social policy research, as well as women who worked as psychotherapists. Some of the members of the steering committee were both psychotherapists and researchers. In the main, steering committee members were Centre Trustees, or members of the senior management team. The richness of experience and variety of viewpoints, within the steering committee, always led to lively and challenging debate. The contribution of the steering committee members was a supportive and essential asset to the undertaking of the study. The researcher worked closely with administrative workers in order to learn how information was stored and retrieved and to gain a feel for how the Centre worked, particularly around how women initially contacted the Centre and gained access to appropriate appointments. The researcher approached therapists within the Centre in order to introduce them to the research project, to gain their views about approaching past clients and to explore ethical issues about contacting clients outside of the psychotherapy relationship.

The key ethical issues that were considered throughout the life of the project comprised:

- Minimising the ways in which the research project might interfere with the therapeutic process
- Maintaining the confidentiality of the women who took part in the interviews throughout the research process
- Maintaining the anonymity of the therapists, with whom interviewees were in therapy, in both steering committee meetings and in the research report

The decision to interview clients was initially a challenge to most of those involved in the research project. The qualitative researchers on the steering committee could not identify any major problems with interviewing clients; approaching clients and exploring sensitive issues was felt to be commonplace. However those on the steering committee, particularly Trustees, members of the management team and therapists within the Centre, that is those who were involved in and responsible for, the day-to-day provision of therapy and the welfare of clients, anticipated many difficulties. The main concern was for the research process not to interfere with the development of the therapeutic relationship between the therapist and the client, and not to erode the boundaries of the transference relationship (see chapter 2) within which much of the work of psychoanalytical psychotherapy takes place.

1.3 The method

Approaching the women and response rates

To minimise the research interfering with the therapeutic relationship, those involved in the research decided that women should be interviewed about their experience of therapy, at least one year after they had ended therapy and thus had ceased contact with the Centre. In addition it was felt appropriate that all women should be interviewed in a separate location to the Centre itself. This separation in time and location was additionally felt to be a useful way of highlighting that the research was not a continuation of the therapy process, but was an exploration of their experience.

A decision was made to approach all the women who left therapy at the Centre, during a designated one year period. The one year period began and ended within 2002-2003. To be included in the study, clients needed to have attended at least one therapy session following their assessment session or sessions. It was felt that this one year time period would give a flavour of a 'year in the life' of the Centre, and the variety of the experiences of women who moved through the Centre, and left, during that time.

78 women were identified as leaving therapy during this year, though only 76 were approached. One woman was not contacted, as she had specifically asked at the end of her therapy, to not be contacted in the future by the Centre. The second woman was known to be currently in therapy with a therapist she had previously seen at the Centre, but who she was now seeing in private practice. The research team made a decision not to approach this woman in order to avoid any interference of the research process in her ongoing therapeutic relationship. Having said that, several women were in fact interviewed who were in therapy at the time of their interview with the same therapist they initially saw at the Centre. These women's notes had not clearly stated that they had moved into the private practice of their Centre therapist at the end of their contract at the Centre. At the time that the interviewees were in therapy at the Centre, some women, where felt to be appropriate, were given the option of continuing with the same therapist but within their private practice.

76 women were sent a letter inviting them to be interviewed (see Appendix I). Women were informed that the interviews would be confidential, that they would be given a £10 gift voucher as a thank you for taking part, and unless they contacted the Centre to say otherwise, the researcher would phone them over the next few days. The contact process took many months. Whilst some women replied immediately by email, telephone or letter, others had moved home, had new telephone numbers or took some time to think about whether to take part or not, prior to responding to the efforts made to contact them. For some women this thinking through process took several months. These women appeared to need time prior to agreeing to take part, to thoroughly consider how participating in this research study might make them feel.

47 of the 76 past clients contacted agreed to take part in the study and were interviewed (62 percent). This was a much higher response rate than anticipated. Four additional women expressed interest in being interviewed, but later disappeared from contact, not returning telephone calls or letters.

Ten women informed the researcher that they did not wish to take part. Some of these women spoke of having too many other commitments such as work, childcare or college to be able to find the time to take part. Others said they did not wish to revisit a hard period in their lives, or a difficult experience at the Centre, by taking part in the interview. The remainder within this ten chose not to give a reason for not taking part.

Finally, 15 women were either non-contactable or silently declined to take part. These women may have moved home and changed telephone number and the researcher was unable to locate them. Alternatively they may have made a decision not to respond to the letters sent to them or phone messages left, having decided not to take part or not wanting further contact with the Centre.

It is important to bear in mind the 25 women who did not take part in the study and who constitute almost a third of those initially approached (76). We do not know whether these women had positive, dissatisfied or mixed feelings about their contact with the Centre.

The response of the 76 women to approaches made to them by the researcher is summarised in table 1 below.

Table 1: Responses to efforts made to contact the 76 women:

No. of women (N=76) Response to letters and phone calls	
47	Interviewed
4	Initially interested in participating but then disappeared from contact
10	Declined to take part
15	Non-contactable or silently declined to take part

Much thought was given to the process of contacting the interviewees. Records kept by the Centre were checked to identify the most appropriate way in which to approach women. Some women preferred to be contacted, at their time of being in therapy, specifically at home or on their mobile phone or by letter, because they did not wish work colleagues or family members to know they were in therapy. All such requests were respected by the researcher. Contacting the women to take part was a careful and slow process and the caution undertaken appeared to be justified. For example, we approached a woman who had come to the Centre to explore her current domestic violence situation and whose partner had never known that she had attended therapy. This woman was very grateful for the therapy she received at the Centre, wished to take part in an interview, but required reassurance that her partner would not know of her participation, or indeed of her past attendance at the Centre. To ensure her confidentiality, phone calls to this woman were always made to her mobile phone and letters to her address were never marked with the franking stamp of the Centre.

Letters to women, whose first language was known not to be English, were translated into an appropriate language, either Turkish or Spanish. Most of these clients were women who received therapy within the Language Project funding stream and received therapy in these languages. In these letters women were asked if they would prefer someone who spoke their own language to contact them by phone. Some of these women took up this offer and interpreters, who were carrying out translation and interpreting work on the research project, undertook this role.

In many ways, making first contact with the women to be interviewed was the most delicate aspect of the research. The researcher and the steering committee were unsure whether past clients would find the idea of being interviewed appealing or not. There were also concerns amongst the research team over whether contacting women one year after therapy might have a negative affect on the women and what they had taken away with them from their experience of therapy at the Centre.

This caution and concern perhaps highlights and illustrates an overall tension that existed throughout the life of the research project between the aims and processes of therapy and research. Therapy aims to support an individual to explore their difficulties and issues in depth, but carefully keeps the knowledge of what takes place confidential. What occurs in therapy, literally, is kept safely behind the closed doors of the consulting room. Research into therapy however aims to open up the doors of the therapy room and make the process more visible. Therapy research aims to describe and understand what is taking place within therapeutic relationships. Whilst client confidentiality is key to both disciplines, therapy aims to keep information about clients and their therapeutic processes restricted, whilst therapy research requires aspects of the therapy relationship to be made public.

Undertaking the interviews

Interview location

Women were interviewed in a location other than the Centre. The interviews were undertaken either in women's own homes, or in a room in the community health organisation located adjacent to the Centre. As already mentioned, it was felt to be important to separate the interviews physically from the Centre, in order to highlight that the interview process was not a continuation of the therapy process and hopefully to enable women to speak as openly as possible to their interviewer. If an interview took place at the nearby health centre, the researcher ensured that this was at a time that a past client's therapist was not working at the Centre, so they would not see one another within the same building or glimpse one another across the road.

The interviews

The interviews lasted approximately an hour and a half in length and were audiotape recorded. Written consent (see Appendix II) to take part in the interview was gained from clients at the beginning of the interview. Interviewees were provided with information about the purpose of the study, about what would happen with the data following the interviews and were reassured about confidentiality. At the end of the interview the participants were encouraged to contact the researcher at any point in the future if they had any concerns and were asked if they would like to receive feedback about the research findings once they had been analysed and written up. All but one of the interviewees requested the latter.

A topic guide was used by the two interviewers (see Appendix II). This guide enabled consistent coverage of themes between the two researchers and across each of the interviews with women. The guide was crucial to maintaining a flexible approach to the interview process. Different topic areas could be covered in the depth and in the order that was relevant to the varying experiences of the women interviewed. Different levels of prompting were required to suit the different communication styles of the women who took part. The purpose of the guide was to enable women to speak as openly as possible, in their own words and in detail, about the different aspects covered in the topic guide that were of most relevance to them.

The role of the topic guide was to lead women through their therapy journey at the Centre. Women were asked about their reasons for and experience of initially contacting the Centre, the assessment process, what it felt like to be in therapy and what they felt they did or did not gain from the experience. Understanding the reasons why

some women did not engage or gain in therapy was felt to be as important as gaining a grasp of why others did progress and in what ways. This reflects Mellor-Clarke's work (2004) that has highlighted the need for therapy organisations to explore the reasons why clients drop out early from therapy and / or do not gain from their experiences. He has stressed the importance of counselling and therapy providers working towards understanding what does not work for clients in addition to comprehending what does work. In the current climate of evidence based practice and the consequent desire by organisations to communicate what is working well, there is perhaps sometimes a tendency for those who do not gain from interventions to be ignored.

In addition women were asked for background demographic information and to answer a checklist at the end of the interview, asking them about their experience of mental health symptoms and whether they had experience of physical, emotional or sexual abuse. The items on this checklist, such as depression, eating problems and childhood sexual abuse, were symptoms and experiences known to be common to women seeking therapy at the Centre.

Four of the interviews were undertaken with the presence of an interpreter. Two of these interviews were in Spanish and two in Turkish. Some of those interviewed with an interpreter spoke very little English and so an interpreter was vital. Others requested an interpreter because they felt they would be able to express themselves more fully and accurately in their own language. These interviews were experienced as being more challenging by the researcher, particularly as it was harder for her to pick up cues, from intonation of voice and perhaps also use of original words, regarding how comfortable an interviewee was feeling. Talking about therapy inevitably leads to touching on highly sensitive issues and experiences, the very issues that the clients had usually brought to therapy. The interpreted interviews highlighted for the researcher how much she relied upon cues given by interviewees regarding their own boundaries about how far they wished to explore particular topics. Further the information collected in these interviews was in less depth than the other interviews, due to the time taken for the interpretation into Spanish or Turkish and then back into English, to occur.

Four women were interviewed with very young babies and breastfed during the interview. One interview took place over two separate occasions due to the interviewee not realising that the interview would take so long and needing to collect her daughter from school.

Women's experience of taking part

As clients have rarely been approached to share their views about what it is like to be in psychoanalytical psychotherapy, the research team felt it was important to ask the interviewees, at the end of their interview, about their experience of taking part in the research.

In the main clients were pleased to take part. Those who felt they had gained something positive from attending therapy at the Centre felt the research interview was an opportunity to contribute their own personal evidence about the usefulness of therapy. They hoped that by sharing their story of being in therapy, they might further enable funding to be acquired by the Centre so that other women could benefit in the future. Many of those interviewed were aware that access to long term therapy at low cost is limited. These women spoke of feeling fortunate and grateful to have had the chance to be in therapy. Their words are emphasised in italic throughout this report.

If it helps someone else it can only be for the good. [up to 3 months, individual]

When I received the letter I thought I need to do that ...I got so much out of it ...I needed to give a little bit back... [37 months+, individual]

...the Centre deserves all the funding it can get ...absolutely magnificent that the Centre helps women who are not waged ...it changed my life. [13-24 months, individual]

...good I guess ...it's nice to know that my experiences would support someone ...I definitely felt because I had a good experience that I wanted to contribute... [13-24 months, individual]

Those who had a less positive experience were also thankful for a chance to communicate what had happened to them whilst in therapy. These women often felt that since leaving the Centre, they had not had an outlet for feeding back about what had taken place between themselves, their group or their therapist. They spoke of the research interview as providing such an opportunity. These women were keen for their views to be heard and acknowledged by the Centre and for improvements to be made in order to benefit future clients.

...if it improves the centre then that is wonderful. [4-12 months, individual]

It was useful for me to get it off my chest... ...important to have a voice... [up to 3 months, individual]

More generally, women with all levels of satisfaction were supportive of therapy organisations being more accountable for the services they provide and being more open to the views of those who use them. It was felt essential that organisations should provide consistent, good quality, cost effective and client responsive services. A few were additionally keen that services should undertake research that identifies the types of therapy that most usefully suit different types of people.

I am very much in favour of there being places where people in distress can go for help. And I am very much in favour of any kind of institution doing research, in order to establish how well their services work... [up to 3 months, individual]

...it's quite a good idea; it's good to keep an eye on these institutions ...there is no point in having an organisation that is for people, that doesn't consult people [13-24 months, individual]

One woman even spoke of the importance of undertaking research that utilised qualitative methods in order to truly gather the client perspective. She was currently studying for a psychology degree.

...really good ...you get a whole lot of stuff coming out with this kind of research ...listening to somebody talking, it's a lot more of their words and how they feel, as opposed to just filling in a questionnaire which has been designed by a researcher and which might not necessarily reflect a lot of things the participant experiences. I think it is great and I am happy to take part... [4-12 months, group]

At the end of the research interviews, women were often surprised about how much they could remember about their time in therapy. In addition, women spoke of how the research interview had provided them with a useful forum specifically to reflect upon what had occurred in their sessions and how it had affected their lives since. Women often felt that new information was consciously revealed to them, during their research interview, about what they felt they had or hadn't gained from their therapy experience. Because of the highly sensitive and confidential nature of what is talked about in therapy and perhaps due to the sense of stigma often felt about attending sessions, it is unlikely that women usually have an opportunity fully to review a therapy experience and to consider how it has or hasn't influenced their lives. One woman even spoke of agreeing to take part in the study, as a way of considering whether she might return to therapy in the future. It appeared that the research interview itself was an opportunity to reflect, reveal, review and move on. This has been noted in other qualitative studies (Birch and Miller, 2000).

There was value for me in revisiting that and thinking ... 'well what did I get out of it and how does it all link up?' ...I feel a bit clearer that it was a positive thing I did and it worked, and it was successful. [13-24 months, group]

...I think you covered the experience pretty well. I would like say thank you because I have learned a lot ...by reflecting on my experience and learning about the therapy centre.... [4-12 months, group]

In a sense it feels like a privilege. It gives you an opportunity to reflect. [up to 3 months, individual]

...good in a way, you don't normally get that opportunity to discuss how it went; it just suddenly ends. [25-36 months, group]

Despite the many positive elements that women felt about participating in the research, some found the experience at times uncomfortable. Women spoke of the interview taking them back to a time in their lives that had been emotionally difficult and involved the exploration of painful emotions and memories. Women often shed tears during the research interview and were offered the option of turning off the tape at difficult moments or of taking a break if appropriate. Despite their tears and the evident difficulty of returning to a painful time in their lives, interviewees were always determined to finish their interview. Having decided to participate in the research, women were resolute in wanting to tell the story of their time in therapy. They felt that what they had to say was important to communicate, either to the Centre or to potential future funding bodies.

...some of the questions were difficult, but if it's all confidential that's okay. [13-24 months, group]

Some of your questions are quite specific, like the checklist and the questions about your sexuality, and they are big questions ...I wouldn't really want to elaborate. [4-12 months, individual]

...very difficult ...touches on all of the things that you bring into therapy ...I felt quite churned up by it. [37+ months, group]

One woman spoke of how she felt unprepared for the interview. She had anticipated being asked to fill in a questionnaire about the Centre. She was surprised that the interviewer wanted to find out so much about her own

issues and experiences. She felt that it would have helped her if the initial letter had been more explicit about what areas would be covered in the interview:

I didn't realise it would be so necessary to talk about my own experience so much ...my depression, feelings and childhood sexual abuse. I don't really want to. I felt unprepared. [up to 3 months, group]

Managing and analysing the data

The tapes of the interviews were transcribed and then managed and analysed using the Framework approach (Ritchie et al, 2003). The data was entered into a specially prepared set of Excel worksheets. The Framework approach was useful for this study as it enabled the researcher during the process of analysis and report writing, to readily access both the 'story' of each individual client as well as to explore the themes emerging across all 47 clients regarding the different stages of the therapy process.

The steering committee were very active in the process of analysis and report writing. Anonymised transcripts and draft report chapters were sent to steering committee members prior to meetings and were then discussed. Once again the usefulness of the wide range of backgrounds and perspectives of the steering committee members came into play. One consistent theme that emerged during this process was the tension between the client and therapist perspective. There were concerns from therapists in the steering committee about how some aspects of the process would be perceived and understood by those reading the report, if it was solely written from the client perspective. For example there was concern about how lay readers might interpret some of the therapists being described as being cold or distant by clients, even though the usefulness of a therapist's lack of presence in the room was often valued and explained by clients themselves (see section 6.3).

Members of the steering committee often discussed from whose perspective the findings should be interpreted. Those steering committee members who worked as therapists would sometimes point out examples of psychoanalytic theory emerging from the transcripts or draft chapters, such as examples of transference, counter-transference or even the presence of aspects of the oedipus complex. However the consensus overall was that it was important to stay with the client's own language, and not to impose psychoanalytical language or theory onto the stories that clients were telling about their experiences of being in therapy. Psychoanalytical psychotherapy is explained from the perspective of practitioners in numerous books and journals elsewhere. It was felt that this report was an opportunity for clients to describe what happens within a therapeutic relationship themselves and as shown in chapters 5 and 6, clients were able to explain the process of therapy in a very vivid and illuminating way.

Chapter 2 is an important part of this report as it provides background about the Centre and also outlines the basics of what happens within sessions from a therapist perspective. Chapter 2 is useful in providing additional information alongside the client voice, which enables the reader to understand better what occurs behind the consulting room door.

Accessing unconscious processing

Whilst psychoanalytical psychotherapy involves accessing and working with unconscious aspects of mental life (see chapter 2), this research method entailed talking with women in an interview about what they could consciously remember. Whilst some of what women said does point to unconscious processing (see section 6.3), it needs to be acknowledged that there are important elements of psychoanalytical psychotherapy processes that will not be revealed by this research method. The development of unconscious aspects of the therapeutic relationship between client and therapist are fundamental in the view of psychoanalytic psychotherapists.

Ethical challenges

As noted already this study threw up many ethical dilemmas. Some of the challenges emerged from the fact that the researcher was based and employed within the Centre. The advantage of an in-house researcher was that she was able to develop close and positive working relationships with staff and had easy access to the workings of the Centre and information about past clients. On the other hand being an in-house researcher meant that she was required to take great care on a day-to-day basis to maintain the confidentiality of the interviewees and also the anonymity of the therapists that the interviewees spoke about during their research interviews. In order to keep both sets of information secure the following procedures were implemented:

- All information about client and therapist identity, as well as transcripts, tapes and any documents that included identifiable information such as early draft reports were kept in a locked filing cabinet or were password protected on the computer server. The transcripts were anonymised by the use of code numbers and the list of code names was kept separately from the transcripts.
- Any information passed onto the steering committee in verbal or written form was carefully anonymised. All documents discussed in the steering committee prior to the publication of the report were treated as confidential.

Whilst those undertaking translation, interpretation and transcription work for the project were bound by their own professional ethics codes to maintain confidentiality, the Centre also gained written assurance. Workers, or the organisations they were employed by, that were involved in the project, were asked to sign confidentiality forms.

Issues of confidentiality felt particularly acute because of the sensitive nature of the material explored in the interviews. At the end of the interviews several women asked about what would happen with their tape following the interview. Women sometimes spoke of feeling concerned that their voice was linked to the telling of their difficult experiences on tape. These women felt their voice made their story particularly identifiable and some spoke of their anxiety about tapes getting into the hands of someone who knew them. To this end care has been taken in the writing of this report (see section 1.5) to maintain client confidentiality.

One very specific ethical issue arose with regard to the research advisor. Whilst not a therapist at the Centre at the time of undertaking the research, she had worked as a group therapist previously at the Centre and was the group therapist of a small number of the women approached to be interviewed. The involvement of this therapist in the research process was explained in the approach letter sent to these women. This issue was additionally raised and discussed at the beginning of these women's interviews and prior to them signing a consent form. She was not, of course, involved in asking these women the research questions.

Avoiding unwanted intrusion into interviewees' experiences

The women spoke about their experiences of being in therapy in different ways. Most, though not all (see "Women's experiences of taking part" subheading, earlier in this section), spoke of feeling comfortable about what they were asked in the interviews and about how much they revealed to the interviewer. Whilst some women were very explicit about what had occurred in their lives, others were less specific and alluded to the sensitive, socially stigmatised and painful issues that had taken place in their pasts, particularly regarding incidents of childhood sexual abuse. The focus of the research was on the therapy process and not the detail about their problems and pasts, thus women were encouraged to speak in a way in which they felt comfortable and safe.

1.4 The women we interviewed

47 women took part in the interviews. Their personal characteristics at the time they approached the Centre and the type of therapy they received are described in this section.

Characteristics of the women interviewed

The interviewees ranged in age from 25 to 66 years, with a mean age of 37 years (see table 2). Their ethnicity, self-identified sexual orientation and disability status are described in tables 3-5.

Table 2: Age

Age group (years)	No. of women
20-29	13
30-39	21
40-49	8
50-59	4
60+	1
Total	47

Table 3: Ethnicity

Ethnic group	No. of women
White British	14
White European	12
Black	4
Irish	4
Turkish or Kosovan	4
Latin American	3
Mixed race	3
Australian / New Zealander	2
Asian	1
Total	47

Table 4: Self-identified disability

Type of disability	No. of women
No disability	38
Mental health related *	4
Dyslexia	3
Physical problem	2
Total	47

* Women who defined themselves as having a mental health related disability spoke of this disability in terms of it being the main reason why they were unable to work and were on long term benefits such as disability living allowance.

Table 5: Sexual orientation

Sexual orientation	No. of women
Heterosexual	35
Unsure	5
Bisexual	3
Lesbian	1
Lesbian / bisexual	1
Celibate	1
Refused to be defined	1
Total	47

Just under half of the women (21) were employed full time at the time they approached the Centre. Others were unemployed, working part time or were retired (see table 6). Those not in full time work were caring for their children, partners or parents, attending university or college courses, or were out of work due to physical or mental ill health. Those employed were in a wide range of posts including those in professions such as teaching or the media, as well as those in more manual jobs such as cleaning or catering.

Table 6: Employment status

Employment status	No. of women
Full time employment	21
Unemployed	15
Part time employment	5
Full time students	4
Retired and occasionally employed	2
Total	47

Over half of the women did not have children (26) when they first contacted the Centre. Most of those with children had between one and three, though two women had five children (see table 7). The age of these children ranged from toddlers through to grown up children who now had their own children, though most of these children were under 12 years old.

Table 7: No. of children

No. of children	No. of women
0	26
1	8
2	6
3	5
4	0
5	2
Total	47

Overall the characteristics of the women who took part in the study closely reflected the wider group of 76 women who were approached to be interviewed, in terms of ethnicity, employment status and sexual orientation. The only difference was that a smaller proportion of the youngest group of women (21-30 years) were interviewed in comparison to the other age groups. Whilst 48 percent of the women in the 21-30 year category were interviewed, 61 percent and over of the women in each of the other age categories participated in the research. It was frequently difficult to make contact with this younger group of women because either their phone numbers were no longer working or they were no longer accessible at the address known by the Centre. Many of these women were likely to be in temporary accommodation whilst attending the Centre, either because they were students at university and / or renting a place to live on a short-term basis.

Type of therapy received

Each woman had attended at least one assessment session prior to commencing therapy. Most had attended one session, with some attending two sessions and a very small number having attended more. About two thirds of the women received individual therapy and a third group therapy or group preparation leading to group therapy (see table 8). Group preparation refers to short term individual sessions with the aim of a client working towards joining a therapy group. Four of the six women who received group preparation went on to begin group therapy. One woman received group preparation only, as she was then referred out of the Centre to a private individual therapist. An additional client entered group preparation following the premature closure of her therapy group. This latter woman subsequently decided not to join a further therapy group.

Table 8: Type of therapy received by the interviewees

Type of therapy	No. of women
Individual only*	29
Group only	12
Group preparation	6
Total	47

* One person had individual therapy with two consecutive therapists at the Centre

Two thirds of the women interviewed remained in therapy until the pre-arranged length of time was completed. For individual therapy this was usually a maximum of two years and for ongoing general group therapy a minimum of two years. However there were several variations to this:

- Some of the women had individual therapy for over two years and up to seven years due to having commenced therapy at the Centre when a different therapy policy duration had been in place;
- Some comprised a group who began therapy under the Language Project funding stream and who were entitled to up to three months individual or group therapy, though in several instances their contracts were extended. In her report Weston (2003) notes that many of these women would have preferred their therapy to have continued for longer;
- One woman entered a brief therapy contract for approximately four months to address a specific future event;
- Some women joined fixed length groups of typically nine months.

45 percent of women left therapy early and in all but one case this was the client's decision (see table 9). The shortest length of time a person was in therapy was for three sessions of individual therapy and the longest was eight years of group therapy (see table 10). The mean length of individual therapy was one year and seven months. The mean length of group therapy was one year and 11 months. The majority of women attended one therapy session per week, with two women receiving two regular sessions per week for part of the time they were in therapy.

Table 9: Completion of pre-arranged length of therapy

Reason for ending therapy	No. of women (N=47)
Therapy ended at agreed time	26
Client decision to leave early	20
Client moved into secondary mental health care	1
Total	47

Table 10: Length of time women were in therapy

Length of therapy	No. of women (N=47)	
	Individual*	Group**
Up to 3 months	4	4
4-12 months	13	7
13-36 months	8	3
37+ months	4	4
Sub total	29	18
Total	47	

* Includes the client who received individual therapy from two consecutive Centre therapists. The sum time for both types of therapy is recorded in this table.

** Includes clients who received group only as well as those who received group preparation. The sum time for both aspects of their therapist is recorded in this table.

The women interviewed who attended groups either joined ongoing groups or time limited groups. Ongoing groups were general or had a specific focus such as all the women having an identity of being a mother or a lesbian. Ongoing groups were slow and open without an end date. Time limited groups however took place for usually nine months and always had a specific focus. The women interviewed attended a range of time limited groups including for women with experience of childhood sexual abuse, eating problems generally or compulsive eating specifically. There was also a three month group for Spanish-speaking mothers, emerging from the Language Project stream of funding.

Of those who received individual therapy, four were specifically matched to a black therapist and nine were matched to a therapist who spoke their first language, or who was from their own culture (Spanish, Turkish or Jewish / Hebrew). All but two women in this latter group spoke in their mother tongue in these sessions. The therapists providing therapy in a language other than English were mainly part of the Language Project and this therapy was usually for three months, though some women's contracts were extended where appropriate. One of the interviewees received therapy as part of the Disability Project.

Some women who were interviewed were in individual therapy for over two years. Four of the women in two year contracts were given extensions of up to six months and four were in individual therapy for up to seven years. These latter four women commenced therapy at a time when the Centre offered ongoing individual contracts as opposed to time-limited individual therapy with a maximum of two years. However due to a change within the Centre's policy and a move towards a two year time limited therapy, these women were informed of this change and moved towards an end in their therapy.

The characteristics of the women interviewed and the complexity of the modes and lengths of therapy they entered, reflects the overall characteristics of the wider group of 76 women who were approached to be interviewed. However, two ongoing groups were ended by the therapist due to low numbers and increased client absence during the time period of leaving from which we choose the women. Thus it is likely that a disproportionately high number of women from these prematurely closed long term therapy groups are included amongst those interviewed.

Self-reported symptoms and abuse experiences

Near to the close of the interviews, each woman was asked to respond to a checklist (see Appendix III) that asked them about a range of symptoms and abuse experiences they may have experienced. The symptoms that women experienced at the time of approaching the Centre and prior abuse experiences are summarised in tables 11 and 12 below.

Table 11: Self-reported symptoms and behaviours experienced at the time of approaching the Centre

Symptom or behaviour	No of women (N=47)
Depression:	
Mild or unhappy	8
Moderate to severe	26
Suicidal thoughts or actions	14
Anxiety	28
Panic	14
Eating problems (not eating, bulimia or overeating)	17
Self harm	3

Problems with drugs	4
Problems with alcohol	3

Table 12: Abuse reported by women prior to approaching the Centre

Abuse experience	No of women (N=47)
In childhood:	
Physical harm	17 abused + 2 threatened
Emotional neglect	22
Sexual abuse	17 remember abuse + 4 remember attempt made + 5 unsure
When adult:	
Rape	3
Domestic violence (by person living with or in relationship with - male or female)	12

1.5 This report

Structure of the report and conventions used

This report has four parts. This first part provides background information to the study. Parts two and three describe from a client perspective what it felt like to be in therapy and the ways in which women felt therapy did or did not influence and change their lives. Part four considers the implications of the findings.

Italics are used to indicate words or quotes that have been taken directly from the interview transcripts. This material has been incorporated into the report to provide detailed illustration of the main themes also to provide evidence of the women's own words. The longer quotes are labelled to indicate the length and mode of therapy that the woman quoted received.

As far as possible, the case studies and examples that are used in the report are direct descriptions of what was said by women in the interviews. However, in a small minority of cases some details such as specific family circumstances have been changed. This has been done to preserve the confidentiality and anonymity of the women who took part. For the same reason the women's names used in the case studies are fictitious.

The material presented in this report represents what the interviewees remember from their own perspective. Women were interviewed at least one year after they ended therapy at the Centre and thus up to nine years since they first approached the Centre.

Use of numerical data

This study is a qualitative piece of research. The aim of the study was to gather detailed information in women's own words about their experience of seeking and receiving therapy. The focus was on gaining a feel for the complexity of what takes place, rather than reducing women's experiences into a set of percentages of areas of interest that had been predetermined by the researcher. Qualitative research provides a forum within which unexpected and widely varying experiences and opinions can be embraced.

Some numerical information was collected during the research project. Some questions were consistently asked of all women and these comprised: demographic information asked at the start of the interviews and the checklist of mental health symptoms, behaviours and abuse experiences checklist that was asked at the close of the interviews (see section 1.4 and Appendix III). The data for these topics confidently reflects the frequency of occurrence across the 47 women.

Other numerical data appear in the report, particularly in chapters 3 and 8 with regard to women's pattern of help-seeking prior to and following therapy at the Centre and the ways in which they accessed the Centre. These frequencies need to be viewed with caution. They describe the number of times that women spontaneously mentioned a topic area, rather than the number of women that were consistently asked this question out of the total 47 women. This numerical data provide readers with as full a picture as possible of what was conveyed as a whole across the 47 interviews.

Chapter 2 The Women's Therapy Centre and psychoanalytical psychotherapy

2.1 The Centre and its work

The Women's Therapy Centre was founded in 1976 by Luise Eichenbaum and Susie Orbach, in order to address women's psychology and mental health from a feminist perspective. The Centre is a voluntary sector organisation and a registered charity. The clinical approach is psychoanalytic (see section 2.2) and group and individual psychotherapy are offered. There is a long standing interest in the complex ways in which internal and external realities are interlinked.

Central to the Centre's ethos is a policy regarding access to psychotherapy for all women. A self-referral procedure ensures that any woman seeking psychotherapy can make direct contact with the Centre, irrespective of practical concerns such as ability to pay or area of residence. The Centre holds a strong conviction about the possibilities of psychoanalytic psychotherapy for women regardless of age, sexual orientation, disability, social or cultural background or psychiatric history. There is a particular commitment to working with women who might otherwise find it difficult to obtain this kind of help given the very limited adult psychotherapy services within the NHS. To this end, half the spaces are reserved for women who are black or from minority ethnic communities. The carefully maintained clinic setting provides additional containment, facilitating the undertaking of difficult work by client and psychotherapist alike. Clients pay a fee for their psychotherapy, which is currently set according to a wide sliding scale (£5 - £45). Some clients will pay less than five pounds and women with no access to money, such as asylum seekers and refugees, will pay nothing. The majority of clients pay between five pounds and ten pounds per session. This is not simply about generating income to fund the work, but is seen as an important aspect of the clinical setting.

All the psychotherapists and other staff working in the Centre are women. There are no men in the Centre, but it is felt to be essential that men are kept in mind. Psychotherapists come from a range of training backgrounds. While working at the Centre, continuing professional development opportunities take the form of weekly clinical supervision and attendance at weekly clinical discussion meetings. All staff working at the Centre are bound by a rule of confidentiality and a handbook of detailed clinical and organisational policies and procedures.

Alongside the Centre's main work of psychotherapy provision, there are educational activities such as a year-long course entitled *Working with Women* aimed at colleagues working with women in other settings. The Centre also draws on its clinical experience to offer consultancy and supervision to other professionals.

2.2 Aims and main concepts of psychoanalytical psychotherapy

The word psychotherapy is of Greek origin. Psycho pertains to psyche, the mind, while therapy comes from *terapia*, meaning attention. The aim of psychoanalytical psychotherapy is lasting psychological change brought about by increased insight. Psychoanalytic psychotherapy derives from psychoanalysis, the body of theory and clinical approach elaborated by Sigmund Freud in Vienna from around the turn of the last century.

Psychoanalysis began with Freud, but has developed both clinically and theoretically since Freud. Towards the end of his life, Freud acknowledged that his understanding of women's psychology remained limited and expressed a hope that female colleagues would continue to attend to this area (Freud, 1932). Since Freud, the most significant subsequent contributions to psychoanalytic theory have been preoccupied with the centrality of very early experience, in particular the mother infant relationship, to the development of the personality.

At the heart of psychoanalytic thinking is a recognition of the mind as largely unconscious, and the unsettling implication that we are under the sway of unconscious mental contents and processes which exert a powerful influence over us and diminish our capacity for self-determination. Freud famously talked about an aim of psychoanalysis as being to 'make the unconscious conscious'. Psychoanalytic psychotherapy shares this commitment to bringing to light and making sense of the underlying factors in human experience, by holding out for an appreciation of an individual's internal world, rather than taking things at face value. Psychoanalytic theory is of help in this process, providing a conceptual framework which assists with charting the complex and interwoven repertoire of anxieties, defences and ways of relating which characterise each internal world.

A fundamental premise of this kind of psychotherapy is that despite the unusual clinical setting, the client's experience of the psychotherapy relationship will relate to the state of affairs in their internal world and will therefore have much in common with their experience beyond the consulting room. The psychotherapy setting is designed to hold this process and to facilitate the catching hold of essential material and interactions which could otherwise go unnoticed. The therapist will think carefully with the client about the ways in which they experience the setting, which can provide valuable first hand information for therapist and client alike about an individual's ways of functioning and relating to the world and to others. Sessions take place for fifty minutes at regular times. Group psychotherapy sessions last for one and a half hours. Consulting rooms are simply furnished, in order to

set a neutral tone. Psychotherapists are careful to convey a degree of warmth and receptiveness, while maintaining a neutral and consistent stance, leaving it for the client to set the tone in the room.

The client is encouraged to say whatever comes to mind. The therapist will be considering what is being brought in three main ways, which take into account non-verbal and unconscious communication alongside verbal communication of what is conscious. Firstly, the therapist attends to the content of what the other person is telling them. Secondly, the therapist will be trying to work out what kind of figure they are to the client at a given moment: for example, is a client who arrived late sounding frightened as they begin to talk. By attending closely to the ways in which an individual is relating in a session, the therapist gains valuable insight into the particular way an individual's internal scheme of things is unconsciously transferred onto present situations. This phenomenon is known as transference (Freud, 1905). The therapist might comment that the client sounds frightened. If the therapist's comment resonates with the client, the scene is set for exploring the client's experience which may be largely unconscious and have more to do with early relationships which exert a powerful influence on adult situations. The third kind of information derives from the therapist taking note of what she is feeling at a given moment: for example, she might notice she is feeling very moved, although the client is talking in a matter of fact way. Freud originally felt that the psychoanalyst's feelings, called countertransference, were an unhelpful intrusion into the work, but since Freud, there has been a recognition that when examined with great care, the therapist's feelings can be an important source of insight. The psychotherapist's role is to listen and follow very attentively in all three ways and to make connections which an individual might not have arrived at for herself and to follow carefully what happens to her comments.

The training of psychotherapists is clearly of the utmost importance. Training is typically over five or six years. In addition to academic study and clinical work under intensive supervision, the trainee psychotherapist is required to be in intensive personal psychotherapy with a senior colleague for the duration of the training. This forms the cornerstone of the training and constitutes a substantial experience of being a patient or client. The objective is for the trainee to become more familiar with the complex of anxieties, defences and ways of relating which make up her own internal world and to know at first hand about the emotional development which results from increased insight. Progression in psychotherapy is never orderly and linear. An important aspect of a therapist's training is to be able to bear not knowing in order to resist imposing a misplaced or inaccurate interpretation or comment.

Following qualification, psychotherapists continue to receive clinical supervision from experienced colleagues, to help them to stay on task and develop as clinicians. All psychotherapists working at the Women's Therapy Centre receive weekly clinical supervision.

2.3 Group and individual psychotherapy

Clients are offered an initial consultation following self-referral. The consultation includes an assessment of an individual's psychotherapy needs. The vast majority of consultations result in a psychotherapy referral. This reflects the Centre's broad view of who can benefit from psychotherapy. Group and individual psychotherapy are considered as referral options with prospective clients. At the outset, clients are more likely to envisage that individual psychotherapy would be helpful. Clients are never offered group and individual psychotherapy simultaneously at the Centre.

Group and individual psychotherapy are viewed as separate disciplines at the Centre, although the two models share a broad psychoanalytic conceptual framework. The two approaches have in common the aim of lasting psychological change based on increased insight. It is not easy to generalise about the differences between group and individual psychotherapy, or about the types of clients who benefit from one or the other. Sometimes it is felt following assessment that an individual might benefit from either group or individual psychotherapy. This is not to say that the experience would be similar. More typically, the assessing therapist and client will arrive at a joint decision that one model would be most helpful.

Broadly speaking, individual psychotherapy offers a very detailed exploration of one individual's internal world, by close attention from moment to moment in a session. In the case of group therapy, by virtue of numbers alone, there is even more going on in the room. Groups have a membership of up to eight individuals. Relationships and interactions with other group members are as important as the relationship to the psychotherapist. At the outset, group analysts are not surprised if group members look to them as the therapist in the room. Over time, group members become engaged with each other, and the group process itself has a therapeutic function. Group therapists see their role as facilitating a group therapeutic process, rather than providing therapy to the group. Likewise, individual therapists would tend to think of the therapeutic process taking place within the relationship between two people.

The standard amount of individual psychotherapy offered is once weekly sessions for two years. In a minority of cases, twice weekly work can be arranged, or five years is offered. There is inevitably a tension between clinical need and demand for therapy at the Women's Therapy Centre. These lengths of contract are felt to be a sensible compromise. The majority of the women seen at the Centre are, or have been, subject to material or emotional

deprivation, often both, and the Centre tries to avoid compounding this by offering something inadequate.

Group psychotherapy takes the form of shorter term groups with a focus (for example eating problems or childhood sexual abuse), or general analytic groups which are ongoing. The latter offer the possibility of open-ended psychotherapy. This does not mean that therapy goes on forever, rather that it takes its course and planned endings of individual members are worked on within the group. Sometimes a prospective group member will attend a planned number of individual sessions with the group therapist prior to joining a therapy group. This is known as group preparation.

In a minority of cases, clients will be offered group therapy following an individual therapy, or vice versa.

PART TWO: EXPERIENCE OF THERAPY

Chapter 3 Journey into therapy

This chapter explores why women approach the Centre and the issues that they bring, their experience of initially contacting the Centre and the assessment process. The chapter closes by examining women's experience of the practicalities of attending the Centre.

3.1 Reasons for seeking therapy

Women's decisions to seek therapy were frequently initiated by difficult feelings or mood states. These unpleasant and uncomfortable emotional experiences sometimes might feel unconnected to what was happening in their daily lives and thus bewildering, or could be linked with recent challenging life events or damaging past experiences.

Troubling emotional states and behaviours

Experience of depression, suicidal thoughts, stress and panic attacks, nightmares or more generally *feeling terrible*, were common at the time clients made their first contact with the Centre. For some women these feelings were new, though others had experienced them for many months or years. Physical symptoms might accompany these bad feelings, such as headaches, exhaustion or more broadly feeling *unwell*. Visits to the GP had taken place, where prescriptions for anti-depressants or other forms of medication were commonplace. Women spoke of feeling *vulnerable*, emotionally raw, *totally lost* or confused. Some spoke of experiencing unpredictable and unwanted emotions, such as one woman who regularly found herself feeling inexplicably angry.

Because I felt so unhappy, unhappy in myself...in whatever I did. I just felt so much unhappiness inside, the whole time. I felt at conflict all the time, with myself. [13-24 months, individual]

I felt like a zombie, I felt really really down. My self worth and value and confidence was at a very low ebb. I am usually a confident person and so this was a new experience for me [13-24 months, individual]

I felt in a muddle, various muddles and I thought it would be important to sort it out independently [4-12 months, individual]

Difficult and persistent mood states, such as depression or anxiety, frequently led to women finding it challenging to engage with many aspects of their daily lives. Previously acceptable situations were now found intolerable and women struggled with the most basic tasks in their home or work lives. Difficulties included: leaving their home to go to work or visit friends; caring for and disciplining children; getting dressed in the morning and turning up for work; interacting with people socially; feeling continually stressed at work; undertaking simple work tasks such as talking to colleagues or clients on the phone; visiting the local park or leisure centre; and tolerating the noise of building work or other noise just outside of where they lived.

Unwanted behaviours were also reasons for seeking therapy. Women spoke of eating problems such as bulimia or compulsive eating. These problems were felt to dominate and interrupt their lives and women looked to therapy as a way of eradicating these deeply ingrained behaviours.

Life events or situations

Recent life events or situations and the difficult feelings women experienced as a result of these circumstances, were often identified as the trigger for seeking therapy. These events included: relationship breakdown and separation; debt following divorce; domestic violence; rape; the sudden death of a close friend, family member or partner; the sudden revelation of childhood sexual abuse within the family; illness of a family member; miscarriage; and witnessing a world disaster on the television. Whilst some of these events had taken place immediately prior to seeking therapy, others had occurred some years beforehand. Therapy was approached in the hope of making sense of what had happened and to explore how the situation related to the difficult feelings women were currently experiencing.

I was very sad, I was crying and feeling really ...you lose the pleasure of life ...as if the world is on my shoulders ...but I couldn't attach it to the thing [witnessing a traumatic event] ...it opened something and it remained. [up to 3 months, individual]

I was crying out for help ...I would have done anything just to try and get myself out of it ...I just couldn't get the visions out of my mind and the betrayal of everyone was devastating. [On learning of previous childhood sexual abuse within her immediate family] [13-24 months, individual]

Therapy was also approached to address anticipated difficult future situations. One woman approached therapy specifically to manage the anxiety and distress she expected she would feel when she met a relative she had badly fallen out with and had not seen for many years at a family birthday party. This woman was unusual in that she was approaching therapy to address a very specific and focused problem; of getting through a difficult day:

I didn't know if I could cope with this and started getting myself into a terrible state. I knew I wouldn't get through it myself. ...The idea was to get me through my grandmother's birthday party, that's what I was going for. [3-12 months, individual]

Past experiences and behaviours

There was a strong awareness by many of those approaching the Centre that the anxiety, depression or lack of ease they felt, was linked to damaging past experiences or long-term behaviours they had lived with. Eating problems, including bulimia, compulsive eating and anorexia, drug and alcohol abuse, and self-harm, were all named as behaviours that individuals had struggled with over the years. Women also identified abusive and harmful experiences, such as childhood sexual and physical abuse, childhood neglect, rape and domestic violence.

Prior contact with services

The Women's Therapy Centre was rarely the first place that people sought help for their problems. Most had made GP appointments regarding their difficulties, prior to contacting the Centre. A quarter of women mentioned their contact with secondary mental health services (12 of 47) and over three quarters mentioned receiving some form of therapy or counselling prior to contacting the Centre (38 of 47). Help from these services had either first been sought and received immediately prior to contacting the Centre, or during adolescence, or when women were in their early twenties, often when they were attending university. Some women had been seeking help for their difficulties from a variety of sources, for over twenty years.

At the time of first seeking help, the first port of call was frequently a GP surgery. Once at the surgery, referrals were sometimes made for counselling or therapy, though more often medication was offered - usually anti-depressants. Whilst some women did begin a course of anti-depressants after their contact with their GP and found them helpful, others did not want to take medication and either refused a prescription or took the pills home but never opened the packet. One woman described the anti-depressants that she had been taking for two years as not helping enough and only *putting a patch over the wound*.

Contact with the psychiatric system prior to contacting the Centre was also common and women had often received mental health diagnoses whilst they were in their late teens or early 20s. Individuals spoke of living with, and gaining help from mental health services for: diagnoses of manic depression or *clinical* depression; alcohol and drug addictions; bulimia, compulsive eating or anorexia; and self-harm. The types of support received from the mental health system and mentioned in the interviews are detailed in box 1.

Box 1: Types of help received from mental health services prior to contacting the Centre

Prior contact with mental health services mentioned during the interviews (N=47):

Inpatient care:

- Acute psychiatric ward - NHS or private (2)
- Eating disorders ward (1)
- Residential drug unit (1)

Outpatient contact:

- Appointment with psychiatrist (10)
- Support from social worker (3)

- Day hospital based crisis counselling or group (3)
- Therapy with NHS psychologist or psychoanalytical psychotherapist (2)
- Contact with worker at drug dependency service (1)

Psychiatric medication prescribed or offered by psychiatrist or GP (Women most frequently mentioned anti-depressants, though medication for a diagnosis of bi-polar disorder and *Valium* were also talked about.):

- Used (11)
- Prescribed or offered but not taken (3)

Some women had additionally attended self help groups. This included one client who in addition to receiving support from mental health services for her own mental health problems, had attended a support group for relatives of people with alcohol problems to help her cope with her partner's alcohol dependency. Four women spoke of their experience of living in a refuge for women with experience of domestic violence prior to attending the Centre.

Women had received both short-term and long-term therapy prior to contacting the Centre. Short term counselling had often been accessed through GP surgeries, whilst private, NHS or university-linked longer-term therapy had also been engaged with. Contact with more than one counsellor or therapist was common, often over a number of years and covering a wide range of trainings including person-centred counselling, psychodynamic psychotherapy and many other approaches. Experience of group therapy was less common than individual counselling or therapy. Five out of the 47 women interviewed had previously received therapy at the Centre itself.

Whilst experience of previous counselling and therapy was described as being very useful or transforming by some, others experienced it as short-lived or unhelpful. Women spoke of fleeting and unsatisfying experiences, of only touching the surface of their complex issues or of personally not fully engaging with their counsellor, therapist or the therapeutic process.

...wanting to do it [therapy] for ages but not doing it [properly], it not being the right time, not being ready [up to 3 months, individual]

Women's *quest* for resolving their distressing or uneasy emotional states also involved accessing complementary therapies or engaging in other practices and activities. Reiki, acupuncture, diet, vitamins, herbal remedies and homeopathy were talked about, particularly in relation to seeking solutions for emotionally-related physical symptoms such as ME or exhaustion. Individuals also spoke of the usefulness of meditation and yoga, or creative activities such as writing in journals or recording thoughts and feelings on tape, as ways of addressing their difficulties. Self-help books and books addressing spirituality were also mentioned

I used to bumble from one thing to another in the hope that something helped [13-24 months, individual]

Bringing both past and present to therapy

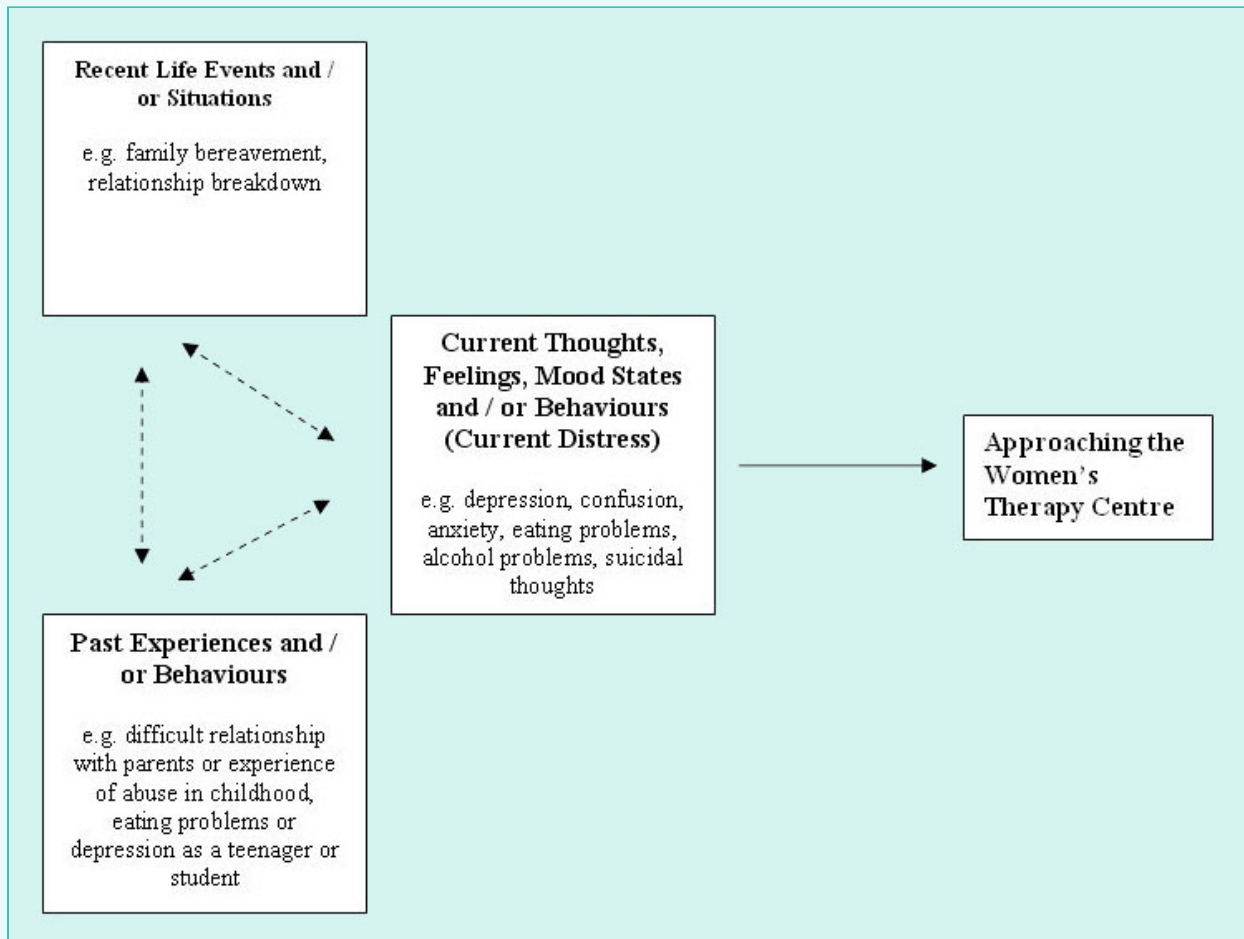
The issues that women brought to therapy at the Women's Therapy Centre were frequently long-term and multi-layered. Whilst women approached the Centre to address their current distress, they frequently linked their difficulties with their past experiences or problems and could place their current struggles within the context of their long-term help seeking. Women often acknowledged that the problems they faced were approaching them from *every different angle* or that they needed to address a *whole bunch of stuff*.

It all came together and made me approach the Centre. [4-12 months, individual]

Recent events often reminded women of previous experiences. They spoke of new situations *dragging up the past* or *starting up quite a few things I believe*. Such new circumstances included deaths of family members or break-ups with partners. These new situations brought to the fore difficult thoughts and feelings associated with past family relationships, or neglect or sexual abuse in childhood.

This triangulation of past and present experience and current emotional states is illustrated in figure 1. Women may not have been aware of the interconnections of what initially brought them to Centre at the time they approached the Centre. It is possible that much of this linking of past and present took place during the time they were in therapy at the Centre (see section 7.1) or perhaps through the therapy they have engaged with since (see section 8.4).

Figure 1: Illustration of the way in which both current and past issues led women to seeking therapy at the Centre



Decision to seek help

The decision to seek therapy did not always come directly from the women interviewed. Some identified for themselves that they had difficulties, and that their problems could be addressed by accessing therapy. For others however, friends, relatives, partners or health or social care professionals were instrumental in enabling them to acknowledge that they had a problem, that therapy might be of use and directed them towards the services offered by the Women's Therapy Centre.

Case studies of women's journey into therapy at the Centre:

Kerry

One client spoke of approaching the Centre following contact with her GP. Her GP had then referred her on to the crisis service at her local psychiatric hospital. Several recent events in her life had led to this woman feeling that *my whole world had fallen apart*. At this point in time she was feeling suicidal. Prior to contacting her GP this woman had recently learnt that a close member of her family had sexually abused one of her cousins when they were children. In addition to this and at around the same time, this woman's partner had informed her that he was thinking of leaving her for another woman. At the time of contacting the Centre this client felt that she had no one to talk to, as a result of other family members dealing with the revelation of the family abuse themselves, not feeling able to communicate with her partner and not feeling that she had any close enough female friends with whom she could share these events and her distress.

At this time she reported feeling *distraught, absolutely distraught ...I was crying out for help ...I would have done anything just to try and get myself out of it ...I just couldn't get visions out of my mind, and the betrayal of everyone was devastating*. In addition she spoke of how she felt she was perceived by others in her everyday life as being a person who was *usually laughing and joking*. She spoke of how, at the time of approaching the GP, she felt *fed up* with the façade she presented to others and felt it was time to acknowledge to herself, and perhaps others, that she was feeling *really down underneath*.

At the hospital crisis service she was prescribed anti-depressants which gave her *terrible headaches*, though she was told to continue to *keep taking them*. In addition she saw an assessing counsellor and then a crisis counsellor who she described as being nice and caring. Her sessions were restricted in number and eventually she was told that she could no longer be seen by the service and was given the phone number of the Women's Therapy Centre. However, at that time, the Centre had closed its waiting list for six months and this woman returned to the crisis service where she was referred to a trainee counsellor. Whilst these weekly counselling sessions provided her with an opportunity to talk every week, and were felt to be positive preparation for sharing her experiences at the Women's Therapy Centre, this woman felt she was still in *turmoil* at the time of being in these sessions. She felt she wasn't progressing and felt frustrated by the jargon such as *triangles* and techniques such as *visualisation* that the trainee employed. This woman eventually accessed the Women's Therapy Centre waiting list and entered a two year individual therapy contract.

Justine

This woman felt she had several layers of issues that she wished to address in therapy at the Centre. She had experience of childhood sexual abuse that she wished to explore, felt uncomfortable in respect of her identity as a lesbian, found it difficult to form relationships with other women and consequently felt isolated. She spoke of how she had endured severe depression for many years which in the recent past had been exacerbated by a close friend sustaining serious injuries in a tragic incident. In addition this woman was dealing with symptoms of the menopause, though at the time of accessing the Centre she explained that *I didn't understand what it was doing to my body*.

This woman spoke of how she had embarked on a *...quest ...a journey* to heal herself for many years. She had looked into her diet and tried herbal remedies and vitamins as a means of resolving her physical and psychological problems. In addition she had read many books addressing spirituality over the years which she had found very comforting and useful.

She had contacted her GP a year or so prior to contacting the Centre who had prescribed her anti-depressants, but in addition had referred her to a male NHS psychoanalytical psychotherapist whom she had found *horrible*, unsympathetic and abrupt. She spoke of how this therapist had reminded her of her childhood abuser. She left these therapy sessions early and went on to locate a voluntary sector counselling service for women. She accessed their details in a list of local organisations in her borough. She found this experience of counselling extremely helpful, particularly as she addressed her abuse experience in her sessions for the first time since it had occurred 35 years previously. She found this experience *cleansing ...the best decision I ever made*.

Following six months of time limited individual counselling at this service, her counsellor recommended she approach the Centre as it provided group therapy. The counselling at this previous service was provided for only six months due to funding restrictions. This counsellor felt her client would benefit from interacting with others and working towards addressing her difficulties in developing close relationships with other women. This woman entered an ongoing therapy group at the Centre.

Karen

This young woman approached the Centre in *a muddle, various muddles and I thought it would be helpful to sort it out independently*. She identified problems in several areas of her life including feeling unsatisfied and directionless with regard to her current job *...I wasn't quite sure what I was doing*, concerned about her regular overeating, as well as experiencing a high level of anxiety. In addition she worried that these difficulties might impact on her relationship with her boyfriend whom she had only been seeing for a few months. This woman had received counselling in the recent past at university and had found it beneficial *...very useful ...very helpful ...it had worked ...a safety net* during times of feeling rather unstable, of feeling *...up and down*.

This woman approached the Centre after having read about it on the cover of a Susie Orbach book she had picked up in a book shop. She then found contact details about the Centre on its website. She had identified with the way in which Susie Orbach had written about women needing to talk about their everyday difficulties and that experiencing these types of problems was a legitimate reason for seeking help from a therapist. She additionally felt that the Centre would be a place that had the experience and skill to *treat* women with *issues with food*. Despite this at the time of approaching the Centre she worried that the therapist would find her *silly* and that indeed her issues would not be regarded as serious or difficult enough. This woman knew nothing about the approach of the therapy provided at the Centre at the time of first contact, but hoped that she would receive *instruction* from the therapist with regard to how to deal with the various problems she

brought to the Centre ...*this is what is wrong with your life and you need to do a, b, c and d. "Come back next week and tell me how you got on."* This woman entered a two year therapy contract.

3.2 Knowledge of the Centre

Awareness of the Centre, its focus and history, and the type of therapy it provided was diverse. The Centre was approached specifically for its perceived understanding of the particular problems affecting women, for its psychoanalytical approach, following a recommendation, because it was local, or in one case because a woman came across a leaflet on the Women's Therapy Centre in the waiting room of an advice service.

How women heard about WTC

Recommendation by a friend, family member or health or social care professional was a common way in which women first heard about the Centre. The Centre was suggested as a place that could specifically deal with issues pertinent to women, such as rape, domestic violence, eating problems or childhood sexual abuse and as a place with an established reputation for providing high quality therapy. Women often sought out friends, or friends of friends who were counsellors or psychotherapists, or who worked in the mental health field to gain information about what services might help them. These queries were often made anonymously. Suggestions about approaching the Centre were sometimes made by workers, often previous counsellors or therapists, whose contact with a client was coming to an end, usually due to restricted service funding, and who felt their client would benefit from continuing help.

The work of Susie Orbach, who alongside Luise Eichenbaum originally founded the Centre, was well known. Different women approached the Centre after reading her books, reading a magazine article mentioning her and the Centre, and in one case, having heard her speak on the radio. Women identified with her writings about eating disorders and other issues such as the legitimacy of finding it hard to cope with everyday difficulties (see the case study "Karen" in section 3.1). These women connected her with the Centre and thus felt it was a safe place to bring their problems. They felt the Centre would be accepting and understanding of what many felt to be specifically female issues. Knowledge of the Centre was also gained through people gaining access to lists of services providing counselling and therapy, such as from their GP or from the mental health or counselling service which they were in touch with, or via the internet.

Box 2: The different ways in which women first learned about the Centre.

Box 2: First knowledge of the Centre mentioned by interviewees (N=47):

Recommendation or suggestion by word of mouth:

- Friends or via a friend's friend or acquaintance (3 who were counsellors or therapists, 6 who had been in therapy at the Centre themselves and 2 who had general knowledge of the Centre)
- Relatives and partners (2 including a sister who had attended the Centre)
- A vague knowledge of the Centre, often due to living locally (3)
- Work colleagues or clients of interviewees working in the caring professions (3) or on a work notice board in a local voluntary sector organisation (1)
- Previous therapist or counsellor (3)
- Other therapy or counselling organisations interviewees had contacted by phone to access information from (1) or had attended sessions at (3) including Leeds Women's Therapy Service, the Maya Centre (a counselling service for women), PACE (a counselling and mental health project for lesbians and gay men) and a counselling centre in South London.
- Previous mental health service or professional: hospital crisis service or day centre (3), social worker (1) and drug worker (1).
- GP provided them with list of organisations or Centre phone number (7)
- Workers and residents at women's refuges that interviewees were staying in (3)
- Previously attended the Centre (5)

Written materials:

- Books written by or heard of work of Susie Orbach (4) and Marilyn Lawrence (1)
- Magazine article including in a Sunday supplement, women's magazine and Jewish magazine (3)
- Leaflet in library (2) or Citizens Advice Bureau in Hertfordshire (1)
- WTC website following reading back of Susie Orbach book in a bookshop (1)

Other

- Radio programme featuring Susie Orbach (1)

Most of the interviewees had first heard about the Centre a short time before they contacted the Centre. Others however had a much longer term awareness of and sense of connection to the Centre and some had learned about it ten to twenty years before. One woman spoke of hearing about the Centre during a women's group when she was at university in the 1980s. A small number spoke of learning about the Centre whilst living in another country including Germany and the USA. Five women had previously received therapy or attended a workshop at the Centre. These women had either re-entered therapy at the Centre immediately following this first contact or had re-contacted the Centre after several years, in one case just over ten years.

WTC ethos and reputation

The perceived ethos of the Centre was the key reason that clients specifically approached it. A centre run by women for women was felt to be a place where women could feel *safe* and *comfortable*, where they could risk being *vulnerable* and represented a place that understood and particularly valued women and their lives. There was a strong sense that women, staff at the Centre and other clients would have a shared experience and knowledge and that this would offer a positive environment in which to address their issues. Female therapists overall, were viewed as being *a bit more sensitive* than male therapists. Some women felt they trusted female professionals more, such as a female GP, or had experience of negative contact with a male counsellor or therapist in the past, such as unhelpful reactions to sensitive issues such as childhood sexual abuse. The Centre was also perceived to be a place that would respect and uphold a client's confidentiality and anonymity.

I identify with my sex and know about the experience that other women have gone through. [up to 3 months, group]

I felt that there would be a better understanding of how it is for women. [13-24 months, individual]

I felt that the issues I was dealing with were very female issues. (She wanted to explore her identity as an older woman, recently divorced and living alone) [4-12 months, group]

For some, the Centre was strongly associated with a *feminist* or *left wing* approach. The organisation was anticipated as approaching its work with an acute awareness of where women were placed within society and of their often adverse experiences, such as being victims of domestic violence.

There is something positive about women getting together and finding out what women need and not necessarily fitting into what men want to do. [13-24 months, group]

Alongside this, the Centre was presumed to adopt a non-medical model approach to mental health problems. It was seen as an organisation that would not *pathologise* clients and could see beyond psychiatric diagnoses to the person and their life experiences underneath. This was particularly important to those who did have a psychiatric diagnosis such as manic depression, who were currently in contact with the psychiatric system and were often taking medication on a long-term basis. The Centre was seen as somewhere that understood women, their difficulties and their life circumstances and was willing to hear and believe what women had to say, without imposing labels or seeing women's difficulties and symptoms as being a consequence of their biology.

The Centre was viewed as a place where women could bring issues that were highly sensitive and often specific to being a woman; a place where they could safely bring, and begin to explore their experiences of childhood sexual abuse, domestic violence, rape and eating problems. Through knowledge of the work of Susie Orbach, particularly her work on eating disorders, and a sense that the Centre was regularly used to dealing with abuse, trauma and eating problems, clients felt the therapists would not be shocked or fazed by their experiences. They felt confident in bringing their very difficult experiences to the Centre. Indeed in one interview, a woman even reflected that she may have been *unconsciously* attracted to the Centre by the fact that she had sexual abuse in her history. Women spoke of issues, particularly eating problems and sexual abuse, as being difficulties they felt were stigmatised by others in their family, friendships or more widely in society. Women sometimes spoke of the shame they had felt with regard to these difficulties and experiences. This sense of shame had often led to women not mentioning these behaviours and occurrences with previous counsellors or therapists.

I wanted to explore abuse in a centre for women [13-24 months, individual]

Overall the Centre was felt to have a strong reputation for providing high quality therapy to women; those who approached the Centre often had a perception that *these people know what they are doing*.

Knowledge of type of therapy provided

There was some knowledge of the specific types of therapy provided by the Centre and the therapeutic approach. The Centre was known by different women to provide: psychoanalytic psychotherapy; individual long term therapy; individual therapy with a black therapist; individual therapy in Spanish, Turkish and Hebrew or for people who identified as culturally Jewish; group therapy; group therapy with a specific focus including for women with experience of childhood sexual abuse or eating disorders and for women who were mothers or lesbians.

Thus women sometimes approached the Centre with knowledge that their specific needs were likely to be catered for or thought about at the Centre, or that there were specific types of therapy spaces available. The latter was particularly the case for those who spoke Spanish, Turkish or identified as being Jewish or black. This is likely to be due to the Centre advertising specific types of therapy for which they had funding at different times, such as seeking women to fill therapy spaces for the Language project or spaces allocated to people from black and minority ethnic groups.

Recommendations by previous counsellors or therapists, additionally led to women having knowledge about or seeking specific types of therapy. For example, several counsellors had suggested to their then clients that they might benefit from group therapy in the future, either in a general ongoing group or one with a specific focus such as a group for women with a lesbian identity, and gave them the contact details for the Women's Therapy Centre.

Women spoke of the ways in which the provision of specific types of individual or group therapy was important to them. One client who approached the Centre, specifically to access a black therapist, spoke of it feeling *right* with the therapist *understanding my background in order to understand me*. A Turkish woman spoke of a previous experience of attending an unsatisfactory counselling assessment with an interpreter present. She specifically approached the Women's Therapy Centre in order to communicate in her own words and language, rather than have to adapt to accommodate to the limited grasp of her language by the interpreter.

Knowledge that the Centre provided psychoanalytical or psychodynamic psychotherapy was rare, though there were a small number of women who spoke of approaching the Centre in order to specifically access this type of therapy. More generally there was awareness that the Centre provided *verbal* therapy, perhaps *similar to counselling at university* or *like the Samaritans, with a bit of training and a sympathetic ear*. Views about the anticipated length of therapy varied from a few weeks to several years. Some clients had no idea about what type of therapy to expect, or had not given it much thought. They simply approached the Centre as a place that might be able to help them.

I would have tried anything. I did need help. [25-36 months, group]

Self-referral and cost

The Centre was seen as an attractive and realistic place to approach, because of its policy of a sliding scale of fees that offered the possibility of therapy at an affordable cost. Women were aware that private therapists were likely to charge more per session than the Centre and that the waiting times for long-term therapy in the NHS were long and waiting lists difficult to access.

The Centre's policy of self-referral was a draw for some. Referral by a professional, such as a family doctor, could be by-passed and thus confidentiality maintained. For other women, directly contacting the Centre and avoiding the medical establishment represented a wish to focus on their needs as people, rather than their symptoms as patients. This was particularly important to those who had been offered anti-depressants at their GP surgery and had refused them, or did not feel that taking anti-depressants only would fully address their difficulties. Avoiding the doctor's surgery was also often important to those who were in contact with the mental health system or who had been in the past.

3.3 Expectations

How women hoped therapy would help

At the time of contacting the Centre women had wide ranging expectations of how the experience of therapy might affect them. Some women desperately hoped that therapy would provide them with all the answers to their problems and would *cure* them. On the other hand others, perhaps more realistically, anticipated beginning to embark, or continue, on a journey towards feeling better (see section 8.4). Women also spoke of the importance of the sense of agency they felt in being able to *do something* for themselves about their current and unwanted problems or situation.

I suppose that I had an idea of being fixed or cured, I suppose that was the main thing, that there was something wrong with me that needed fixing. [25-36 months, individual]

I wanted to come out of the emotional state that I was in. [up to 3 months, group]

It's hard to put into words. I don't know what I was expecting. I just knew that I had some issues and that the only way I was going to get on with my life was if I addressed them. It felt like I had gone on too long with certain issues and that it was about time that I did something. [25-36 months, individual]

I wanted to become emotionally intelligent, I knew where I wanted to get to. I wanted happiness, to know who I am, to know my motives, why I feel the things I feel. I lacked courage to look at my emotions. I saw emotions as weakness. I pretended everything was okay. I thought it was now or never to sort yourself out. [13-24 months, individual]

I thought hopefully this will be the start of the mending. [13-24 months, individual]

Women imagined the therapy sessions taking a range of formats. Whilst some hoped that the therapist would provide them with practical instruction and guidance to improve how they were feeling, others anticipated exploring their long term issues and in some depth.

Clients spoke of hoping that therapy would lead to them feeling less *muddled*, less distressed, less stuck, more confident, happier and more fulfilled. One woman looked forward to resolving her issues with food, and some who entered group therapy hoped that the contact with other women would go some way toward them feeling less isolated in their lives.

3.4 Making contact with the Centre

Initial contact with the Centre was made by phone call, by letter, by clients walking into the Centre, or by email. Telephoning was the main way in which women first approached the Centre. Initial contact was usually made by clients themselves, though in some cases friends, family or professionals would make the first contact or provide support and encouragement. GPs, Social Workers, previous counsellors, drug and refuge workers, children and partners played a role in enabling women to make the first step towards seeking therapy at the Centre. Help from others was particularly important for those who did not speak English as their first language.

Concerns about entering therapy were often present at the first point of contact; clients spoke of feeling *nervous* and *scared*. Some women even spoke of how they had delayed picking up the phone and calling the Centre and had made up excuses to avoid doing so as a consequence of their fear. Women were worried about the issues they knew they would need to address in therapy and spoke of being concerned about letting a *stranger* into their lives. One woman talked of how deciding to begin therapy and to make the initial phone call required *lots of courage*. For those who had needed to summon up large amounts of personal resources to phone the Centre, it was often very disappointing to reach an answer phone or to be told that there was a long waiting list. At the point of making initial contact, some women spoke of being at the *end of their tether* and *really feeling quite bad*. Others felt less desperate.

Apart from the frustration of first contact often being an answer phone, there was generally a feeling of satisfaction about initial communication with the Centre. Those answering the phone were found to be *professional, helpful* and *friendly*. Letters and answer phone messages were responded to promptly and with clarity. First appointments with a therapist were rarely offered straight away and at first point of contact women were asked if they would like to join the waiting list, or were told the waiting list was closed and that they would need to phone back at regular intervals to enquire whether it had reopened. There was a general acceptance that therapy was a restricted commodity and that a waiting list was to be expected, but for some learning about the waiting list was a huge disappointment and particularly so for women who felt at crisis point.

If the waiting list was open, a predicted length of time for an assessment space to become available was verbally communicated by Women's Therapy Centre staff. These waiting times usually ranged from several weeks up to

three months. Mostly women received a first assessment appointment sooner than this. For these women their length of time on the waiting list was described as *swift, quite quick* or *a nice surprise*. Less content were those who attempted to join the waiting list over a long period of time, or found the process of regularly phoning to try and join the waiting list frustrating and troublesome. One woman described the system as *defeating me*, as it was difficult to remember the date on which to phone back and at the time she was experiencing severe difficulties within her relationship which made it difficult for her to phone from home. A small number of women waited for a first assessment appointment for over a year. These women wanted a place at the Centre because they felt it was the best place for them to bring their particular issues, such as domestic violence. One black woman wanting to be matched with a black therapist felt happy to wait 16 months for her first assessment appointment. This was partly due to her long term contact with services over the years. This woman said she was happy to remain on the Centre waiting list in order to access her preferred type of therapist. 16 months did not feel a long time to her in the context of her long term mental health difficulties.

...I wasn't really that bothered ...it was something specific that I wanted ...I had [had] so many agencies in my life [13-24 months, individual]

A further client waited for over a year, because she felt the Centre was the right place to bring her issue of domestic violence. Sadly, this woman left the Centre after attending only a few therapy sessions.

At the point of first contact, there was a perception amongst some that the waiting list for group therapy was shorter than that for individual therapy. There appeared to be an awareness that the Centre had limited resources and that it was likely to be more cost effective to provide groups than individual therapy. Despite initially wishing to engage in individual therapy, some women made the decision to join the group waiting list, in order to reduce their waiting time. At the time of the research interview, one woman wondered if her decision to join the shorter group therapy waiting list rather than the longer individual waiting list had been the right one. She wondered whether she might have got something different out of individual therapy, despite talking about the many benefits she had gained from her time in group therapy.

At the time that some of these women initially contacted the Centre there was a different procedure regarding assessments than the one currently in place. At this time women were often informed of the smaller waiting list for group therapy assessments compared to individual therapy assessments. The current assessment and referral procedure involves women undertaking a general assessment, after which a decision is made by clients and therapists about the appropriateness of individual or group therapy.

3.5 The assessment process

The assessing therapist

Assessments were usually undertaken by a different therapist to the therapist to whom clients were eventually allocated, and typically involved one or two sessions. It was important for the assessing therapist to make clear whether or not she would be the client's eventual therapist.

It was helpful to be told that she wouldn't be the therapist, because I didn't start feeling too comfortable with her. You sort of keep yourself detached. [4-12 months, individual]

Learning that the assessing therapist would not be the allocated therapist was sometimes difficult, particularly for those who did not have much experience of talking openly with others about their personal issues.

I'm not a particularly open person. So for me to do what I did in the first interview, and to have to do that all over again.... I thought that I had started therapy. [4-12 months, individual]

A small number of women received three assessment sessions and one client had three assessing therapists due to uncertainty by the assessors about which group she should join. This was far from ideal and this client felt that she had been shifted *from pillar to post*. Overall, clarity from assessors about clients moving to a different therapist post-assessment and minimising the number of assessors appeared to be important in enabling a smooth transition into therapy.

There was sometimes surprise and disappointment for women when they could not choose who their therapist would be. This was particularly the case for those who felt that they had established a stronger rapport with their assessing therapist, rather than with the therapist to whom they were later allocated.

Arriving at the Centre and meeting a therapist who was ethnically not white or British, or did not speak English as

their first language was often welcomed by those who were born in other countries and were tentative about their ability to communicate in English.

Anticipating the assessment

A wide range of feelings were expressed about attending the first assessment. Women remembered feeling *daunted, scared* and *frightened* of coming to the Centre for the first time. At the same time women were keen to begin addressing their difficulties.

It was a huge thing to do, to unpeel the layers ...to be honest and truthful about your life, about the terrible things that have happened, about the things that you have done. [up to 3 months, group]

On that day I was very scared, anxious ...I had never talked with anyone [about being raped] ...At first I couldn't open my mouthbecause I had stayed at home with a headacheI couldn't talk to anybodyI thought [about what had happened] all day, I thought all night.... [4-12 months, individual]

Some spoke of feeling that their difficulties might not be severe enough for them to deserve to be in, or to be accepted into, therapy at the Centre. Women often worried that others might be more deserving of the limited therapy spaces available and that their 'case' for therapy was not *legitimate* enough or that they were being *self-indulgent*. Women talked of their *crazy thought processes* or their tendency *to be that way* when relating to how they felt about starting therapy. There appeared to be an awareness amongst some women that they had particular patterns of thought regarding how justified they were in accessing help for their problems.

The assessment session

Two main types of therapist were described by the women; those who appeared *friendly, welcoming* and encouraging and those who were perceived as being *cold, neutral* or *very quiet*. Benefits of both approaches were acknowledged, though the positives of the more neutral therapists were sometimes only recognised at the end of their time in therapy or after leaving the Centre. Across these two sets of therapists, assessing therapists were generally perceived to be *sympathetic, respectful, really listening* and *sensitive*.

In the assessment sessions, therapists often asked clients general questions about their background. Women were asked about: their experience of childhood and their relationship with their parents; why they had made the decision to approach the Centre; and what they hoped to gain from therapy.

The assessment was frequently an opportunity for women to express issues they had stored up for long periods of time and that had remained unspoken. There was often surprise at the strength of feeling that emerged once women began to share their stories.

You start talkingit's amazing how much emotion is just bubbling under the surfaceI was trying to remain as calm as I couldit was quite difficult. [up to 3 months, individual]

I was coming out with all sorts of stuff I didn't expect to emotion-wise. I was connecting with vulnerable feelings; upset that I was usually good at holding init was cathartic. [13-24 months, group]

There was even concern that what was being shared in sessions would be too overwhelming for the therapists. Though one woman noted that her worries about what the therapist could withstand were *probably misplaced*.

Questions were put to the therapists by some clients, whilst others in hindsight felt they were not able to ask questions at the time and wished they had asked more. Women often sought reassurance about confidentiality, and if they were considering joining a group, about how groups functioned. There was a desire to know that therapy at the Centre was undertaken with thought and care prior to them making a commitment to begin therapy.

Assessments were approached differently by clients, with women assuming varying levels of control. Some saw the assessment as an opportunity to gather information from the therapist, whereas others simply turned up and waited to see what would happen. Some felt the assessment was a chance for the therapist to make up their mind about the type of therapy that would be most suitable for them, or indeed, whether therapy was suitable for them at all.

Women sometimes spoke about the ways in which information was provided to them by assessing therapists regarding the format of future therapy sessions. Those in groups were provided with information about the

"rules", such as not talking to other group members outside of the group, phoning the therapist if they could not make sessions, and giving four weeks notice prior to deciding to leave the group.

All but a minority of the interviewees felt they had a positive experience of assessment. The small number who found their assessment experience difficult had usually encountered a therapist who was experienced as being rather neutral or *quiet* in her approach. In addition, some of those who did not warm to their assessing therapist also disliked the therapist or group they were subsequently allocated to following their assessment. These women often left the Centre after only a few sessions (see section 5.2).

Conversely, one woman who experienced the assessment as challenging had felt very uncomfortable about being in the room with her assessing therapist. This therapist subsequently became her allocated individual therapist with whom she remained in therapy until the end of her contract. In hindsight this client found the whole experience very beneficial. Following the first assessment she received the support and advice of a friend, who was a counsellor, which enabled her to return to the Centre and to give therapy a chance. This client described her experience of the assessment process as *it didn't feel quite nice*. Later in therapy this woman explored why she felt uncomfortable with the assessing therapist, discovered that she reminded her of a relative who was abusive towards her as a child, and in the research interview spoke of how she had found this discovery enlightening and helpful. (see section 7.1).

Psychoanalytical psychotherapists might argue that this latter woman's experience was an example of the self learning that can be gained from a client working through the 'transference' with her therapist; and in acknowledging the negative feelings this client might have about her therapist. It is likely that therapists would highlight here, the value of a neutral therapist onto whom a client can unconsciously transfer previous experiences of relationships.

Choosing individual or group therapy

Women often approached the Centre with a sense that only either individual or group therapy was provided. Others had no idea of the services that were on offer, whereas some were aware that both formats were available (see section 3.2). Women often had strong preferences for one type of therapy and for clear reasons. Among those with a clear preference, individual therapy was predominately the therapy of choice.

Reasons for wishing to receive individual therapy rather than group therapy often involved feeling guilty or ashamed about what had happened to them. Experiences perceived to be shameful included: having an affair; being raped; or having experienced abuse as a child. These women often felt that they would find it hard to speak openly about these issues in a group. Women's previous negative experiences of being in a group situation were also given as a reason for wanting individual therapy. One woman spoke of growing up in a family of eight siblings and longing for some individual attention. Another recalled how as a child she had felt too embarrassed to be truly herself in a group, as other children had found her too intellectual. A lack of confidence about speaking in groups in everyday life was another motivation for hoping for individual therapy at the Centre. Group therapy was sought by a small number of women. However many clients did not have an opinion at the time of their assessment as to whether individual or group therapy would suit them best.

At the time of the assessment, and sometimes even during the research interview, some women were disappointed that they had not received the therapy mode of their choice. However many of those who had entered group therapy, though they had wished to initiate individual therapy, did feel that they had gained something from the experience. During the assessment process the therapist was felt to *know best* and to be the person with *authority*, and clients often felt grateful to be receiving any sort of help at all and so were resigned to *take what I can have*.

Due to lack of knowledge of therapy and of the Centre, women often had no preferences for the type of therapy they would like to receive. They spoke of being *open-minded*, not knowing whether they wanted group or individual therapy or of simply wanting *help*. Sometimes when the option of group or individual therapy was offered, clients felt confused about what would be the best option. These clients were usually grateful if the therapist was assertive and strongly suggested which mode of therapy would suit them best.

Clarity about the therapist's reasons for allocating them to group or individual therapy appeared to be essential. When clear information was provided it was highly appreciated.

She was very clear about explaining, very professional, very sensitive, that really counts for a lot. It is so easy to forget when you are having therapy about all the different things that can go on, especially with rejection. [up to 3 months, group preparation only]

However when detailed information was lacking it could feel damaging. The following woman had wished to join a childhood sexual abuse group, but was referred by her assessing therapist into individual sessions with a view

to possibly joining a general group, and with little explanation of why that decision was made:

I was gutted; as if I hadn't been abused enough. It was like someone judging your experience, my life, not being regarded, believed, heard. It felt appalling. [up to 3 months, group]

Contract and fee

The amount of money that would be paid by the client each week and the length of therapy contract were both negotiated with the assessing therapist. On the whole there was a feeling that the amount agreed was *appropriate, comfortable* and *affordable* (see section 3.6).

Those beginning group therapy were asked to commit to the full length of the group if they were in a time limited group, or for a minimum of two years if joining an ongoing group. Women entering individual therapy were often given a period of time by their therapist, usually three months, six months or a year, and were told that the length of therapy would be reviewed after this point. This however was contrary to the Centre policy at that time which involved all individual clients being offered a two year contract. Some women felt two years was *daunting*, whilst others, particularly those who knew that the Centre provided psychoanalytical psychotherapy, were surprised that the contract was not longer.

GP and psychiatrist details

Clarity was also important with regard to the therapist collecting contact details from the client about their GP or psychiatrist. There was a desire to know why the information was being collected and for what purpose it would be used. For many women, contacting the Centre was very separate to their contact with the medical profession. They viewed the Centre as an anonymous place where they could seek help, and as a place that would not impose a medical explanation onto their psychological difficulties. Without explanation of why the Centre required this information, women worried that their notes would be forwarded to their GP or psychiatrist, or that their GP would be contacted without their permission.

Moving into therapy

Much of the thinking about whether or not to engage in therapy had been undertaken prior to attending the assessment. By the time women had plucked up enough courage to contact the Centre, most had already made the decision to begin therapy if they were offered a space. The length of time between the assessment and first therapy session was usually a few weeks or months and most were content with this. Women spoke of the clear information they received by letter and sometimes additionally by phone call to let them know when their first appointment would be.

3.6 Attending therapy

Travelling to and from the Centre

Women travelled to the Centre over a range of distances. Some lived or worked locally in Islington, or more widely in London, and others travelled in each week from the counties surrounding London, including Hertfordshire and Surrey. Women travelled to the Centre mainly by public transport, though a few travelled by car. These clients often experienced finding a place to park as troublesome and stressful*diabolicalterrible*. Since this time the parking arrangements outside of the Centre have changed several times. There is currently a restricted parking zone immediately outside of the Centre with pay and display parking close by.

Some women who arrived early would sit in the café opposite the Centre, and found this a convenient place to wait, have a cup of tea or gather their thoughts, such as recalling what had occurred in therapy during the previous week. The first journey to the Centre was usually the most anxiety provoking, and several women had support from family or friends to make the first journey. This café closed for several months during 2004 / 2005 and has now re-opened under new management.

The journey home each week following therapy was often more difficult than arriving. Women spoke of sitting in their cars in order to gain some emotional calm following therapy before attempting to drive home. One woman spoke of always feeling *tense and full of emotions* following therapy. A few used the café as a place to sit following therapy to collect themselves or find a *quiet moment to write* in their journal.

Women commented on the area of the Holloway Road in which the Centre is located. Some women spoke of the area being *rough* or *horrible*, but none recounted feeling unsafe travelling to the Centre during the time they attended their sessions.

Fitting therapy into everyday life

Women had to find space within their daily lives for therapy. Those who had children had to arrange childcare, which often involved friends and family members. During the interviews, some women complained that the Centre did not pay enough attention to those who required childcare; some clients felt that the Centre should provide access to a crèche to support those with young children to attend regularly. Women spoke of sometimes having to miss therapy sessions, in order to look after their children at home when childcare arrangements broke down. Finding appropriate childcare was particularly difficult for those who were solely responsible for their children, for example due to a partner being in prison or being a single mother.

Those who were employed sometimes had to leave their workplace during their working day in order to attend their sessions. Whilst a small number of women were open about being in therapy with colleagues, others felt that going to therapy had stigma attached and preferred to keep the knowledge that they were having therapy to themselves. As well as childcare and work, women had to find time for therapy amongst other commitments such as health appointments or college courses. As far as possible therapists appeared to take into account employment, college and childcare commitments when they agreed an initial therapy time with their client. Therapy times were sometimes renegotiated to fit around changes in women's lives, but as far as possible the therapy time stayed the same throughout the course of therapy.

During the time period of being in therapy, several women became pregnant and gave birth. Women were pleased that they were invited to return to therapy as soon as they wished, and with their baby through the first few weeks of breast feeding. After this they were expected to arrange childcare and attend alone. One woman spoke of the time, following the birth of her baby when she began to attend sessions alone as a precious time during new motherhood where she had space to herself.

A few women experienced their therapist taking maternity leave. Some experienced this break in their therapy as difficult, despite all these women receiving as much notice as possible and sometimes being offered the opportunity to transfer to a different therapist. Of the two affected by a therapist's maternity leave, both chose to take a break from therapy and to return after a break to the therapist with whom they had already established a connection and relationship.

Therapy was sometimes viewed as an activity that demanded more time than the fifty minutes for individual therapy or one and a half hours for group therapy each week. Women spoke of therapy pervading their thoughts and activities between sessions. One client made the decision to delay commencing therapy after having taken on a new work project and feeling that she needed an adequate amount of mental space in order to immerse herself in her new *project* of being in therapy. Whilst in therapy she felt that *all day it is going on in your head*.

The building and atmosphere of the Centre

The majority of women spoke positively about the building within which the Centre was located. The atmosphere of the Centre was described as being *relaxing, pleasant, lovely* and *well organised*. Women commented that the physical surroundings felt *....spacious*, appropriately decorated and *peaceful*. Overall there was a sense that the Centre was *well thought through* and so *good for therapy*. One woman even commented that the Centre felt like a *space for women* in what she perceived as *a man's world*. This woman had worked for many years in the City in predominately male organisations and had a recent experience since ending therapy at the Centre of being raped in her home. Those who had attended therapy in the previous and older building over the road spoke of their fondness for the previous perhaps more cosy building, but appreciated the cleanliness and orderliness of the newer and more *flash* building.

Interruptions to the calm feel and smooth running of the Centre were observed, such as a time when there was noise from work being undertaken on the building within which the Centre was based and when the entrance buzzer on the front door was broken.

The *anonymity* and *normality* of the building was appreciated. The Women's Therapy Centre is located within a building shared by several other voluntary sector organisations and has discreet signage identifying its presence. Women felt that these factors led to it not seeming obvious, when they entered the building, that they were turning up to receive therapy, which several felt carried stigma. One woman commented that this anonymity meant that other people seeing her enter the Centre would *....not know that you are a loon*. Another was pleased that the Centre simply looked like an *office block*.

The following client spoke of the first time she travelled to and entered the Centre to attend her assessment and the positive impact of the surroundings:

I think I was very nervous, but it did seem kind of a reassuring and comfortable place, and I found it kind of discreet and confidential and comfortable. [13-24 months, individual]

A few women did not like the surroundings or atmosphere of the Centre. Interestingly, most of these women were those, who for one reason or another, did not fully engage in therapy at the Centre and made the decision to leave therapy early. These women viewed the physical setting of the Centre in different ways. One woman who was used to corporate settings felt the Centre was *too herbal*, whilst another viewed the atmosphere as being too institutional or clinical, like a GP surgery, and so not very *women-friendly*. This woman felt that the neutral tone of the Centre would be off putting to some clients who might be very nervous about commencing therapy and attending the Centre. She felt that such women might need some encouragement, via the atmosphere and organisation of the Centre, in order to enable them to feel comfortable enough to stay. This woman spoke of how she had felt alienated by the atmosphere of the Centre, in addition to feeling disappointed with her therapist and the therapy group that she had joined. She spoke of how both factors had contributed to her decision to leave therapy after only a few months. Soon after leaving the Centre this woman returned to sessions with her previous counsellor.

Psychoanalytical psychotherapists might suggest that this latter woman's negative feelings about both the Centre, her therapist and her therapy group might be linked and could be seen as part of her overall negative transference to the Centre. If she had stayed perhaps this woman could have explored why she felt so negatively towards the Centre and its therapy and she might have gained from that examination. On the other hand this woman did not feel able to stay and so did not have an opportunity to look at what was taking place within her interaction with the Centre. This example highlights the tensions regarding knowing how to make sense of the reason for a client ending therapy. Do clients leave therapy early as a result of something within their individual psychology? Or is the Centre not providing an accessible enough space within which women can feel safe enough to stay and work through their issues? Or perhaps the answer often lies in a combination of these factors?

Disability access

Access to the Centre, for people with a physical disability, was also explored by some of the interviewees. Centre staff were felt to be supportive and appropriate when aiding those with a disability to enter the building.

....really really helpful. They weren't patronising. [37 months+, individual]

Access to both the Centre's old building and new offices were felt to be practical, utilising a wheelchair or crutches and with the physical help of reception staff, for example to hold doors or to carry a wheelchair to a car. Concerns were raised regarding how accessible the Centre would potentially be for visually impaired people, as the signage was felt to be poor in this respect. Those using wheelchairs could not use the waiting room because it was too small. These women waited for therapy in a space allocated outside of the waiting room and close to reception.

Reception staff and waiting room

The tone set by the staff on reception was welcomed. On the whole women found reception staff *....efficient, polite and helpful.*

The waiting room was generally disliked by clients. It was felt to be too small and rather *claustrophobic*, particularly if there were several women waiting in there at a time. Many felt that access to tea or coffee-making facilities, and a greater variety of reading material such as magazines, would make the experience of waiting more pleasant *....it could be more interesting.* One woman spoke of waiting in the room as feeling rather uncomfortable and *weird*, because *you all know that you're all in the same boat, you're all there for help....*

Contacting the Centre between sessions

Therapists asked women to contact the Centre if they could not attend a session for any reason. This was usually a straightforward procedure, but sometimes the main reception answer phone would be switched on and some women spoke of feeling awkward about leaving a message. One client spoke of a time when she thought that the telephone had been left off the hook. This woman had wanted to let her therapist know that she couldn't attend

her session and had felt distressed and frustrated by the fact that she couldn't get through to the Centre on the phone in order to communicate her absence to her therapist. Women were always asked by reception staff for the reason that they couldn't attend. One client commented that consistently being asked this had the positive effect of making her feel as if *I was being looked after*.

Timing of therapy

Most women attended therapy during the day, though some had sessions commencing at 8 am or after 6 pm. Clients had mixed feelings about attending therapy early in the morning. Whilst some felt that early sessions provided therapy with a *special feeling* or enabled them to fit therapy easily into their working life, others found it difficult. Several found getting to therapy at 8 am a *bit of a nightmare* or disliked the fact that there was no receptionist working at the Centre at that time in the morning. The lack of reception staff resulted in the Centre feeling rather empty or even difficult to gain entrance. As explored in chapter 5, the early start of some groups often led to low attendance or lateness, which many group members found frustrating.

Payment

The Women's Therapy Centre provides therapy on a sliding scale of fees. The women interviewed paid between £1 and £40 for each session whether they attended or not. In one case, a women's refuge paid the fees for their client who attended the Centre. On the whole women felt comfortable with the amount they were asked to pay and felt that their individual circumstances were taken into account.

Many spoke of feeling *grateful* for the opportunity to access low cost therapy and felt fortunate. Though women often struggled to pay the fee, they often said they felt it was important that they were paying for and valuing their therapy. A small number of women spoke of feeling *embarrassed* that they were only paying the partial cost of a therapist per session, yet they explained that a higher fee might have led to them making the decision not to attend. The balance of coming to the 'right' fee appeared to be a delicate one.

Fees tended to be raised once a year by the therapist, with negotiation with the client. Fees were also renegotiated during the course of therapy if a client's circumstances changed. However, only some clients would raise this issue, as some felt too embarrassed to do so. These women would often continue to pay the same fee they initially negotiated with their therapist despite struggling to do so.

Interruptions

A small number of women experienced a change of group therapist (two), or had a break from therapy whilst they gave birth (mentioned by two) or when their individual therapist took maternity leave (mentioned by two) (see "Fitting therapy into everyday life" subheading, earlier in this section). Each of these breaks or changes were experienced as being difficult, despite plenty of notice always being given and discussion always taking place.

Other disturbances in the smooth flow of therapy included women being referred on to different types of therapy within or outside the Centre. Two women were referred on to a new therapist or into group preparation when a group closed prematurely. In addition a client coming to the end of her group preparation sessions was felt by her therapist to be more suited to individual than group therapy at that time and so was referred outside the Centre to an individual therapist in private practice. In another situation, a woman ending a short term therapy contract with one therapist moved into a long term contract with another Centre therapist.

Planned and expected changes, such as time limited group therapy ending, with a client moving into a new long term group were much easier for clients than groups ending prematurely and then clients having to be referred into a new group. The woman who moved from one individual therapist to another within the Centre also found her experience difficult. She had felt close to and trusting of her first therapist and found it difficult to connect with the second therapist she encountered.

Chapter 4 Satisfaction with therapy

When exploring the data, three distinct groups of women emerged, characterised by the feelings of satisfaction they felt about their experience of therapy at the Women's Therapy Centre. These feelings of satisfaction were strongly linked to whether they perceived that therapy had led to some form of change in their lives. They were also related to how they had experienced the process of being in therapy. Unsurprisingly, the degree of satisfaction was also clearly associated with whether women completed their therapy contract. Those who felt satisfied were far more likely to remain in therapy until the agreed end date than those who felt dissatisfied in some way.

The three categories of women are outlined below and then described more fully in the rest of this chapter.

1	The satisfied	Women who felt that their experience of therapy had led to positive change in their lives.
2	The dissatisfied with some sense of gain	Women who felt disappointed with the process of therapy, though felt their experience had affected them positively in some way.
3	The dissatisfied with no sense of gain	Women who felt disappointed with their experience and who felt their lives had not been positively improved in any way.

Additional case studies for the satisfied category of women are described in section 7.1.

4.1 The satisfied

These women comprised almost two-thirds (29 of 47) of the women who were interviewed. They felt that something had changed positively for them as a result of being in therapy at the Centre. This change related to how they felt within themselves, how they viewed themselves or their noticing that something had changed tangibly in their interaction with the world outside of themselves, such as relationships or how they functioned in their daily lives.

Whilst these women felt they had made positive gains in their therapy, and felt satisfied, it is important to emphasise that most of these women found the process of being in therapy painful for at least some of the time. Their inclusion in this category results from their sense of satisfaction with the overall gain from being in therapy, rather than from feeling that the process was comfortable and pleasant. They were satisfied because they felt, sometimes only in hindsight, that the difficulties they faced in the process of engaging in therapy were worthwhile in the light of the frequently profound progress, such as starting a new and healthier relationship with a partner, feeling less depressed or moving forward in their career, that they felt they had achieved.

Case studies of women in the satisfied category:

Maria

Maria was in group therapy for two years and described the process as being *...infuriating, frustrating, unsatisfactorypurgatory*. For much of the time she felt uncomfortable in the group, and despite being a *big talker* in her everyday life, she found it difficult to speak up and interact with the other group members. At times she felt attacked by the other members of the group, particularly regarding her relationship with her boyfriend. She said she had only remained in the group because she had made a commitment to herself and the therapist, to stay for the minimum of two years. Despite these difficulties Maria felt extremely grateful to the Centre, and said that how she felt about herself and her life had shifted enormously as a result of therapy. Since therapy; she felt more accepting of herself, particularly with regard to the childhood sexual abuse she had experienced. Friends had commented that the *spark* had returned to her eye; she felt she was able to develop stronger and closer friendships; and she had left her boyfriend and, after a break, had started what she perceived to be a much healthier relationship. Interestingly she was only able to identify these changes and relate them to the time she spent in therapy since leaving the Centre.

Yvonne

Yvonne was in individual therapy at the Centre for two and a half years. She was offered a two year individual contract and then a six month extension. She experienced therapy as being subtle and slow and spoke of how she felt that whilst she experienced therapy as working, she could not easily identify why. She felt that

the process of therapy took place both in the sessions and the time in between ...*a strange feeling ...something that was happening all the time*. Overall she felt that the whole process was ...*unpleasant in a way*, particularly due to ...*the fact that you are talking about things that are painful*. She spoke of the way in which therapy appeared to go through different cycles. In some sessions she would work at a deep level, whilst in other sessions she would talk about day-to-day difficulties. At times she would feel that she was ready to leave therapy and didn't need to be there any longer, whereas on other days felt that she wanted to attend more frequently.

Yvonne had experienced severe depression, anxiety and panic attacks for many years and had approached the Centre with the hope that she would be *fixed or cured*. However at the time of the interview she realised that this expectation was unrealistic and that therapy ...*doesn't work like that*. Yvonne experienced many changes within herself and her life that she attributed to therapy. She spoke of how she gradually became less self conscious, more accepting of herself, and more able to understand why she became anxious. As a consequence she spoke of how she was now more able to talk with others in social situations, felt her depression was *less frequent and deep*, had more energy and motivation to get to work and how work now felt less stressful. Despite this she felt that getting up in the morning was still a huge struggle, as was housework. Following her time at the Centre she made the decision to move into the private practice of her therapist and at the time of the interview was still in therapy.

Joan

Joan completed her two year therapy contract but frequently missed sessions along the way. Her missed sessions often occurred following a session where she felt that she was moving too close to underlying emotions. She also spoke of how she found the first 15-20 minutes of each therapy sessions very challenging, particularly the silence that she encountered in the room ...*like having teeth pulled ...exposing and uncomfortable*. Despite this Joan acknowledged that her time at the Centre had been a very helpful one ...*I knew that I had to be there, but I just didn't want to be there*. She came to realise that the aspects of her therapy that she experienced as most challenging - the silence and the lack of reaction from her therapist - were perhaps the most helpful aspects of her experience. She felt that both had led her to more fully get in touch with her feelings. Other positive changes included feeling less anxious, smoking less cannabis and losing weight. Her feelings of depression and bulimic behaviour remained. Alongside therapy, Joan felt that her meditation practice and regular trips to the gym had enabled her to move forward in her life. She now felt fewer feelings of anger and retribution towards her parents and was in the process of seeking further therapy. Joan felt that her time at the Centre would enable her to more fully engage with therapy in the future. Thus she felt that her inability to fully commit to her sessions at the Centre meant that her therapy was ...*kind of wasted and it kind of wasn't*. Through therapy at the Centre she had learnt that she was resistant to the process. Furthermore she had begun to understand why she was resistant.

Most of the women who comprise this group remained in therapy until the end of the agreed length of their contract (24 of the 29). These women were in therapy for between two months and eight years and two months. Their mean length of therapy was two and a half years. Most of the satisfied women who left early did so mainly due to competing time or financial commitments such as caring for a relative abroad, being unable to fit time for therapy into their work schedule, starting couple therapy or starting a new college course. These clients spoke of how they felt they could have gone on to explore their issues in more depth or alternatively felt that their therapy had come to a natural close.

Less common amongst this group of satisfied clients was the experience of a woman who left suddenly and without notice, as a result of finding the process of therapy too painful. This woman spoke highly of her Centre therapist and found her able and supportive. This woman left therapy shortly after beginning to explore her experience of childhood sexual abuse. Prior to finally raising this issue with her Centre therapist, she spoke of how she had *gone around the houses* in order to avoid discussing the abuse. Whilst this woman felt that at the time of leaving therapy she was not ready to address this issue, she said she did have some regrets about leaving the Centre and at the time of the interview was tentatively seeking counselling or therapy elsewhere.

4.2 The dissatisfied with some sense of gain

Just under a quarter of the interviewees (11 of 47) fitted into this category and felt a sense of disappointment or frustration about their experience of therapy. Women expressed a range of reasons for feeling disappointed including their expectations of therapy not being met. Such expectations included the Centre providing *feminist* therapy, a non-medical model approach or long term therapy. For example one woman had approached the Centre with the knowledge that it provided psychoanalytical psychotherapy and had presumed this therapy to be long term, she felt disappointed when overall all she could be provided with was four months of therapy. She had had contact with many therapists and counsellors short term over the years and had felt ready to engage with a

therapist long term. Following her time at the Centre she went on to engage in long term therapy with a therapist elsewhere and was still in therapy at the time of the research interview.

Women also felt dissatisfied with the Centre due to: not understanding the Centre's therapy approach such as not comprehending why a therapist was behaving in a specific and often neutral way; not feeling heard by their therapist or therapy group; or there being a lack of continuity in their experience of therapy at the Centre. Examples of this include the two groups that were prematurely closed by their therapist as well as the client who moved from a short term individual therapy contract to a longer contract with a different Centre therapist. In the latter case the client had felt very connected with the first therapist and then found it hard to develop a relationship with the second (see section 5.2).

Regardless of this sense of being let down by the Centre, this group of women did feel that they had gained at least something that was helpful from their contact with the Centre. This sense of gain was often acknowledged following the end of therapy and sometimes even developed during the research interview itself.

Case studies of clients in the dissatisfied with some sense of gain category

Jenny

Jenny who was in individual therapy decided to leave after four months. From the first session and throughout the remaining sessions she felt she had neither made a connection with the therapist, nor understood what was happening in the sessions. She felt confused that she wasn't allowed to ask the therapist about her own background and often felt at a loss with regards to what to say in each session. Despite the great difficulty this woman felt in attending each session and her overall feeling of dissatisfaction with the Centre, she did mention some ways in which she felt she had moved forward. She felt she had gained a greater awareness of her need to work through her issues and to attempt to not always take flight from them:

I didn't come out thinking it was completely a waste of time, because it made me realise that there aren't any quick fixes to anything.I think we probably did focus on trying to be in the present and not trying to run awaya good thing to have come out of it.My problems have not changed hugelythey are still there really. Everyone has their demons. I think maybe sometimes I am better now at catching them before they take too big a grip and I can get myself out in time. I thought that I would come out and things would be great with my familya silly illusion. Whilst things haven't resolved themselves, maybe I am a bit better at coping with them.... Today anyway!

At the time of the interview, Jenny had not sought therapy elsewhere but reported feeling a little bit better within herself. She attributed this mainly to her freelance career having taken off *...there are lots of other ways of keeping yourself mentally healthy. It doesn't have to involve talking to, sitting with a stranger ...keeping busy is good for me.*

Cristina

Cristina was offered eight sessions of group preparation prior to her entering an ongoing group. She had mixed feelings to begin with about joining a group, as she had originally anticipated having individual therapy. She spoke of her therapist recommending group therapy to her. She found the one-to-one group preparation sessions very helpful. She disclosed experiences of childhood sexual abuse to her therapist. She had not fully discussed what had happened with anyone prior to her sessions and found this opportunity to disclose an enormous relief. Moving from the individual sessions into a group felt very challenging. She felt that that she could *...no longer freely talk* which felt incredibly *...frustrating*. Unfortunately this group never quite got off the ground. Women joined and left, others would turn up late or would regularly miss sessions. The content of the sessions focused on women talking mainly about how *...uncomfortable* they felt in the *...group scenario*. Whilst Cristina said she could appreciate the benefits of a group in theory, she felt she had experienced little benefit in practice. Eventually this group was closed by the therapist due to only two women regularly attending. At this point Cristina felt she had lost *complete faith* in the therapist and the Centre.

Following the closure of the group Cristina and her therapist made the decision for Cristina to be referred to a therapist in private practice but who was known to the Centre. At the time of the interview Cristina was still in therapy with this therapist and finding it very productive. She was unsure about how long she would remain with this therapist, perhaps two to three years, but felt that at the time of the interview she was *turning a little bit*. She had begun to feel that therapy *actually works, it is working!* She hoped to continue to *excavate* her issues and to *eventually break into more negative patterns*.

Lorna

Lorna entered an ongoing therapy group but only remained for five months. She spoke of how she would have liked to have left the Centre earlier, but had made a commitment to herself to stick it out for six months. Further, her partner had encouraged her to stay. Lorna joined a group that was already established and always felt like a newcomer. In particular she felt that one group member, who had been attending for many years, was very dominating and difficult to confront. To add to this she felt that the issues that the women brought to the group were very distressing and *traumatic* and felt that this sometimes led to a rather *mad* atmosphere. Other difficulties included group members not turning up on time, or being absent for long periods, which was experienced as being disruptive.

Despite this, Lorna felt that she had gained in several ways from her time at the Centre. By comparing herself to other women in the group she realised that she had moved into a *different place* in contrast to her *chaotic* teenage years. She felt that several of the group members reminded her of how she felt and behaved in her troubled youth *...I just felt like I had been pulled back to somewhere where I didn't fit anymore*. In addition Lorna felt that in hindsight, she could have been more challenging to some of the women in the group *...I suppose I could have tried more and tried to take a risk and see what happened. If I got more involved or if I stood up to this other person more...* During the time that she was in therapy she had frequently wished for the therapist to intervene more.

At the time of the interview Lorna wasn't seeking further therapy *...I haven't really thought about it*. However she said that if she did, she would probably consider individual therapy.

Almost all of the women in this group left therapy prior to their agreed end date (11 of 12). This group of women were in therapy for between three months and one year and eight months. The average length of therapy for these women was seven months.

4.3 The dissatisfied with no sense of gain.

This group comprised the smallest number of women (seven of 47). These women felt they had not learned or gained anything new from their experience of therapy. They felt the issues they brought to therapy had remained untouched, and in some cases felt their contact with the Centre had made them feel worse.

At the time of the interview some of these women still felt angry or aggrieved with the Centre regarding certain aspects of their experience. Several were grateful for the opportunity of the research interview as a means to communicate their disappointment. Women in this group often felt that their therapist had not truly listened to them or had suggested something far too challenging for them at a particular moment in their therapy (see section 5.2). Frequently these women compared their experience of therapy, unfavourably, with a counsellor or therapist they had contact with prior to or following their time at the Centre. Several of these clients left their therapy sessions abruptly and without giving notice to their therapist or group. These women were in therapy for between two and nine months. Their average length of therapy was five months.

Case studies of women in the dissatisfied with no sense of gain category

Sara

One woman was in individual therapy for two months prior to leaving suddenly, angrily and without notice. She was wary of her therapist, whom she viewed as being inexperienced or nervous of her. On several occasions she felt that the therapist had put forward very challenging and difficult explanations about how she was feeling. She had some knowledge of counselling theory and felt that the therapist was challenging her thoughts and feelings far too soon without having developed a trusting relationship with her first. This woman felt that her personal story and perspective were not being heard and that the therapist was *interpreting too soon* and continually *referring everything back to the transference* in order to appear clever. She felt a huge sense of relief and *empowerment* when she decided to leave. The therapy sessions to her had felt abusive, which she felt had echoed a childhood full of sexual abuse and neglect by adults in authority. Like several other women in this category, this woman returned to a therapist whom she had been seeing prior to therapy at the Women's Therapy Centre. Overall she felt she had gained nothing from her experience at the Centre, apart from feeling angry following the sessions and angry since.

Heidi

Heidi had waited many months to access the Centre's waiting list and then several more to access an assessment appointment. She was experiencing domestic violence within her current relationship and felt that the Centre was an appropriate and safe place for her to take and explore this issue. She had also had contact with mental health services for many years and was keen to access help from an organisation that could view her difficulties beyond the medical model. She perceived the Centre as being such an organisation.

Heidi felt disappointed with her experience of the Centre, both during the assessment and in her therapy sessions. She only remained at the Centre for two sessions. During the assessment session she was asked for her psychiatrist's contact details, but felt that she wasn't informed why this information was required. This request from the assessing therapist was felt to be both surprising and *pathologising*. Two further incidents occurred in the therapy sessions that added to her dissatisfaction with the Centre. At one point she was asked whether she was angry with her husband and at another she was asked whether she was currently taking her medication. With regard to asking her about her anger she felt that it was too early in the therapeutic relationship to be asked to consider her angry feelings *...I wasn't feeling angry yet, I was actually feeling very hurt and intimidated*. She felt at the time that she required space to express her feelings fear and low self esteem prior to addressing her anger. She also felt that the therapy might have worked *...if she had allowed time to build the relationship up*. With regard to the question about her medication she felt *pathologised* once again and in addition felt that her highly distressing experience of domestic violence wasn't being taken seriously.

On leaving the Centre, this client very soon began to look for a new therapist or counsellor. She specifically sought out organisations and professionals that worked from a non medical model approached and during her assessment sessions with two different practitioners asked a question regarding this. She soon moved into the private practice of a counsellor who she has been with ever since. This client spoke of the difficulties of communicating with therapists and their organisations once a period of therapy had ended. She had emailed the Centre regarding their need to ask for psychiatrist contact details, but had not received a satisfactory response. This woman felt very positive about the Centre conducting research to obtain the client view.

Eleanor

Eleanor joined a time limited therapy group (ten months in length) for women with experience of eating problems. She remained in the group for two months. Eleanor had experienced eating problems since she was in her 20s. She felt she had had her problem *forever*. Over the years she had sought help from her GP and had been both a psychiatric inpatient and outpatient. She had been prescribed slimming pills and anti-depressants and had experience of attending several different therapy groups, some of which she had found very helpful. In addition to her eating problems she had experienced problems within her family including a difficult separation with her partner and a child with a substance misuse problem.

Eleanor had high expectations of attending the Women's Therapy Centre. She spoke of how she was looking for a *cure* and hoped that attending the group would enable *something to click ...fall into place* regarding her overeating. From her previous experience of groups she felt that women talking together could be *...the best cure in the world sometimes*.

However on entering the group at the Centre she felt very disappointed. She found the talk in the group *frivolous* and *boring* and had particular problems with one woman who she felt dominated the group with her trivial issues. She personally wanted to talk at a much deeper level, for example to explore her child's drug addiction. She sometimes felt frustrated that the therapist did not intervene more to enable there to be more space for others in the group to have their say. Eleanor spoke of dreading turning up each week to therapy and of how she would dwell upon what had taken place in the group between sessions. During the interview she often compared her time at the Centre with an experience of group therapy she had had whilst an inpatient. In the inpatient group she had felt that the group members had developed a strong connection to one another, were trusting and had been able to explore issues in depth. Eventually she made a decision to leave the Women's Therapy Centre group and spoke of her *relief* at no longer having to return. Eleanor left suddenly and without giving the group any notice.

Since leaving therapy, Eleanor's eating difficulties have remained and she spoke of how she felt the Centre had let her down. At the time of the research interview she felt that she was still very much searching for a cure. She talked of how she had considered seeking future therapy, but of how she never managed to make the initial phone call.

All of these women left therapy prior to the end of their agreed therapy contract, apart from one woman who began therapy in a short term therapy contract. Throughout her therapy, this woman repeatedly reviewed, with her therapist, how long the therapy should continue for. This client and her therapist eventually came to a mutual

agreement that the therapy *wasn't working* and that it would be sensible to end the therapy after six months. Whilst this woman liked her Centre therapist, she found the psychoanalytical psychotherapy approach too distant and frustrating. Since leaving the Centre she returned to a highly valued counsellor with whom she felt she had a much closer and warmer relationship.

The table below (13) summarises the number of clients in each satisfaction category.

Table 13: Clients' level of overall satisfaction in relation to their sense of gain

Positive change 29 satisfied	Some gain 11 dissatisfied	No gain 7 dissatisfied
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Chapter 5 Engaging and disengaging with therapy

The following three chapters are highly interlinked and finding a suitable structure for them was challenging. Whilst engagement in therapy, undertaking the work of therapy and the outcomes of therapy have been separated out and given a specific chapter each, it is important to stress that this has only been done for ease of description and explanation.

Most of the women who took part in the research viewed the experience of being in therapy as tough and demanding. In this chapter we explore why some women were able to stay with the process whilst others made the decision to leave.

5.1 A difficult process

Therapy was experienced as a challenging process in which to participate by most of the women. Turning up each week was often felt to involve a huge effort.

It is a situation that I should have appreciated, that I have somewhere to go and sit down. This space it gave me. But the pain that I was going through was so severe that I wished I didn't have to go. [37+ months, individual]

It was difficult from beginning to endhugely challengingit took a huge part of my strength and energy to come every week. [37+ months, group]

It was lots of thingsinfuriating, frustrating, unsatisfactory.I so hated being in the group, I couldn't bear it. I loathed it most of the timeit was purgatory. [13-24 months, group]

5.2 Establishing a working relationship

A number of key elements appeared to underpin the development of a strong enough working relationship, which in turn seemed to support women to ride the ups and downs of the work of psychoanalytical psychotherapy. These elements included women feeling safe enough to open up to their therapist or group, women gaining some sense of belief or hope that therapy could help them, clients forging a bond with their therapist or group, and the therapeutic relationship progressing at a rate deemed comfortable or challenging enough.

Developing a sense of safety

Women initially engaging in therapy appeared to need to feel safe enough within their sessions and with their therapist or group to talk openly about what had brought them to the Centre. Following this first communication, women then needed to feel trusting enough to take the risk of engaging more fully with the work of psychoanalytical psychotherapy. This work usually involved women feeling vulnerable and experiencing painful emotions, and thus women needed to feel confident that their therapist or group would be able to support them through this process.

Feeling accepted by the therapist or group, knowing that what was said within the consulting room would be confidential, and trusting in the experience and procedures of the Centre and the therapist all contributed to women feeling safe. A sense of security often enabled women to disclose and explore experiences and views with their therapist or group that they had rarely revealed to others. For example, one woman felt that the special environment of therapy meant that *anything could be said*. Conversely a lack of safety could contribute to women disengaging with therapy and deciding to leave.

Acceptance

Individual therapists were often referred to as being *professional* and this appeared to encapsulate a number of qualities. Women valued therapists who appeared to be closely listening to what they were saying, did not appear to be distressed by the content of what they were talking about, were perceived to be appropriately trained and who they felt were listening without judgement. These characteristics allowed women to share the diverse and difficult experiences and feelings that they brought to their sessions. This lack of judgement about what was *right or wrong* and the security of knowing that the therapist would be able to 'handle' the content of their issues was particularly important for those women who wished to explore traumatic and stigmatised issues such as rape or childhood sexual abuse. Often these women had not told others about their experiences,

including close family and friends or even previous counsellors or therapists. They had kept this information to themselves as they often felt a sense of shame about what had happened, or feared that others would not be able to take on board what had happened to them, or how they were feeling. A sense of acceptance was essential in order for women to feel that they could talk as frankly as they were able.

Yes, the most important thing was, I didn't see in her face something I see in my husband's face when he looks at me, like me being a dirty thing.... No, in her face I didn't see that.Yes, it was important that onebecause when you have a problem, you think all the people look at you like a bad thing and I didn't see the face, that face looking at me, because if I had I wouldn't have been able to talk to her [This woman told her therapist about her experience of a rape.] [4-12 months, individual]

I needed to deal with those things that I couldn't have dealt with, with anyone other than a therapist I think. I mean family and friends wouldn't have understood. Well I probably wouldn't have opened up to them. I think it's this whole trust thing, I don't trust people enough, or didn't trust people enough, to be open enough. But with the therapy, I felt that I could trust this person, I knew it was going well. I just felt I could be open enough and no-one was going to judge me. [37+ months, individual]

Feeling accepted within a group was more complex than in individual therapy. Those entering a group at the beginning of its formation found it much easier to feel comfortable and accepted than those who joined groups that had been established for some time. However, those joining established groups often felt they were *intruding* or were *unwanted* by other group members. It frequently took a long time for women entering new groups to feel trusting enough of other group members to fully open up.

Sometimes a group would comprise members, who would skirt around uncomfortable issues and thus not provide a space where difficult problems could be raised or addressed. Conversely the atmosphere within other groups could feel too *extreme*, with group members sharing their highly distressing histories, and those interviewed feeling that their experiences were not 'bad' enough to be valued or seen as acceptable for discussion. A couple of women attending one such *extreme* group at different times did, after several months, make the decision to leave. These women felt they were not fully able to share their own views or experiences with other group members, and thus did not feel they were fully engaged with others in the group, or in the shared group process.

Confidentiality

Acquiring assurance that what they said within the therapy sessions was confidential was crucial in enabling women to trust their therapist or group enough to lower their own barriers and engage in therapy.

In individual therapy, it could not always be assumed that clients were aware of the confidential nature of the therapy relationship. This was particularly the case for those women who had never received counselling or therapy before, and especially for those born in countries that do not have a culture that comprises broad knowledge of, or access to, talking therapies. For example, a therapist who explicitly outlined the confidential nature of therapy sessions and indicated that it was a safe place where the client could share her difficult experience enabled a woman from Eastern Europe to open up about a recent and extremely traumatic event. This woman felt very ashamed about what had happened to her, largely as a result of what was felt to be unacceptable within her culture. She had told few people about her experience and was very tentative about sharing her problem with the therapist:

....she (the therapist) was very friendly.she had a nice or good face looking at meher eyes looked at my eyes.... She said ... "I am not going to say anything to anyone. If you want to talk you can talk." [4-12 months, individual]

Those entering group therapy were usually informed about confidentiality during their assessment session(s) or via a letter sent to them prior to their first therapy session (see chapter 3). Clients were informed that what was said in sessions would be confidential and were encouraged not to speak to other group members if they met them by chance outside of the group. For many, receiving this information was highly reassuring. Women felt secure in the knowledge that what they said in a session would be kept within the confines of the therapy setting and that structures were in place to maintain their anonymity about attending therapy.

Trust in the therapist and Centre

The consistent conduct of the therapist and the procedures and reputation of the Centre were also important in providing a safe environment in which women could engage in the work of therapy. These factors are examined further in chapter 6. The following describes the reassurance felt by a woman in group therapy about the

professionalism and training of her therapist and the ground rules that were outlined to each member when entering the group. This woman felt these aspects were crucial, particularly with regard to the sensitive issues that group members brought to sessions:

....one thing that I liked about this Centre, is the fact that if you join a group, it's taken very seriously, you have to come every week. If you don't come, then you have to phone up and explain why not, and if you don't phone up and explain why not, the next time you come everyone will want to know why not.a lot of other things that you might join up with or gain benefit from in many other ways [such as other groups], they're not serious like that, and also I felt that this was completely confidential, it's properly run by therapists.... Well I think going into a group is a very scary process, you know, because you can feel quite vulnerable.... Another thing I liked about it really was, you know, as a mother you can meet with lots of women and talk about things on quite a peripheral level, a surface level, but this was kind of going quite deeply into people's, you know, what they really felt, and quite private and personal things. Some women had been abused and various other things would come up, some of it which was quite strong stuff, but I felt that, you know, at least this was something that you could bring anything you liked to and it would be properly looked at, and that was really nice actually, and I felt the therapist was a very kind of able person. [25-36 months, group]

Trust, in the broader sense of the word, in the Centre was often lost when clients' expectations were not met. Those approaching the Centre often had firm conceptions about the reputation of the Centre and had clear ideas about how they expected the Centre to operate (see section 3.2). Some had expected the Centre to provide very long term or *feminist therapy* or not to work from a medical model. Others had hoped that their therapy sessions would enable them to talk about specific burning topics, or that it would enable them to explore issues deep within them (see also "Acceptance" and "Pace of therapy" subheadings, this section). If for one reason or another their imagined view of the type of Centre they were attending, the style of therapy that was on offer or of what they would cover in the sessions was not met, then they were often disappointed and made the decision to leave.

The following woman had a mental health diagnosis and was taking long term medication. She made the decision to remain on the Centre's waiting list for over a year, because of the reputation of the Centre as a place that did not work from a medical perspective; a place that focused on women's lives and issues, rather than on mental health diagnoses. She made the decision to leave therapy after a few sessions, partly at the shock of being questioned by the therapist about whether she was currently taking her medication. This woman felt that this had diminished the importance of her main issue, fear of violence from her husband, which she was bringing to therapy. She also felt that the therapist's questioning implied that the therapist did not believe what was happening within her life; that her fear of domestic violence might be due to her not regularly taking her psychiatric medication:

But the one [session] that I think I thought 'No no', is when she asked me was I taking my medication.... My own shrink doesn't ask me that and certainly not a psychotherapist I am payingif she had allowed time to build the relationship up, then she would have known that I am the kind of person who is taking responsibility for myself and that also it is not her job. It would be like my divorce solicitor asking me if I am taking my medication and she is not qualified either.but I felt the asking about the medication was outrageous and I felt pathologised and deeply disappointed in the Women's Therapy Centre.[up to 3 months, individual]

Pace of therapy

A crucial role of the therapist appeared to be in identifying where the client was placed in relation to the therapeutic process, and in ensuring that the therapeutic work that occurred, did so at an intensity with which the client felt safe. Women were not always able to identify or articulate how the therapist was moderating the depth with which they were engaging with therapy, but more broadly were able to acknowledge that the therapist was instrumental in establishing the right balance, between being led by the level of issues the client was bringing to sessions*completely going where I was at* and encouraging women to work at a deeper level.

It wasn't like a teacher-student relationship. There were no power games or things like that. I suppose in a way it was very much in your control; I suppose where you wanted it to go, and as deep as you wanted it to go. [37 months+, individual]

....you want a therapist to be tough and gentle, and she was both of those things. That wasn't afraid to deal with difficult stuff, but would be aware of when it was becoming too much. And try and not let you leave the room feeling like slitting your wrists, because you can, some of the stuff that comes up it does make you feel that bad. [3-11 months (group and then group preparation)]

She worked in a very traditional non-responsive way. She did not respond to what I would say, but perhaps would lead me on to say more, which is one of the ways that therapy works ...I think at times when it did work, she did lead me perhaps gently into where I needed to be led, it was good. [13-24 months, group]

The wrong pace of individual therapy could lead to women feeling too vulnerable and emotionally unsafe. For example, one woman spoke of how her therapist had put forward what she perceived to be far too challenging a suggestion regarding the links between how she might feel about the therapist in the therapeutic relationship, and how she had experienced her mother in the past. Though in hindsight this woman could see the value of this suggestion or, as she put it, the *interpretation* of the *transference relationship* (see chapter 2), she felt that this suggestion was made far too early on in the therapeutic relationship, indeed in the first session, and at the expense of truly listening to the story that she felt she was there to tell. This woman said she had found these suggestions too painful to take on board at this early stage of therapy. She had experienced severe physical and sexual abuse by family and social care workers throughout her childhood, and felt that as a consequence, she experienced the therapist's suggestions as abusive. The relationship between this client and her therapist never seemed to gel, and this client left therapy after a couple of months feeling very angry and upset and without providing the therapist with any notice. This client had knowledge of the language of psychoanalytical psychotherapy through counselling courses that she had attended:

....I think I felt mainly in the session that she again wasn't actually taking on board where I was coming from. Everything was going into transference and counter-transference.... Yes I was talking about something and she would change it around to herself and I would think well it's not to do with you.... It felt like she was dismissing what I was saying I suppose. Instead of taking on board the feelings that were going on for me, she was too busy saying it was because of something she had done or hadn't done. [up to 3 months, individual]

Conversely, individual therapy could be experienced as progressing too slowly. One woman spoke of how she had experienced her therapist as not being insightful or challenging enough and how, at the time of being in therapy, she felt she was not gaining enough. This woman's experience was informed by the knowledge she already possessed about the psychoanalytical psychotherapy process from books she had read, and from growing up in a household where therapeutic language was frequently used, due to one of her parents being a trained therapist:

*I feel like it was a lot of going 'So you feel this? So you feel that?' And me going 'Yes I do feel that.' But not a lot of going 'Don't you think you feel this is connected to that?' or 'Why do you think that you behave like that?' I didn't feel very challenged and I don't really remember coming out and going 'F**k, I hadn't thought of that. Wow, that actually really makes sense!' I didn't get that kind of feeling there, which is kind of what I really want. [up to 3 months, individual]*

The pace of therapy was also important in group therapy, and similarly the skill of the therapist was brought into question when the tempo felt wrong. Women spoke of issues in groups being explored at too superficial a level, or alternatively feeling overwhelmed by the distressing content of what other women were bringing to the sessions (see "Acceptance" subheading, this section). Both of these types of experiences led to some women making the decision to end therapy early.

The following woman spoke of the frustration she felt with regard to the everyday issues that were frequently shared within her group therapy sessions rather than the deeper underlying emotions that she was eager to connect with and explore. This woman did not understand why the therapist did not intervene more in the sessions in order to facilitate a more intense discussion. This woman left her ongoing group after nine months:

My idea of therapy is that I have unstopped feelings and unstopping emotions and I would like to sit there and discuss them. I don't want to come and discuss what I did yesterday because what I did yesterday may be relevant, but it is not as relevant as to how I may be feeling. 'Oh I had a cup of tea with my friend yesterday.' To me that is not solving what I am feeling. [4-12 months, group]

Belief or hope in the therapy process

Being in therapy was painful and uncomfortable, and an important question to consider was why some women made the decision to remain with therapy and its accompanying difficult feelings, whilst others decided to leave. The role of the therapist in moderating the pace of therapy is important, as discussed above. However there appears to be an additional factor, that of the client experiencing a sense of belief or hope that the difficulties of therapy would eventually bear fruit.

Women spoke of their intensely mixed feelings about being in therapy. Whilst therapy stirred up distressing memories and emotions, women spoke of their desire to move beyond the difficulties that they were currently experiencing in their lives. They wished to work out what was going on inside, to feel better within themselves, and perceived therapy as a place where this discovery and change could potentially take place. This hope that therapy could make a difference enabled many women to stay with the process.

I used to be emotionally exhausted when I came out. I got round the corner where I could park and sit in the car for ten minutes and it was almost if I had had a twelve round boxing match. Mental not [physical] but I kept going. Well I didn't enjoy all the turmoil, but I enjoyed...., I knew deep down I needed to deal with the issues.I knew there was much more there that I wasn't reaching. I just wanted to get on. I really wanted to know why things bothered me. [13-24 months, individual]

Well, it is hard to explain. It was painful but I kept going. There were times when I was late and there were times when I went that I hated everything and didn't want to be there but I kept going. There were times when after therapy I would feel terrible, terrible, because I would be crying and having to discuss my own childhood difficulty with what was happening in the present. I could see the good side of the therapist and I could see that she wanted to help.... [37+ months, individual]

I think generally for me it was the best experience of my life and I think without the centre I just don't know how I would have coped, so it was very difficult but you know, I had to go back, something kept driving me back [37+ months, individual]

I got too upset to go there once a month. I don't know. If I felt someone was speaking sharply to me, or being very critical, it made me very angry and I wouldn't go. [She felt this was the same for others in the group]sometimes they wouldn't come because they felt they'd been either ignored or people had upset them, you know, sometimes there felt almost like a bad atmosphere.... (Asked why she decided to continue to attend)well it's just different to anything else really.... [37+ months, group]

Because it is tough, it is really tough, because you feel like you have so many things to say, or you are so needy, and you have to share the space with all these people and it is extremely frustrating and awfulI kept going, but I was surprisedIt wasn't that I came home and thought 'Oh my God'. I knew I would go back. I never doubted itI wanted something for myself, I wanted to understand myself better, I wanted to be happy.... [37+ months, group]

The positive outcomes acquired through therapy, appear to occur from the first session onwards and perhaps even from the point of the first assessment session. These outcomes are explored in further detail in chapter 7. When aspects of personal change were recognised by women in therapy it often seemed to provide them with evidence that therapy was worth the difficult sessions and emotions; that therapy was actually working. Indeed the most difficult therapy sessions, were often felt to lead to the greatest amounts of change. This sense of progress and often relief of symptoms, provided women with the incentive to keep returning to their sessions, to fully engage with the process and sometimes to trust the process enough to engage at a deeper level.

In a sense, beginning to understand how therapy worked, and that therapy working was linked to the struggles they experienced in the sessions helped women to stay with the process and have *faith* that therapy could eventually positively change the way they were feeling.

Related to a belief or hope that therapy would prove beneficial, was the commitment some women made to themselves to attend therapy for a predetermined period of time. For example one woman prior to commencing group therapy made the decision to attend for two years. She achieved this and left her group exactly two years following her start date. This woman struggled to turn up to the group each week and frequently felt verbally attacked by other group members. She felt it was her personal commitment to stay, that enabled her to complete the full two years. She had several experiences of therapy prior to approaching the Centre, but had previously either only been offered short periods of time or had left therapy early. During the research interview, this woman spoke of how she was glad to have honoured her commitment to herself and spoke of the many changes she had experienced as a result of her time at the Centre (see case study "Maria", section 4.1). In a similar vein, one woman spoke of how she had waited so long to access the Centre (see case study "Joan", section 4.1), and was aware of how precious a resource therapy with a black therapist was, and at low cost, that she stayed with the therapy process to the end of her contract. This was despite finding the therapy process intensely difficult and painful throughout.

Women who were not ready to commit to the process of therapy often left early. Clients spoke of the timing of starting at the Centre as not coinciding with an inner conviction that beginning therapy was the right thing for them. One woman spoke of *playing up a bit* with her therapist as a result of having mixed feelings about entering therapy. This woman spoke of how she never fully engaged with the therapeutic process at the Centre.

Another client explained how she had approached the Centre, not as a result of identifying within herself that therapy would be helpful, but in response to a suggestion made by her partner that she had problems and needed therapy. This client had past experience of being forced to engage with mental health services for her eating problem, as well as making the decision to commence counselling herself. In her experience, the only successful therapeutic input she had encountered was when the motivation to seek and receive help for her problems had initially arisen from herself. At the time of approaching the Centre, she felt that she was doing it for the wrong reasons. After only half-heartedly engaging with the therapy process, this woman eventually made the decision to end therapy early.

The approach to therapy offered at the Women's Therapy Centre often baffled those who began therapy: the presence of a silent therapist in individual sessions felt disconcerting to some; those in group therapy sometimes complained that the therapist would not intervene enough, particularly when individuals were very quiet in sessions or when group members were verbally attacked; a summing up of clients' behaviour at the end of her group therapy sessions was met with incomprehension by one woman. For these women, in both individual and group sessions, there was often a lack of connection between the frequently uncomfortable therapy process and the potential gains they might experience. Some felt that greater explanation of the therapy process might have helped them to fully comprehend what was going on in the consulting room. A few even expressed the view that a clearer understanding of the therapy process may have prevented them from leaving therapy early.

One woman spoke of how undertaking a counselling course at college had helped her to understand what was happening within the therapy sessions and to stay with what at times felt like a very unusual process. This woman was also supported to remain in individual therapy, particularly at the beginning, by a friend who was a trained counsellor (see section 3.5). The friend reassured her that her therapist sounded very able, explained aspects of the therapy process to her and encouraged her to raise the issues that she felt uncomfortable about in the sessions themselves. This woman took her friend's advice, which appeared to be very influential in enabling her to return to her individual therapy sessions each week and to remain in therapy at the Centre until the completion of her contract.

Connection with the therapist or group and their characteristics

Forging a bond with the therapist or group appeared to be very important in enabling clients to remain in therapy until the end of their contract and to fully engage with the process. A sense of connection is closely linked to issues of feeling safe and working at an appropriate pace, as already discussed earlier in this section.

Individual therapy

It is difficult to pinpoint what led to a positive personal connection between a woman and her therapist, but it appeared to hinge on the balance between the therapist exhibiting *human* qualities such as *sensitivity*, *empathy*, *care*, respect and *concern* with a more *detached* approach. The latter was frequently associated by the interviewees with the presumed therapeutic approach of the Centre and was described as the therapist being *strict*, *orthodox*, *distant or silent*. Whilst therapists differed in terms of how distant they appeared or how personally present they were in the consulting room, women gave the impression that whatever the style of their therapist, the therapist's approach seemed to remain consistent throughout the course of their therapy.

The combination of these aspects of a therapist's behaviour, led to clients describing a relationship with their therapist that was different to the relationships they had with others they were close to in their everyday lives. Women spoke of working with a therapist they felt connected to, but with whom there was a degree of distance and objectivity. Some women did not feel comfortable with this relationship, particularly at the start of therapy.

...she didn't feel like my friendI wanted her to be more like a friend and to comfort meshe seemed really cold. [37+ months, individual]

However most felt that the unusual tone of their relationship with their therapist eventually led to a strong and effective working partnership.

...like sitting with a best friend or an aunt or a family member, but not so close that they would interfere... [13-24 months, individual]

...like an old friendvery correct with me, very gentle... [4-12 months, individual]

A sense of connection was often difficult to pinpoint. Some women spoke of how they had simply *clicked* with their therapist, and viewed this as something that was just fortunate; that some people you connect with and others you don't.

...I clicked with heryou have empathy with different peopleshe seemed more of a motherly typenot old enough to be my mother butshe was the kind of mother that I would have liked to haveshe was lovelyI think that really is important, that you can have someone you can relate to. [25-36 months, individual]

A sense of connection with a therapist with a more *distant* approach was often developed through clients feeling cared for, or being impressed by the degree of patience and tolerance with which they were treated. One woman spoke with great admiration regarding the persistence of her therapist. This woman had found it hard to talk openly in her sessions, and particularly at the start of each session. She imagined that her therapist must have sometimes felt that getting her to open up, must have been *like trying to get blood out of a stone*. A second woman spoke of how surprised she was that her therapist, week in and week out, was welcoming, despite the anger this client brought to so many of her sessions.

Understanding the reason why a therapist was behaving in a detached manner often helped women to accept and understand the unusual relationship they had with their therapist. Women either had knowledge of the psychoanalytical approach prior to attending the Centre (see section 3.2) or had picked up the 'rules' of therapy along the way (see section 6.2). Indeed some women were very accepting of the manner of their therapist *....it's part of the therapy, the standard way of doing therapy orit's the way it works*.

Some clients, however, did not understand why their therapist was so aloof. It was these women who often did not make a strong connection with their therapist who felt they had gained little from their time in therapy and who left therapy early. These women often found the distance and non-responsiveness of their therapist alienating and confusing. Women spoke of perceiving the therapist as being too much of a *stranger*, thus feeling reluctant to share their feelings with them. These women often felt that greater knowledge of their therapist's personality or views, or a softer approach, would have helped them to have formed a stronger working alliance.

One woman found the approach of her therapist as lacking in human qualities. She found her therapist too rigid in her approach and developed no sense of connection with her at all. This woman made the decision to leave therapy after only a few months. She had previous experience of much more flexible and warm psychoanalytical psychotherapists:

....she was on automatic pilot of being a psychoanalystmore like a robot [13-24 months, individual]

Characteristics such as ethnicity, first language spoken, age and even body size, were sometimes influential in enabling clients to establish a personal link with their therapist. These issues were particularly important, if a client approached the Centre with a specific idea about the type of therapist that they wished to work with.

Several women initially contacted the Centre in order to work with a black therapist. These women felt it was important that their therapist had a personal understanding of what it was like to be a black woman in Britain, particularly with regard to racism. These women felt that their therapeutic relationship could then commence from a point of some shared understanding. On the other hand some black women, and others from a range of different ethnic and cultural backgrounds, felt that more important was a sense of whether they got on with their therapist, the 'click' factor, and whether they felt that they could open up to them.

For those who did not speak English well, it was essential that their therapist spoke in their first language. In therapy, women were encouraged to talk in detail about their lives and experiences, and about their feelings, and so means of comprehensive expression and communication was essential. For clients who did not speak English as their first language, despite having a strong grasp of English, many preferred to engage in therapy in their mother tongue. They spoke of being able to access childhood memories more easily, and of the greater ease with which they could express themselves emotionally. One woman explained that some words in English could not fully express the emotions she felt or would be able to communicate in Spanish. These findings echo those identified in the evaluation of the Centre's Language Project (Weston, 2003).

Other factors such as the age or weight of the therapist sometimes came into play, particularly at the start of the therapeutic relationship. Women spoke of their concern at meeting a therapist who they initially felt was too young or too old to be of any help to them. One woman felt that an older therapist would not be able to fully understand her life, whilst another perceived her therapist, who she imagined was a similar age as her, as perhaps not having enough life experience and wisdom to be able to help her. Another woman who described herself as being bulimic felt concern on initially meeting her therapist, who she perceived to be slightly overweight, that she would not be able to disclose her eating difficulties to her. As each of the above therapeutic relationship developed and deepened, these initially restricting factors appeared to diminish in importance and were overcome. For example the woman with bulimic behaviour, eventually disclosed her eating problem to her therapist during her second year of therapy.

Group therapy

The development of a positive working relationship within group therapy, involved the three-way interaction between the client, the other group members and the group therapist. The presence of the therapist was more visible in some groups than others, with some therapists working in a more encouraging and active way, whilst others appearing to be more *distant* and less interventionist. Whatever the style of the therapist, her manner appeared to remain consistent throughout the course of a woman's time in a group. When women spoke about their group therapy, the focus was usually on their relationships with the other group members, rather than that with the therapist. The role of the therapist appeared to be one of supporting the women to develop a working relationship with one another and for them to then undertake the therapeutic work themselves (see section 6.3).

The group therapists with a more active approach appeared to encourage group members to work together in a number of ways. These therapists would: *break the ice* within a group by asking questions; might check that those whose first language was not English could understand what was being said in sessions or could be understood by others; ask a question of those who perhaps had not made a contribution for some time; would encourage group members to confront one another; suggest that the surface issues that they were talking about were perhaps a way of avoiding confronting deeper issues; or consistently ask clients why they had been absent from sessions in order to*not let people slip*.

Group therapists were observed as taking *care* of group members.

I found that it wasn't all easy sailing, but when I left I told her, 'If you were a shepherd and you had all your little sheep and one of your little sheep went astray, you would go out and look for that little sheep and bring it in.' If someone was sat there all doom and gloom, she wouldn't let that girl go away without saying 'Is everything okay?'. She wouldn't let them go home without saying something. She would bring them into the group and not make them feel excluded, even though they didn't feel like talking or whatever the situation was. She wouldn't abandon you. You wouldn't feel abandoned. [37+ months, group]

For those who engaged with and remained in therapy, group therapists were usually described as being *neutral, respectful, sensitive, caring*, unrevealing of their own lives and views, and skilled. These were traits observed and valued in individual therapists (see "Individual therapy" subheading, this section). Overall the group therapist was seen as a person who was set apart from the group, but was there to facilitate the group to work together and to provide safety.

She was serious. She was not at all particularly joking, or very very occasionally she might be, but generally she was kind of very serious, which I felt quite respectful. She was a presence definitely. She was the caretaker if you like. If she had shown her vulnerabilities, then maybe that would have knocked her off her position. [25-36 months, group]

The development of a positive working interaction within a group, was often felt to be hindered by dominant group members or dominating issues. These factors sometimes contributed to group members making the decision to leave therapy. Some group members were felt to take up too much space within a group and to have little awareness that others might like to speak, which was often experienced as frustrating and unfair. Others spoke of continuously clashing with particular group members, but rather than working through and gaining from the interaction, which often was the experience for other women (see section 6.3), they would simply find the experience too challenging and distressing.

Sometimes a dynamic within a group would be established, which would only allow certain issues to be explored, which for some was experienced as leading to little personal progression. For example, one woman spoke of how three women in her group presumed that everyone else's issues in the group centred on their difficult relationships with their mothers. This woman had many other issues to explore, such as getting older and living alone for the first time, and felt angry and frustrated that the discussions within the group continually returned to the negative impact these women felt their mothers had had on their lives.

Interruptions in the group process were not felt to aid the development of a positive working relationship. An example of one such interruption included the door buzzer going off throughout sessions of a particular group, when new arrivals turned up, because there were no reception staff to let clients in. Women usually found it difficult if there was instability in the membership of their group, such as women joining or leaving the group too frequently or if group members were regularly late or absent. To some, such inconsistency was so frustrating that it could lead to women losing their confidence in the ability of the therapist or the Centre, and could contribute to them ending therapy.

Moving from group preparation and into a group was another type of interruption to the flow and development of a therapeutic connection and was difficult for some. Some women found it difficult to leave the intimacy of a one-to-one relationship, and to then be faced with a whole new set of dynamics within a group. One woman spoke of the

intense relief she experienced when she disclosed her experiences of childhood sexual abuse in her group preparation sessions with her therapist. However, on joining a group she talked of her frustration at not being able to continue this frank and freeing exploration, as she felt the group had a very different and rather more stifling way of communicating:

And it just felt so incredibly frustrating, because I had had this incredibly enormous relief, of having had eight weeks of being able to talk and then I was stopped, in the middle of my tracks, and thrust into this situation where I could no longer freely talk.suffocated and silenced again.and the urge of me was so strong to not be held back anymoreI had spent so long being held back. [4-12 months group preparation and group]

The fruits of a gradually developing group relationship could appear suddenly and unexpectedly. A group's sense of connection did not always develop at a regular and steady pace over time. The following woman spoke of an evening when her usually unconnected group worked well together, and trusted one another enough to take a risk and to share some very difficult experiences. She highlights the fact that this important session did not simply occur spontaneously, but was the result of the gradual development of the working relationship of the group over many months:

....but certainly that group of people there that night worked together. It gelled and it was the subject matter that we were talking about and it was to do with childhood abuse and the affect that can then have on you then being abusive to others when you are a child. There was this whole disclosure thing that went on and everyone bar one person I think was able to say, this is something that has been on my mind my whole life.... In a way I think two years of therapy was worth that one eveningIt built up to it over a period of time.... you don't get to that point by accident. It is a process to actually get to the point where you are sat in a room with people where you think okay, I am going to talk about something that is the worst thing I can imagine talking about. [13-24 months, group]

Issues of identity were significant, though as with all of the above, they affect different individuals in different ways. Some women found difference within their group challenging, such as most of the other group members being younger, being at a different emotional stage of development, or others having much more distressing life experiences. These clients often did not feel that they had enough in common with others in the group to feel comfortable about being truly open about their lives. On the other hand, others embraced the variety of the women in their group and felt they learned much from this difference (see section 6.3). For example one woman in a mothers' group was delighted to learn about and gain from the experiences of other mothers; to recognise her similarities with and differences from them across starkly different class backgrounds and financial circumstances. A sense of connection and a strong working relationship could flourish amongst difference.

Additional support outside of the sessions

A small number of therapists at the Centre provided additional support outside the consulting room. This occurred most frequently with clients in group therapy. This support perhaps enabled some of their clients to remain within the therapy process. Such help took the form of therapists phoning clients between sessions if they had been missing for several weeks to find out the reasons for their absence; writing supporting letters, such as for one client to her local council, to help her move to a flat with less stressful external noise; providing clients in group therapy with occasional and additional one-to-one sessions at a time of crisis; supporting clients to be more connected with mental health services, for example linking up a client with her local community mental health team. Whilst this additional support was unusual at the Centre, it was clear that therapists provided this help consistently across group members, or consistently throughout the course of therapy. This extra help to remain engaged in therapy was gratefully received by those who were offered it.

5.3 Development of the relationship over time

Engagement with, and connection to, a therapist or group was rarely static, but changed over time. For those women who felt satisfied with their experience and felt they gained from therapy in some way, their relationship with their group or therapist appeared to strengthen over time and to lead to deeper work (see also section 6.4).

The first few sessions of therapy were usually felt to be difficult. Women spoke of feeling *uncomfortable, embarrassed or nervy and hesitant*. Some even felt guilty about attending therapy and talked of feeling *self-indulgent*. At the beginning many women felt perplexed about, or resistant to, the therapeutic process; these women spoke of not understanding what was happening in the room (see section 5.2) or were dismissive of the suggestions and hypotheses put forward to them by their therapist. Some women, more often those in individual than group therapy, described beginning therapy as a time when they had used the sessions as a place for

dumping emotional issues they had been storing up inside themselves for some time.

One woman was so shocked by her emotional response to her first session that she made a visit to her GP who prescribed her anti-depressants that she left unopened at home. She even tried out a different counsellor following her first therapy session at the Centre. Although this woman did return to the Centre the following week. However she felt that perhaps she should have been warned that such a strong emotional response might take place:

I wasn't prepared for what could happen and when I left there I just couldn't stop crying, I got home, I cried all night, cried all morning, cried on the way to work, I literally had to take myself to the doctor because I didn't know what was wrong. [37+ months, individual]

Over time, women's experience of therapy changed. Women became more confident, began to increasingly understand what was happening in their sessions and to accept the rather unusual process of therapy (see section 6.2). As to hearing suggestions put forward to them by their therapist or group, they spoke of *being able to listen to it more*. Women spoke of their relationship with their therapist or group as becoming *more intense* or *stronger*.

Those in individual therapy often commented on how the quality of their relationship with their therapist changed. Women were often unsure about whether these changes were due to their own feelings or behaviour, or whether it was the therapist who had changed. Some women felt they had themselves gained a greater *grasp* of how they could use their sessions, whilst others felt that their therapist had begun to become more active as therapy progressed. Those with more *distant* therapists often located the change within themselves, whilst those with more *encouraging* therapists often identified the change, at least partly, within the therapist. One woman wondered whether her therapist was becoming *more friendly* or whether she was feeling *less scared*. Sessions were certainly felt to have become *more interactive*. A sense of trust developed over time. Women began to feel that they could tell their therapist *anything*, to be able to *throw myself in a bit more* or were willing to explore a greater range of issues.

With time, those in groups spoke of feeling more *accepted* by other group members and of gradually feeling that the atmosphere was becoming more *human*. Women remembered *becoming more confident*, more able to take risks and of consequently being able to share more about themselves.

Those who felt dissatisfied with therapy in some way, and did or did not feel that they gained from their experience, usually spoke of their relationship with their therapist or group either not developing or, in some cases, deteriorating.

But it just didn't seem as if there was any contact, any rapport at all. It just seemed so difficult with her. [up to 3 months, individual]

But I don't know, maybe not many people bond with their therapist, but I imagine to have a successful therapy, you have to have a degree of, you do have to bond, otherwise the relationship isn't going to go anywhere. [4-12 months, individual]

....the more meetings we had, the more I felt that I am not in the right therapy with the right therapist. [4-12 months, individual]

The following table outlines the factors that supported women to stay in therapy or led to them to make the decision to end their sessions.

Table 14: The range of factors described as enabling engagement and leading to disengagement

Issues	Factors supporting engagement	Factors leading to disengagement
Entering therapy	<ul style="list-style-type: none"> • Own decision to seek therapy • Belief or hope that therapy could lead to change 	<ul style="list-style-type: none"> • Not feeling ready to embark on or commit to therapeutic process
Safety	<ul style="list-style-type: none"> • Feeling accepted by therapist or group • Therapy progressing at a pace viewed as safe by the client 	<ul style="list-style-type: none"> • Not feeling accepted by other group members, particularly an already established group • Use of interpretation too soon ie prior to fully hearing client's story or developing a trusting alliance (particularly important for those who have experience of childhood or adult abusive relationships) • Not exploring issues at a deep enough level
Faith in the therapy process	<ul style="list-style-type: none"> • Belief or hope that therapy can lead to change • Experiencing change • Understanding the links between the difficult and often baffling therapeutic process and change 	<ul style="list-style-type: none"> • Not experiencing any evidence of improvement • Not making a connection between the unusual and often painful therapeutic process and change
Connection with therapist	<ul style="list-style-type: none"> • Feeling cared for • <i>Clicking</i> with aspects of the therapist's personality or manner • Appreciating why the therapist maintains some distance • Recognising that the therapeutic relationship is different to other close relationships and comprehending why 	<ul style="list-style-type: none"> • Wanting greater connection with the personality of the therapist
Connection with therapy group	<ul style="list-style-type: none"> • Feeling connected with group members despite differences in background and life experiences • Trusting the group enough to be open 	<ul style="list-style-type: none"> • Feeling an outsider within a group, due to differences in issues, emotional maturity or life experiences • Not trusting group members enough
Expectations	<ul style="list-style-type: none"> • Feeling really listened to • Therapists being willing to accept and able to 'handle' sensitive and stigmatised issues such as rape or childhood sexual abuse • Some knowledge of psychoanalytical psychotherapy approach and consequently understanding the therapist's approach 	<ul style="list-style-type: none"> • Expectations about Centre or therapeutic approach not being met: feeling <i>pathologised</i>; wanting to explore issues at a deeper level; disappointment at length of therapy (too short); expecting less of a power imbalance in the sessions
Consistency	<ul style="list-style-type: none"> • Smooth therapy process with few interruptions • Consistent approach of therapist and Centre 	<ul style="list-style-type: none"> • Absent or late group members • Change in therapist due to group ending due to low numbers or contract with particular individual therapist ending • Moving from individual to group therapy, such as moving from group preparation into a group

Chapter 6 Undertaking the work of therapy

Psychoanalytical psychotherapy is a complex process to understand, describe and disentangle. The following quote, gives a flavour of the often rather elusive nature of therapy. Women often knew that they were being helped, but could not always articulate the precise ways in which the therapist was helping them. The following woman felt that it was probably only possible to fully understand the process of therapy if you had experience of it yourself.

It was a strange feeling, it wasn't just going on for an hour every week, but the process was something that was happening all the time.Its hard to describe.... I don't know, unless you have been to therapy, or have trained as a therapist, then I don't really think you can know what it is like. [25-36 months, individual]

This chapter aims to begin to separate out and convey what took place in the therapy sessions of those women who felt they gained something positive from their experience of therapy at the Centre. The examples come from the group of satisfied women, as well as from the group who felt dissatisfied, yet emerged from therapy with at least some sense of gain (see section 4.1 and 3.2). These are the women who were able to, and / or were enabled to, engage fully enough with their therapist or group to begin to undertake the 'work' of therapy.

The following sections consider the ways in which clients responded to the setting that was carefully created by the Centre and its therapists and describes the ways in which the therapist and client, collaborated and interacted, in the 'work' of therapy. Due to the intertwined nature of engagement and process, this chapter inevitably touches on and develops many of the themes that were outlined in chapter 5.

6.1 A unique *forum*

A *dedicated* and consistent space

The physical layout of each therapy room was frequently commented on, particularly by those women in individual therapy. The rooms were felt to be known, comfortable, private and conducive to the work of therapy. Women spoke of the rooms as providing a *....nice enough atmosphere, that was relaxed enough to talk.*

It was a very dedicated space. What you would have in the room were the two chairs, a cushion and a little table with tissues on.There was nothing distracting, and it was neutral. [25-36 months, individual]

The room was nice, nicely laid out and you couldn't hear anybody in the next room, and it had a box of tissues there. So yes I found that was okay. It was a nice enough atmosphere that you felt relaxed enough that you could talk about things. [4-12 months, individual]

....I found the rooms comfortable, serene. Nothing that would offend. The chairs were comfortable, the lighting was nice, it was nice and warm. It was comfortable, which is what you need. [13-24 months, individual]

Changes in the layout of the room could feel disconcerting. One woman spoke of the room feeling *weird* if the chairs had been laid out differently for her group sessions. She recalled other women in the group feeling upset if not enough chairs had been laid out at the beginning of a session.

A space for disclosure

Therapists presented a consistent manner throughout the sessions with their clients, and did not exhibit shock or distress when women told them about their often sensitive and upsetting experiences or feelings. As a consequence, women did not feel judged and so felt accepted and safe enough to be open about what had happened to them or how they felt (see section 5.2). This unique atmosphere within the therapy setting often led to women disclosing painful events, thoughts or emotions, which they frequently had not shared with others before.

I was at the stage that I was ready to burst. There was so much stuff coming out. I felt an enormous relief at having a forum within which to be able to discuss these issues. And to be finally finally dealing with things. There were the things that had been difficult to deal with in the present, which were rooted to the past, and the things that had happened in the past that I had never dealt with and that I had never told anyone about, and it was all very top secret. And the relief to be able to finally unburden those things that I had been carrying around with myself for 20 years. It was really quite a relief. I found it very beneficial in those early stages, I confronted some things that were really bothering me and holding me back from really dealing with the more in-depth stuff. Everything was at boiling point. I remember going through a phase that I was wanting to tell everybodyI had uncorked the bottle and I almost couldn't stop it. [4-12 months, group preparation and group]

Disclosure could take place at any point in the development of a therapeutic relationship, with a therapist or group. Women might open up about an incident they had been storing up for many years in the first assessment, or might only open up in the last few weeks of a two year contract. Clients often had layers of issues that they disclosed at several points over time. For example, whilst one woman brought her experience of childhood sexual abuse to her assessment sessions, it was only in her second year of individual therapy that she felt that she could reveal her bulimia to her therapist (see also section 5.2). For this woman, revealing her eating problem felt much more shameful and required a greater degree of trust in her therapist, than speaking of her sexual abuse. Women disclosed a wide range of difficult circumstances during their therapy including experiences of: childhood sexual abuse; parental neglect; rape; eating problems; being unfaithful to a partner; having distressing thoughts; being infected with a sexually transmitted disease; or the full extent of their anxiety or depression - a revelation that was sometimes a new to discovery for the client.

Disclosure of difficult issues appeared to take place in a slightly different way in the group and individual therapy sessions of the women that were interviewed. Women in individual therapy seemed to bring whatever type or depth of issue they felt comfortable with to their sessions, ranging from everyday experiences through to traumatic past experiences. In contrast, in groups, women appeared to disclose when the atmosphere felt right or when other women led the way by revealing something difficult and personal.

Revelation within the therapy room could lead to women disclosing to others in their lives outside of therapy. For example, after having spoken about childhood sexual activity with a sibling to her therapist, one woman then went on to discuss her experience with a friend she had had since childhood.

Some women did not have traumatic experiences to work through, yet were very troubled, anxious or depressed. These women often viewed their own thoughts and feelings as too trifling or unimportant, or appeared to be lacking in experience regarding identifying and expressing their emotions. For these women the dedicated nature of the therapy space, and the consistent and non-judgemental approach of the therapist enabled them to raise issues they might previously not have communicated to another person, or spent time thinking about themselves.

Because it could be something that if I explained to another person, they would have said 'no you are silly, don't worry about that', but sometimes what other people think is silly, is a very, very big issue for you. [13-24 months, individual]

A space for emotions

The therapy room was described as a place which felt precious and unusual, in that it was a space where accessing and thinking about emotions was valued and encouraged. Many women felt that in their lives outside of the Centre, at work or with family or friends, they did not have an opportunity to take the time to identify what was going on within themselves or to discuss their feelings. Women in therapy groups particularly, highlighted the special nature of therapy sessions, in providing them with a forum in which to be 'real' and to express their feelings ranging from vulnerability through to rage. These were emotions that they found it difficult to express in their everyday lives outside of the sessions.

Yes, you were meeting new people, and I tend to be a bit hesitant about putting my own feelings forward, but I think what helps is people talk about their feelings and they get upset, and I think it's a relief, a release for them. It sort of reinforces to me the way I am, as opposed to spending a lot of time with people that don't seem to have feelings much, so it was quite a release for me as well, just listening. And I didn't very often say much, but afterwards I would feel more relaxed, I'd feel sort of hungry, it gave me a bit more of a zest for lifeAnd it's a nice space there, a nice room, we sat in a circle and people, mostly very nice people, people spoke about things that they wouldn't normally talk about, so it helps you to understand really. Well you can understand your feelings a bit better and other people's feelings. Yes, it sort of got me on a different level, emotional level, that I've not really been on before, a different place.A sort of deeper level, a much deeper level. Sort of tranquil in a way. [37+ months, group]

It was a human environment really. Seeing normal people. People who are human and showing their human things. Real feelings and everything, which is good. If you are out in an environment, say a workplace, for so many years, and everything is in a kind of way where it is all regimented, and everybody is saying what a lovely day and they are talking about the weather.... Well it wasn't normal for me. The group was more real, although it was not the environment you'd want to live in all the time. I was trying to reach the middle [of myself], from the synthetic world, and the real world in the therapy group, I wanted to get into the middle. I know to survive in this world you've got to kind of get into the middle and not be too synthetic, and like a robot, and not too mad, going around yelling your head off you know, the way I ended up doing. I used to come here shouting my head off. Yes, it is quite normal because look at all that I was holding inside me. So sometimes I would be shouting and screaming, about the thing that I was there for, about the thing that happened. I could do it in a safe environment. I wouldn't have been able to do it if I didn't feel safe in that environment.They knew I wasn't shouting at them. I was shouting at the thing I was talking about. It wasn't them I was shouting at. I saw a lot of other people shouting as well. I suppose maybe that is what made me feel safe in a way and I thought, oh well, it is safe to shout and scream if you want to. [37+ months, group]

A time and space for oneself

It is supportive because whatever is happening you have always got that time, kind of like a space.... [4-12 months, individual]

The therapy sessions were viewed as a place in which women did not have to take on board other people's problems, issues or reactions. This was particularly the case in individual therapy.

....there is definitely a usefulness in having a space where you can just go, and just dump all this stuff out in the way, that you can't do on your friends or wherever else. because you always try to protect your friends to a certain degree.... And I can do that to some degree with my mother, but also I don't want to upset her. There is a certain usefulness in there being some individual person who is not emotionally invested in you in a way, that it means they don't get upset when you are upset. [4-12 months, individual]

This was particularly pertinent for one woman whose mother was a therapist, but who she felt had let her down hugely by keeping a family secret from her as a child that she discovered for herself as an adult. This woman spoke of the huge importance to her of not knowing anything about her therapist, as otherwise she felt the therapist might potentially let her down, which was something that she did not feel strong enough to bear. This client also felt that she spent much of her time listening to the problems of her friends:

From the beginning I had really to protect myself in terms of like, 'You the therapist are a mirror and not a person. I don't want to know anything about your life or anything that makes me link you with my mother', because that would have blown my neutral space. I needed to make a haven there for myself.I am a bit of a therapist for all my friends, so this is like my time.So I was protecting my therapy, because I think if I had to start to kind of think of her like my mother, it would have completely, it would have been too much. [37+ months, individual]

Others, particularly those who both worked and cared for children also appreciated the sanctuary of time and reflective space that their regular fifty minutes of therapy provided them.

Strange, it was the only time I ever felt at peace. That time I was there. It was during that time, that I had time to myself. That is what it felt like, it was just me. It was very good. [up to 3 months, individual]

A valued space

The regularity of the sessions taking place every week, and at the same time apart from during the breaks, led to therapy being viewed as a precious and valuable commodity; a time to be fully utilised. One woman spoke of running one afternoon from the tube station to the Centre and consequently injuring her leg. Her train into London had been delayed and she did not want to miss one minute of her session. A further client in individual therapy spoke of attending as many of her sessions as possible:

.... in the five years I missed probably two sessions. For me they were so valuable, that I couldn't afford to miss one. [37+ months, individual].

6.2 Learning the rules

A few women who approached the Centre for therapy were aware that the Centre provided psychoanalytical psychotherapy and had some experience or knowledge of its process. However most of the women we spoke to did not know what type of therapy the Centre provided and had little idea about what to expect. The experience of starting therapy was a puzzling experience for many and this was particularly the case for those who encountered therapists who had a more minimal style of interaction.

The way therapy 'worked' appeared to unravel itself as therapy progressed. Some women gained a gist of what was happening early on in their relationship with their therapist or group, whilst for others it took many months and even years. Those who did not understand or relate to the process at all, often disengaged and left (see sections 4.2, 4.3 and 5.2).

When women first began therapy, they frequently struggled with being in a room with a silent individual therapist, or did not understand why their group therapist would rarely intervene. They experienced difficulty with knowing what they were meant to 'bring' to or say in the therapy room, and sometimes felt disappointed that their therapist was not providing them with the advice they had anticipated. Over time, women picked up their own understanding of the setting and began to use their sessions more fully.

It took some time for many women to gain an understanding that they were responsible for bringing their own issues to the sessions, and that they could raise anything they wanted to. Clients were often waiting for clues from their therapist, about how to proceed.

What I found difficult about it at the beginning was that it wasn't really guided. The therapist didn't guide me or ask me any questions. She just sort of sat there and waited for me to start which I found really difficult. I didn't know where to go with any of it. I am sure there is a reason behind it, but I did find it difficult. Yes, she always waited for me, and what I was going to bring to the session, which later I can see as helpful, but I just found it very difficult. At the beginning I almost resented her for me being there and for me having to sort of take responsibility for myself. I just found it horrible at the beginning.... [13-24 months, individual]

....it was just very strange, a person that just listened, questioned, but literally just listened, so I never really got a sense of whether it was right or wrong. She didn't give me any clues, I felt like I had to go away and work it out. [37+ months, individual]

But I suppose at the beginning you notice it more because you are thinking well, how am I going to use this time, and I really felt quite lost in how to do that. I really struggled to know how to use that space for myself and it certainly wasn't going to be given to you. You weren't going to be given the space or given the attention mostly. [13-24 months, group]

Well it was just quite weird, I think it is a bit of a culture shock really, especially I suppose if you're not used to any therapeutic processes. Going into a group where people just sit and talk, and you try and figure out what they're talking about and things like that, and nobody is allowed to eat or drink or smoke, although we drank a lot of water, that's all we were allowed to do. I think it takes a bit of getting used to. [25-36 months, group]

....and not understanding a lot of what was going on as well. The whole system. I didn't understand it for a long time. I didn't understand it. I didn't understand what was being talked about. The way the group therapist worked, I didn't understand it at all. It wasn't a bad thing really, because I learned it. Just with going there and seeing how things worked, and watching how people react to things as well. [37+ months, group]

The following woman highlights the way that therapists would provide pointers to clients, particularly with regard to supporting them to look beneath events and their behaviour, and to support clients to begin to think about the emotions that were attached to them:

In the beginning, I had to talk about myself and give her an idea about my home upbringing. Then she wanted to know about the children and getting in touch with their father and how did I feel about it. Then it sort of took off from there. She was saying 'And how did that make you feel?' and I would have to think about how I was feeling at the time and things. [4-12 months, individual]

The following woman, who was in individual therapy for two years and experienced profound positive change, spoke of how she only began to fully comprehend what was happening in the sessions, during the last six months of her therapy contract. She also recalled how she had continued to understand the process of therapy, through

her reflection on her time in therapy, since leaving:

Perhaps three quarters of the way through it started to occur to me, but much more occurred to me, after I left the whole thing, about it. Then I could sort of finally accept [what had taken place within the sessions]. Very strange. [13-24 months, group]

In many ways during the research interviews, it felt as if women were still processing what had happened to them in therapy. Like the woman above, these clients were reviewing, post therapy, what had happened to them in the sessions, why the therapist behaved in the way that they did and how that linked in with what they felt they did or did not gain from the experience.

6.3 Making discoveries and developing understanding

Individual therapy: *nowhere to hide*

Women in individual therapy often spoke of gaining knowledge of aspects of themselves of which they had previously been unaware; of *discovering bits and pieces of me*. Women appeared to access this self-knowledge as a consequence of the consistent backdrop of the psychoanalytical setting, the use of silence and through the usually gentle and subtle use of questions and suggestions by the therapist. At the same time as accessing new parts of themselves, women were encouraged to *dig deeper* within themselves by their therapist, to explore what their discoveries meant to them and to think about how these newly conscious aspects of themselves affected how they thought, felt or behaved.

Learning from silence

The use of silence by the therapist, and the lack of the presence of the views and personality of the therapist in the room, was a powerful combination. Being met with a silent therapist could be a revealing experience but was rarely comfortable.

You couldn't really hide much. You could hide from the world, but when you went into that room you were like 'Oh dear, someone can see through my charade'. [37+ months, individual]

One client found the experience of beginning her sessions in silence so difficult, that she would frequently miss her sessions:

....I think it was the combination of me having to be exposed in a way, having exposed myself beyond my comfort zone, and the thing of somebody sitting and waiting for you to speak, it was a combination of those things.... [13-24 months, individual]

This woman spoke vividly of how the exposure to the silence of the therapy room reminded her of the discomfort she felt within her own skin as the only black child at her school, of feeling like a *an alien, feeling like a freak*. She went on to explain that unlike with previous counsellors and therapists, her distant and frequently silent therapist would *force* her to *dig down quite deep, where I was feeling emotional about it*. With other therapists she felt that she had been able to tell her story, but in a way her previous telling of it had been quite unemotional. She explained how the use of silence and lack of response by the Centre's therapist had forced her to access somewhere emotionally new within herself, painful though it was.

Women might even be encouraged to think about the silence in the room. The following client felt that focusing on the silence in the therapy room, and what it meant to her, enabled her to become more in touch with her feelings:

I remember once, like, the therapist asked me a question, and to me at the time it felt like a really really ridiculous question, and I was like, how can you ask me this question. The question was, 'How do you feel?'. I thought, 'What do you mean how do I feel? What is feel?'. And, I said 'What do you mean how do I feel, I don't understand?' and she goes, yes it was about the silence, and she asked me 'How do you feel about the silence?' and I said 'Silence?'. Sometimes you are just not on that level and it was like 'What do you mean how do you feel about silence, silence is silence?' She explained it to me and she said 'Is it a nice silence?' and I went 'Ah', so it was getting you to see things differently. [37+ months, individual]

Neutral stance of the therapist

Therapists did not share their views or personal experience with their clients. In addition to providing a space where women could feel that they were not judged, this absence of the therapist's personality, highlighted that the sessions were a place where it was the client's views and emotions, and not the therapist's personality, that were up for examination.

For one woman, the neutral manner in which her therapist responded to what she had to say, led to a greater sense of responsibility within herself for dealing with her own life. In the past, this woman felt she had *charmed* counsellors and therapists in order to gain their sympathy and to avoid having to assume ownership of her own future. The lack of judgement or pity she encountered from the Centre's therapist led to her realising that she couldn't *skirt around the issues* any longer, that other people were not in a position to rescue her, and to her feeling that she was slowly beginning to fully engage with the therapy process and for the first time:

I was very able to charm people and just not actually do therapy, but sit there and be very charming and show how fantastic I was, even though everything was a complete mess at home and whatever. It was that kind of thing, so on that level she would never let me get away with any of that. [13-24 months, individual]

The 'blank screen' of the therapist could also highlight the ways in which clients related to people in their lives outside of therapy. One woman spoke of her sense of discomfort when she first attended her therapy sessions and how she almost made the decision, at that point, to leave (see section 3.5). She spoke with her friend who was a counsellor, who suggested that she consider what was making her feel uncomfortable about the sessions and to then feed that information back to the Women's Therapy Centre therapist:

She (her friend) asked me whether I knew why, and I said that it 'Just doesn't feel right. There is just something I can't put my finger on'. I said 'She just sits there and stares at me so I feel uncomfortable'. So after talking to her on the phone, I knew it was urgent and I had to do something, I decided to give myself a full hour sitting in meditation, just listening to myself and writing things down that come up, and finding out what is this thing? I got the answer. She reminded me, the whole situation about her mannerisms and the situation I found myself in, sitting in front of her, as if I am there to be prosecuted, reminded me of how I grew up as a child. She reminded me so much of my aunt, very strict, cold, because she is looking at me and not saying much. So I came up with definitely, it reminded me, of when my aunt would call me and I would come and stand in front of her with my hands behind my back trembling, you know. So I thought yeah, that is how it feels. [37+ months, individual]

This client took the advice of her friend, returned to therapy and used this newly acquired information to begin the exploration of her painful and abusive childhood.

Persistence of the therapist

A therapist's perseverance in addressing particular issues could bring a woman's hidden thoughts and feelings to the fore. For example, one woman was encouraged by her therapist to explore in full how she felt about recently acquiring a long term physical health problem. This client felt that the therapist helped her to acknowledge that she had emotions linked to her new situation, such as shock and loss, and encouraged her to begin to express these emotions. The therapist also normalised the process of grieving that she was experiencing:

What is the point of crying over spilt milk? Yeah like she always used to go on about it. You know, like the process that you would go through. Like when someone dies, you go through that denial and there is shock, and then there is anger and eventually there is acceptance. It is meant to go through a certain cycle of processes. She helped me to deal with it, not just brush it under the carpet and cover up the cracks, to deal with the emotion. [37+ months, individual]

Timing of the sessions

The consistency of the therapy setting was also an important tool, in bringing to light issues that a client might previously not have been knowledgeable about. Several clients were aware, that they would often miss therapy sessions when the content of the sessions was becoming too emotionally challenging for them. One woman spoke of not attending the subsequent week, when in the previous week she had come close to crying. This woman said she made a connection between her fear of being emotionally expressive in therapy with the punishment she received as a child for expressing upset at home. The regularity of her weekly therapy sessions highlighted her avoidance of being placed in a situation where she would be at risk of crying in front of somebody else:

I was able to speak about it quite unemotionally whereas on this occasion, because I had been able to look, be forced to dig down quite deep, it was like it came to the point where I was feeling emotional about it and that is a big no no with me. A totally big no no. Anything to avoid it, because when I was a child, crying was met with punishment. [13-24 months, individual]

Questions and suggestions

Clients were often encouraged to explore their issues more deeply by therapists asking questions to probe beneath the issues that women would bring to sessions, or by therapists putting forward suggestions for why a woman might be thinking, feeling or behaving in a certain way. The questions usually appeared to be framed in a way that enabled clients to emerge with their own understandings; understandings that perhaps could be said to be already buried within themselves. The therapist and client seemed to work as a team.

Sometimes I would say something in particular and she would throw it back at me, and I would have to think out things for myself. I think that you possibly know what the answer is, but you just don't want to accept it, so you block it out and that makes it difficult to bring it to the fore. [4-12 months, individual]

....what I really liked was talking to her, rather than talking about my problems to anyone else.she could kind of help me to understand certain things, like taking me by the hand and taking me somewhere.she would listen to what I was saying and then tell me one thing that would make her think about how I behaved in that situation, and why I behaved in that way.she made me understand, I don't know how she did it. Why I did certain things and why I made certain choices. She made me understand the connection to different things in my life, to consider if there was a pattern. She put forward certain questions, it would lead me to give some answers. I had to think about the questions, I had to think more about the answers. [4-12 months, individual]

Because, as I said, when my experience of talking about my problems to others, like friends or relatives, is that although it can be understood and maybe they can give me good advice, they don't know how to give it to me. So I don't take it on.but the way she did it was, she made me arrive to that conclusion and made me understand.... To think, rather than just tell me. So everything came from me saying things, rather than hearing people telling me things. [4-12 months, individual]

Therapists also played a role in helping clients to gain greater clarity about what was happening within them.

At the time of being in therapy, because everything was so incredibly jumbled up, and not being able to separate and find, there were about a million threads and there was no beginning or end. And it was like a quagmire, a maze, and it helped me, and she almost classified in a very nice way because she never said 'I am classifying' or 'There is some order in your emotions so try to deal with'.... But she did it without me realising, and I only realised in retrospect, when I thought about it and I thought that is a superb way of going about doing things, especially because I was so nervy and I was so hesitant at the beginning. [13-24 months, individual]

A therapist was often viewed as a person from whom clients could take on board suggestions, which they might have found challenging to accept from other people in their lives, such as partners or friends. Therapists were viewed as being neutral, as being removed from a client's daily life and were seen as professionals who had gained wisdom about how people function, through their work (see also section 5.2)

She probably said as much as what everybody else had said, but maybe put in a way that I had to listen to. You know, you're going to somebody for help, and you know that they've dealt with this kind of thing. [4-12 months, individual]

I found it exciting because I think she is one of the most learned, intelligent women and she just introduced another perspective. That is what really worked with me. Just a suggestion of 'have you thought about that from that point of view?', and made me think over the sessions, really really think what my motives were, and why I reacted the way I reacted to things, and those questions, and challenged me in a safe environment. [13-24 months, individual]

Women spoke of the ways in which their therapist would support them to delve below the surface of the issues they initially brought to therapy. A therapist would encourage this deeper exploration by asking a client questions relating to the issues they brought to sessions. Whilst this unearthing was often tough going, many women appreciated its value and particularly in hindsight. Women spoke of their initial *resistance* and *denial* to

addressing their underlying issues, which were usually painful to expose and confront.

..but I used to circumnavigate around the issues. So in certain of the issues I really wanted to address and talk about, they would be buried, but it took quite a long time, about six months or nine months, and it was a lot of work and a lot of questioning, and I felt absolutely and totally battered when I came out. [13-24 months, individual]

Usually I would probably start with something that we never ended on, what I brought to the session. It was almost as if I would bring something much easier to handle and start off with that and somehow the therapist would lead me I think onto what was really underneath that. Definitely. Sometimes that would be really difficult and I would be quite resistant. She would really challenge almost everything I said. Putting me on the spot all the time which would make me feel really uncomfortable but she never wavered in herself. She was so straightforward, so she would keep challenging things which I did need I suppose. I was having to face up to myself. It wasn't anything that was being done wrong, or any reflection on the therapist. It was just being made to face up to really uncomfortable feelings, things that I would be in denial about really. She would be uncovering things. She pinned me down and made me look at everything. [13-24 months, individual]

Many women felt they benefited enormously from hearing their therapist put forward a suggestion or challenge that enabled them to think about their situation from another perspective. These suggestions often involved a therapist linking a client's current situation with their past, helping them to disentangle thoughts and feelings or drawing their attention to an ingrained pattern of behaviour. One client even spoke of the usefulness of hearing about how hypothetical people might respond to different situations that she would find herself in.

She would say 'doesn't that remind you of when you were a kid when this happened and this happened' and then the penny would drop and I would be like 'Ah, yes'. [14-36 months, individual]

She wouldn't give advice so she guided me very expertly. She introduced new elements of questions and she asked me questions or used hypothesis in a way to say, 'Well what do you think if blah, blah, blah, blah, blah'. So what she did in effect, is make me see and realise that there is always another perspective. Made me realise that things are not as dreadful, or made me make the links, the missing links, about why I felt the way I felt, and perhaps why I shouldn't feel the way I feel, or the explanation. And the other thing that I found partly exhilarating, and partly very, very revealing, was that there is good and bad in everybody and that is just normal. [13-24 months, individual]

You know in all honesty I did think she was quite astute in lots of ways, and did pick up on things that were worth thinking about and talking about. Well I think there are probably quite a number, but the one thing that has stuck with me, that I do remember came up quite early on, and did remain a bit of a theme throughout, was that she felt that I was constantly wanting to keep other people happy and to please other people, and I thought when she said that I immediately thought that is so true. And I think even the fact of me going to therapy in a way was that I had got so tired of always having to be there and listen to other people and not be able to sort of put my side of things across. I think she did sort of almost challenge me to not be so conscious whether I seemed nice or likable, or make a good impression and I think that was actually quite useful and I am sure that quality is still there in me, but I maybe do question it a little bit . [up to 3 months, individual]

She said some good things you know, like near the end she said that one of the problems I might have is to do with self-esteem, which is completely true. [4-12 months, individual]

She gave me examples of other situations. For instance, 'Something may have happened to someone and that was the result, how do you feel about that' or 'What do you think, what are the similarities?'. It was always sort of hypothetical, or maybe of other people, or other situations I might come across or she had come across in her own experience. It gave me a frame of reference. She was trying to crystallise and clarify my own thoughts, because it was like a cauldron of murk, of murky thoughts and they were all stirring together. [13-24 months, individual]

One woman spoke of how prior to therapy at the Centre she had never really been challenged to take responsibility for her own life. Previously she had always sought and gained sympathy for her difficult childhood and life, however she valued the frankness of her therapist in enabling her to begin to consider that she could perhaps influence her future, and move forwards and away from only focusing on and blaming the past:

I have always just talked about how dreadful my life was and how dreadful my childhood had been, and people would be really shocked and be very sympathetic, whereas here it was like 'Yes and what are you are going to do about it?'.... [13-24 months, individual]

In a small number of cases, therapists would suggest to their clients, ways in which they might consider changing their circumstances. For example, a therapist suggested to a woman who had experienced panic attacks and who rarely left the house that it might be a good idea to begin to make contact with her friends and to visit them outside of her home. This woman found the suggestion helpful, and at the time of the interview had begun to leave her home more often and to visit her friends more regularly.

Group therapy: *like a laboratory*

It was like a laboratory sort of, we had the chance to look at stuff and work with basic emotion and forces. It just seemed like the most amazing thing to be doing, to be meeting people on that kind of level. It felt very dangerous. There was so much resistance and covering up and hiding and running away. I can't really say whether it was too challenging, or not challenging enough, because it was both. [37+ months, group]

The role of group therapist

The role of the therapist in group therapy appeared to be different to that of the therapist in individual therapy. Whereas the therapist in individual therapy was the backdrop against which the client would make discoveries about herself, in group therapy the therapist enabled women to gain new knowledge about themselves through their interaction with other group members.

Group therapists were key in facilitating group members to work together. They were seen to do this by both taking a *backseat* in the sessions, as well as making active contributions. Different group therapists would use these two techniques in different proportions, so that in a similar way to individual therapists, group therapists could be seen to be either more *distant* or more *encouraging*. Again, what appeared to be important was that therapists behaved in a consistent manner in each session and towards each member of the group.

This *backseat* approach of therapists was experienced as being uncomfortable by most of those who participated in group therapy, yet it was frequently appreciated and understood by those who engaged and remained in therapy. In one client's own words there was much *ambivalence*.

It was difficult to know whether what felt like withholding was helpful or unhelpful. So I suppose the therapist was somebody who we all had huge ambivalence, hugely ambivalent feelings, towards. She was like a neglectful mother of the group. She was and wasn't there, you didn't know what would appeal to her, but she was actually there to help us and I think we were all helped by her. It often felt like we all wanted her to help us more, but I think the reality is that her interventions wouldn't have helped us. So for example, I had some really bad interactions at one point with a group member, and we both felt traumatised by it and we resolved it and it was a turning point, and that was the most memorable thing about the group. So it was the difficult times, when some of our most intense projections came out. [37+ months, group]

A second woman spoke of how she found it very difficult to contribute verbally in sessions and frequently hoped to be *rescued* by her therapist to escape from her sense of discomfort. However this woman also realised, that her lack of ease *was part of the whole thing* and thus a way to learn from the therapeutic process.

Therapists did not always remain in the background as sometimes during the sessions they would give pointers to group members about the ways in which they could work more effectively. These pointers could be provided at both a group and individual level. On an individual level a group therapist might pick up something a particular woman had said and would then explore that issue more deeply, similar to an individual therapy session.

Therapists might also, at an appropriate moment, make suggestions to a specific client in the group about why she was feeling the way she was and so enable her to review her situation in a *rational light*.

The main role of the therapist, however, appeared to be to encourage the group to work with and gain from one another. Group therapists might comment on a communication or clash that had taken place between two clients, *'I think this and this might be happening'*, and so encourage the group to think about what the interaction meant to those involved.

....I mean if there was an area of conflict between people, you know, between a couple of the women, she would try and break it down and get people to reflect on what was going on and call in the group as well [25-36 months, group]

Some women described how at the end of their session, their group therapist would often take time to comment on what they felt had been happening during the session. Therapists would make connections between the issues that different clients had brought to a session.

Discovery through interaction

Clients learned much from one another. Aspects of themselves and particularly patterns of relationships were revealed, through listening to others, observing themselves repeating patterns of behaviour, and through 'clashing' with other group members.

One client talked of how simply being in a room with other women, and them talking about their problems, brought her own hidden issues to the surface. She felt that listening to and being amongst the other women in the group, somehow enabled her to become aware of and consider her own difficulties more deeply, even if she didn't explore them verbally in the session. She felt that being in the group could somehow *open* something within herself that had previously been buried:

I suppose one of the helpful things I found, was when other people spoke about stuff. It was interesting because it kind of subconsciously enabled me to look deeper.it wouldn't necessarily be the stuff that I brought to the group that was helpful to look at, it was when someone else brought something that triggered something, that I found helpful. I got a feeling of satisfaction, I suppose, when I was able to work out issues myself and leave the group with that kind of opening.on a weekly basis, when I would drive away from the group, I would have a level of satisfaction, because of what it had enabled me to look at. [25-36 months, group]

Women often spoke of the way in which their interactions with group members would remind them of the relationship patterns they had with other people close to them, such as their partners, parents, children or friends.

....actually there was always one or two women who stirred up a lot in me. In a way I kind of saw in them, or it felt a bit like, my sisters I would say.in that sense it worked very well for me. Like a father figure or whatever, because I found myself and them in the same struggles and this was really amazing and if you have a therapist who is able to hold it, and also to work through it with you, then it's really very helpful.I remember there was one woman, I was very jealous of her, and I think she was very jealous of me and she really reminded me of my eldest sister.she got pregnant and then I got pregnant.there were lots of things and I remember us being in competition for [the therapist's] attention. I felt that she was the one who got always praised, or she was always so pretty, this kind of thing. And I can remember there was another woman I really liked and she was kind of like my elder sister, looking after me. ...it is helpful, it is very painful, because it stirs up all these painful feelings, like when you start feeling really jealous or envious of somebody. It is not nice, but on the other hand, if you are able to express it, to say it, to talk about it, then you can resolve it. It's like there's a solution and you feel better afterwards. [37+ months, group]

No, at first I wasn't really able to communicate, but not only because of the language but because of my problems.in that sense, group therapy was ideal for me, because it recreated the family situation. I was the youngest of eight and I always felt like an outsider. And this was so tough.I started as the youngest to join, and in that sense it kind of replicated the whole situation and it was awful.the first two or three years of therapy, I didn't do anything. I found it hard to speak up and say anything in the sessions. [37+ months, group]

So much happened. One of the obvious things that did happen is that we became a family group. All the stuff from our families was all there and it came into play. We confronted, bounced off one another and back again, and projected. All the stuff that.... will always happen in any group. The therapist could be clearer about what was happening though. I just learnt tons, tons and tons. I learnt about myself, I learnt about other people. [37+ months, group]

Discoveries about the self were often gained through women *clashing* with one another in the group setting. Some of these 'clashes' were dramatic, whereas others were more subtle. A pattern of behaviour might be uncovered, a belief held about the self reviewed or a woman might experience a new type of emotional experience, such as anger, and its often surprising but positive consequences.

When she said, 'I don't want your baby here, leave it.', I said, 'But my baby is alright here, my baby has come from inside my body, and if you do not accept my baby you do not accept me, and if you do not want my baby anymore, then that is the end for me.' Because I am like this in my life, I go to extremes, saying if I don't like something, I don't want it anymore.So I have learnt that I can work things out, we can talk about things and try to come to an understanding, as I did with her. And she accepted my baby, she said it would be helpful for her to work through the problem she was having with her friend's baby. [This client had brought her baby to her sessions, for several weeks, after giving birth and returning to therapy] [4-12 months, group]

Because I had bought this mental health issue to the group, I felt quite stigmatised that that was how I was boxed by some of the other members of the group. And I was angry about that and felt that was unfair, and it kind of helped me because I suppose I had stigmatised myself to a certain degree anyway. So the fact that I reacted so badly to someone else putting me in that box meant that I didn't put myself in that box, it took me out of it. I could think, 'Well no that is not what I am all about actually.' So I suppose it helped me accept myself a bit more, which I think was kind of what the facilitator used to point me towards anyway. [25-36 months, group]

....you would get these occasional sessions which were quite cathartic.there was one woman in the group who I did like, well I had a kind of love/hate relationship with her, and I think I became closer to her in some ways than any of the others. She was very good at showing aggression and I was very bad at it. I was very good at showing care and she was very bad at it.so I think sometimes when it clashed it could help. I don't know if it helped her, but it certainly helped me. We had one situation where she got very angry with me, and I can't remember the exact details of it, but I got really really upset and furious, that she had got angry with me and that she didn't seem to like me. I was really, really, really upset. Left in a dreadful state, got home, (my boyfriend) wasn't in, so I had the place to myself and I just balled my eyes out. I was shouting and stomping around, and just feeling, really felt dreadful. I remember I was doing the washing up and crashing things around. I remember the flat was messy, and I sat down in the sofa and had this weird kind of wave of content go over me. It was like I got rid of all the fury and frustration and it had been something real that had to do with me, not with her.she just triggered me to be able to get rid of something and to show an emotion which I found very difficult to show, which was anger. I hadn't found it very easy to show to her in the sessions, but I had certainly expressed quite a lot of it when I got home. I can't even remember the details, but what I remember was this experience of about five minutes of total peace, like inner peace and I looked around the flat and it looked different. It looked better. Everything looked more positive. Every thought I had was more positive and it felt more comfortable. And at the same time I wasn't reflecting on things, as in getting stuck on them and trying to work things out, I was just enjoying feeling good. Then I was aware, gradually, of that drifting away and coming back to sort of what was more normal at the time. Because I felt that, I knew that that was the kind of feeling that was possible.not all the time, everyday, and it wasn't like euphoria and it wasn't joy. It was just real deep down calm. Never felt it before at all, that level of calm, and it made me realise how much tension I was holding and all sorts of things like that. So that is something I will carry with me as well, because I know that is what I am aiming towards. I got much more sense that there are things you can do to reduce the tension and stress, to feel more like that day to day, and that if you do, then that is what it feels like to be happy. [13-24 months, group]

A training space

The group provided an opportunity to try out new ways of relating to people. Clients would often test out new ways of communicating with other women in their group, and then would try to transfer a newly acquired pattern to those they interacted with in their lives outside therapy. This was particularly the case with those they were close to or spent most time with, such as parents, children and partners.

The group to me was a training space for saying things. But also it was different from 'real life', because in the group, because you are in therapy, you want to know more about yourself and so are open to people saying things to you. Outside of the group, in my real life, I sometimes have problems with saying things to people. They don't accept, they don't want to know, they don't want to listen, it's something I don't like. But then, it's also the way I do it, because I wait a long time before I say something to someone else. So when I am going to say it, I am cross and upset, and the way I say it is not very kind.I try to do it differently now. I remember the first time that I said something to someone in the group. Oh my, I remember my heart was racing, my face was burning, I felt really, really, how can I do it, oh I will leave it. I won't say it, but I must say it, and the therapist helped me a lot with it. Because first she insisted asking, 'Are there things you don't like here, what about the group, is there anything you want to say?'Afterwards I understood. Anything can be said. [3-12 months, group]

I tried to do what I did in the group in my personal life, with my husband and with my husband's family, that I have a lot of problems with. But we are from different places, and the culture it is very different. It was a shock for me, because they are very different and they have no limits and boundaries, and I had to learn to put boundaries and limits to people. For example I remember that when I had my baby, his Aunt called me to say that she would come and stay for 1 month. And I didn't want it, not at all. But he said that there is nothing that we can do about it, we have to accept, 'How can we call her telling her not to come?'. And I had good support from the group to do things, to call her and to say to her to not come, even against his willingness. So at that time, I thought, when the group finished, I won't be able to do it on my own. I need the group. I was worried, because I felt I needed the group's support to put the boundaries to people. But now, the more time passes, the more I feel that I can do it on my own.So I learnt, if people don't like it, it is their problem and not mine. I don't need everybody. It's okay if we get on well with people, but I don't need to be cross and sad, my feelings are important too. Even in my relationship with my husband, I'm like this now, and he says that sometimes therapy makes people more difficult, yes because I don't accept everything anymore.When I think about what I accepted at the beginning, I get cross with myself and with him as well. And I have decided that I will not do anything I don't want to, because it will make me resentful towards him, for example. [3-12 months, group]

I mean we did have a few times where sparks would fly a little bit, but people would often end up apologising profusely and I still think that's a bit, that's a specifically female thing. I mean it got easier, certainly expressing feelings of anger to things outside of the group. Sometimes in the group it was harder. But I certainly think I came out of it feeling a lot more assertive. And I think most of us were, you know, learning how to be more assertive, and were practising that in the group as well. [25-36 months, group]

Hearing about other women's lives

Women spoke of the value of recognising both the similarities and differences between themselves and the ways in which other women viewed themselves or led their lives. Clients also recalled how meeting women in the group had opened up their eyes to the lives that others led, and enabled them to review their preconceptions.

Well with my colleagues in the group, there were two of them who had been separated, and one of them had been separated but now had a new partner. So the experience she was having, that actually helped me a lot.They were also very worried about their children and we all gave our opinion about what we would do at anyone time. What I most liked about it was the fact that we all had children and we had hard times. We gave each other a lot of support.Therapy really helped me a lot, for myself and also for my child and how to treat her. Due to the experience that I had had, I felt very distant from my daughter and sometimes I didn't want to be with her. And one of the experiences that one of the other girls mentioned that had happened in her life, I realised that it was the same thing. But she had already got over what had happened with her in the past with her son, and so it was very helpful for me, as I thought, well I am going through this now but I will get out of it and my relationship with my daughter will get better. Those people who had been separated, we also saw that their children's behaviour was very different, and I was going through the same situation, so then I realised that it was normal that my child was like this. And I realised that she also was going through this with me and despite the fact that she was a child, she also needed my support. [up to 3 months, group]

What I noticed was the more you got to know about what was really going on in their lives, especially the experiences they've had, the more you felt warm towards them, and all those kind of prejudices would kind of melt away. And that really impressed me, it made me think that it's very easy to make judgements about people. [25-36 months, group]

Disclosing something secret and sensitive within a group, such as childhood sexual abuse, could be a very powerful experience. As explored further in the next chapter (see section 7.2), acceptance by a therapist or other group members, was a powerful way in which women could begin to accept themselves. This self acceptance appeared to be an important contribution in women's personal journeys towards healing painful past experiences, particularly those that were viewed as being shameful.

There was this whole disclosure thing that went on and everyone bar one person, I think, was able to say, 'This is something that has been on my mind my whole life, that I felt I was abusive to this other person, because I felt hurt.' I think it was one person who admitted something when she was a really little girl, and then I was like okay, I am going to admit something. Then the next person did it and the next person. The therapist was just like 'Wow okay.' ...That will always stay with me because now I know that my experience was fairly normal. I was sat there with a lot of women who had been through fairly similar experiences to me and had quite a lot of the same sense of shame, or being unacceptable, or whatever. And to know that felt

hugely empowering, it really did. I will always take that with me. I now don't ever have to feel it and I have left behind. It didn't go away straight away. Thinking about it now, when was the last time I would have even worried about those things? I can't even remember. [13-24 months, group]

Unconscious processing

There was a recognition that some of the work that took place within groups was not always obvious or conscious.

One woman spoke of how during her group, she felt that *part of her brain* knew that what other members of the group were saying about her relationship with her boyfriend was *right*. At the time of being in the group, this woman had felt that what other group members were saying about her and her long-term boyfriend, was far too challenging to take on board. She had regarded her relationship as an ideal. However, since ending therapy, this woman made a decision to leave this boyfriend with whom she was living and attributed this decision to what had taken place within the therapy sessions.

This same woman commented that whilst in therapy she had sometimes felt disappointed as:

I expected it to bring up more emotions, or stronger emotions, during the therapy. It is hard to identify consciously. I would go home and have my tea, but it didn't seem to have much impact week by week. [13-24 months, group]

Despite her feeling of lack of overt progress in her group, this woman reported many profound changes since leaving, which she once again felt was a consequence of what had taken place in her group.

What this client said about her experience of being in a group, points towards the unconscious processes that appeared to be taking place in therapy, and indeed echoes the first client quoted in this chapter, who referred to the process of therapy being a *strange feeling* that was *happening all of the time* but felt *hard to describe*. It also reflects the remarks made by a group client, detailed earlier in this section, who felt that therapy *triggered* a helpful *opening* within herself, even if she did not identify or talk about or examine her own problems and difficulties in the sessions themselves.

6.4 Undertaking the work over time

I think in the beginning I went with issues I probably needed to deal with superficially or there and then. And then we started digging and digging and digging and going further and further and further into who I was or who I am really, and understanding myself.And it was almost like tentative mental steps in the beginning and then it became more and more exciting. So it was always a mental dance and I felt that every single step I was discovering something different. It was almost Alice Through the Looking Glass; nothing is like it seems. [13-24 months, individual]

Therapy rarely involved a linear progression with women working deeper and deeper each subsequent week. Lighter topics and shallower exploration, might follow the discussion of a difficult and sensitive issue the previous week. Women would bring different topics to different sessions, or several topics to one. They might talk about what had happened to them on their journey to therapy that morning, or wish to explore a difficult past experience. Both lighter and more difficult issues could lead to important discoveries and useful exploration.

The following quote illustrates the cyclic and frequently changing nature of therapy. At times this woman had a great need for her sessions, whilst at others she felt she no longer required her therapist. In some sessions she would focus on highly sensitive and difficult issues, whilst in others she would talk about everyday happenings:

I went through different phases. I can't remember the orders, but there were times when I felt I'm not sure I need to do this any more, I'm kind of fine now, I don't need to do this. But anytime I thought that, a few days later, well actually there are loads of things I want to talk about. And going through phases when I thought, I think there is something wrong with me, and at other times thinking that actually I am fine. And going through cycles like that. And times when I would think about therapy a lot and other times I wouldn't really. Sometimes I felt that I was coming to just have someone to talk to, and it was more about managing day-to-day problems and manifestations, rather than digging deep, and it would go through phases like that. Sometimes it was like that and sometimes it wasn't. [4-12 months, group]

The issues that women initially brought to the Centre, would not necessarily dominate the course of therapy. Women's lives continued outside of the therapy room whilst women attended their sessions and so new issues and problems would emerge that women would need to address. For example, one woman spoke of how her daughter becoming caught up in the criminal justice system had preoccupied her own thoughts and consequently her therapy sessions at one point in her course of therapy. She had come to therapy to specifically address her childhood sexual abuse and felt that her space to explore and address that issue, at that point, had been taken away from her by her daughter's actions.

Whilst some women brought specific issues to therapy, others brought many. Women were either conscious of all of these issues from the start, or alternatively the issues would emerge as therapy proceeded. For example, during the course of a two year individual therapy contract, one woman discussed her feelings of anxiety and depression, her experience of childhood sexual abuse, her sister's recent disclosure of her lesbian identity, a recent and serious physical health diagnosis and difficult stay in hospital, and her father's recent death. She also reviewed her career and made a decision to move home. Women brought their distant and recent pasts, their current daily lives, and their future hopes and fears, to be explored. It is likely that most women would not have predicted at the start of therapy, the numerous aspects of themselves and their lives that they eventually ended up exploring. On the other hand, some women made choices about what they were and were not willing to examine. One client who was in a short term contract, and who came to therapy to explore her anxiety around a specific event that she needed to attend in the future, made the decision not to explore the neglect that she experienced as a child, even though it was touched on in her sessions at the Centre.

The range of issues covered, and the depth with which they were explored, varied widely between clients. The following client points to the different starting points with which women were placed, with regard to expressing and dealing with the issues that they brought to therapy. She herself had learnt in therapy that she could only address her issues at a gradual pace and that this was partly due, to the way in which she had been brought up to not think about emotional issues and to not communicate about them openly with other people:

It is a very slow process. You are trying to find yourself aren't you? You are trying to learn about yourself. When you are brought up in such a way where you are afraid to move or speak, and you only spoke when you were spoken to, and not understanding the world you lived in at all, then therapy can open up another world for you I think. It can show you the world as it is. [37+ months years, group]

Clients spoke of the different phases that they often encountered within one therapy session. One woman spoke of how the first fifteen minutes of therapy, when she sat opposite her unchanging and very silent therapist, was always the most difficult time within each session. Another woman spoke of how she noticed that she only raised difficult issues at the end of her sessions, talked of how she had felt frustrated that her therapist never raised these issues during her subsequent sessions, and consequently felt that she had continuously avoided difficult topics.

As indicated by the woman in the first quote in this chapter, the work of therapy was not always experienced as simply taking place within the consulting room. Women spoke of consciously and unconsciously working through their issues on the way to therapy, following sessions and during the days between sessions. Whilst the following woman attempted to restrict what she was exploring in her therapy to the sessions themselves, she acknowledged that the content was in some way being processed, outside of the sessions, whether she liked it or not:

She used to ask me, 'What do you do when you go away from here?'. When I used to go away I used to think, 'That is closed until next time.' I think it was because it was just so painful, I just didn't want to go there. It wasn't in the forefront of my mind, but it wasn't like I had buried it. [37+ months, group]

6.5 Additional forms of help

Whilst for some women, therapy was the only way in which they were intentionally addressing their difficulties and issues, other women spoke of additional supports and activities that they felt were helping them during their time at the Centre to work through the problems they had brought to therapy.

Learning about psychology, self-help strategies, counselling and even the theory behind psychoanalytical psychotherapy, was felt to be useful by some women. Some were avid readers and had been buying and reading books for many years, particularly self-help books or books written by people with similar experiences to their own, such as childhood sexual abuse. Others had been on, or had started, during the time they were at the Centre, courses working towards counselling diplomas or psychology degrees. One woman spoke of the meditation practice that she had engaged with nine months into her therapy. She spoke of how this meditation had enabled her to *open up* more to her emotions and felt it had a positive influence upon the way she was able

to work with her therapist. Finding or creating protected time outside of therapy, to reflect on what was being explored in sessions, was important to many women. Several spoke of visiting the café opposite the Centre, or time spent during their journey to or from the Centre to reflect on how they were feeling prior to, or following, their sessions.

People who women were close to, including close friends, partners, boyfriends, work colleagues and even past therapists, were often approached by clients to talk through what was happening in their sessions. Women used these relationships to ensure that what was happening in the sessions was 'usual'. This was felt to be particularly useful to those women who found their therapist's behaviour, at the start of therapy, difficult to comprehend. In several cases it appears that these external influences contributed to clients beginning to understand, stay with and more fully engage in their therapy process (see section 5.2). Women found it reassuring to have someone outside of the Centre, with whom they could confirm whether what was happening within their sessions was legitimate and appropriate. This appeared to be particularly important for those women in individual therapy.

6.6 Learning from the end of therapy

The end of therapy was an important time, and similar to other aspects of the consistent psychoanalytical psychotherapy setting, was an opportunity for women to discover and explore new aspects of themselves. Greater meaning appeared to be ascribed to the end of therapy for those who had engaged to some extent with the therapy process and had gained at least some sense of satisfaction. Those who left dissatisfied frequently expressed mere relief at no longer having to attend the Centre.

Women spoke of the end of therapy highlighting a wide range of issues. Some made the connection between the end of therapy and *living with loss* that they inevitably experienced in their lives outside of therapy, such as the end of relationships or the death of someone close to them. Clients were frequently able to acknowledge the *sadness* that they felt about their therapy relationship ending, but most realised that they would be able to manage alone and some looked forward to the challenge of managing week by week without support from the Centre. Some spoke of how the end of therapy felt similar to 'graduating'. They compared moving on from therapy to *leaving school* or *becoming an adult*, and of having to stand on their own, emotional, two feet.

A few recalled how they felt the way they had dealt with the end of their therapy had highlighted ingrained issues and patterns of behaviour. For example one woman spoke of how she had *run away* from her group, and felt this had flagged up for her once again, her difficulties of forming close relationships with women. Conversely, another woman in a group spoke proudly of how she felt she had managed a *good ending* in therapy and for once had not avoided having to say goodbye, as she had done so many times in the past:

Yes, it was very emotional actually but it was a good ending because I was normally one of these people who could never end, it was always running away from this kind of thing, endings or saying goodbye, it was awful I could never stand it. [37+ months, group]

The approach of the end of therapy contract could focus the mind of clients on the fact that the resource was finite. One woman spoke of how in the last session of her two year individual therapy, she finally realised how much she had been avoiding showing her underlying emotions to her therapist and how she now felt some regret regarding this lost opportunity.

PART THREE: EXPERIENCE OF CHANGE

Chapter 7 Outcomes of therapy

One of the key aims of this study was to explore whether therapy can lead to change in women's lives, and if so, to identify the different ways in which it is experienced. Much of the research undertaken to date, on outcomes in psychoanalytical psychotherapy, has focused on whether or not therapy leads to an improvement in symptoms such as anxiety or depression (see section 1.1), or whether a person is less likely to engage in harmful behaviours, such as self harm or eating disorders. Whilst we were keen to explore whether therapy does improve such symptoms and behaviours, many of which affect the women who seek help from the Centre, we wanted to identify how women would describe themselves as changing from their own perspective. We were interested in the individuality and variety of what effective therapy might mean to the women who received it at the Centre.

Section 7.1 draws together the outcomes for women who experienced some form of positive change as a result of therapy; those who were from the satisfied or dissatisfied with some sense of gain categories (see sections 4.1 and 4.2). Section 7.2 describes the experience of those who felt they did not benefit in any way from being in therapy or felt that therapy had a negative effect upon them. This section mainly describes women from the two dissatisfied categories (see sections 4.2 and 4.3). However it also draws on the experience of two women from the satisfied category (see section 4.1).

7.1 Positive change

Change for women appeared to take place at many points during the process of therapy: at assessment, in the first session, during subsequent sessions, between sessions, at the end of therapy and beyond the last session (see section 8.3). For some, change was subtle, slow and hard to grasp, whilst for others it was dramatic and could be linked to a particular and memorable moment in time. Women spoke of changes occurring within themselves, within their relationship with their therapist and also within their relationships with people in their lives outside of therapy. Change might occur in terms of how a woman felt about a situation or other people, and perhaps also in the way she would respond to that situation, or speak to or interact with others.

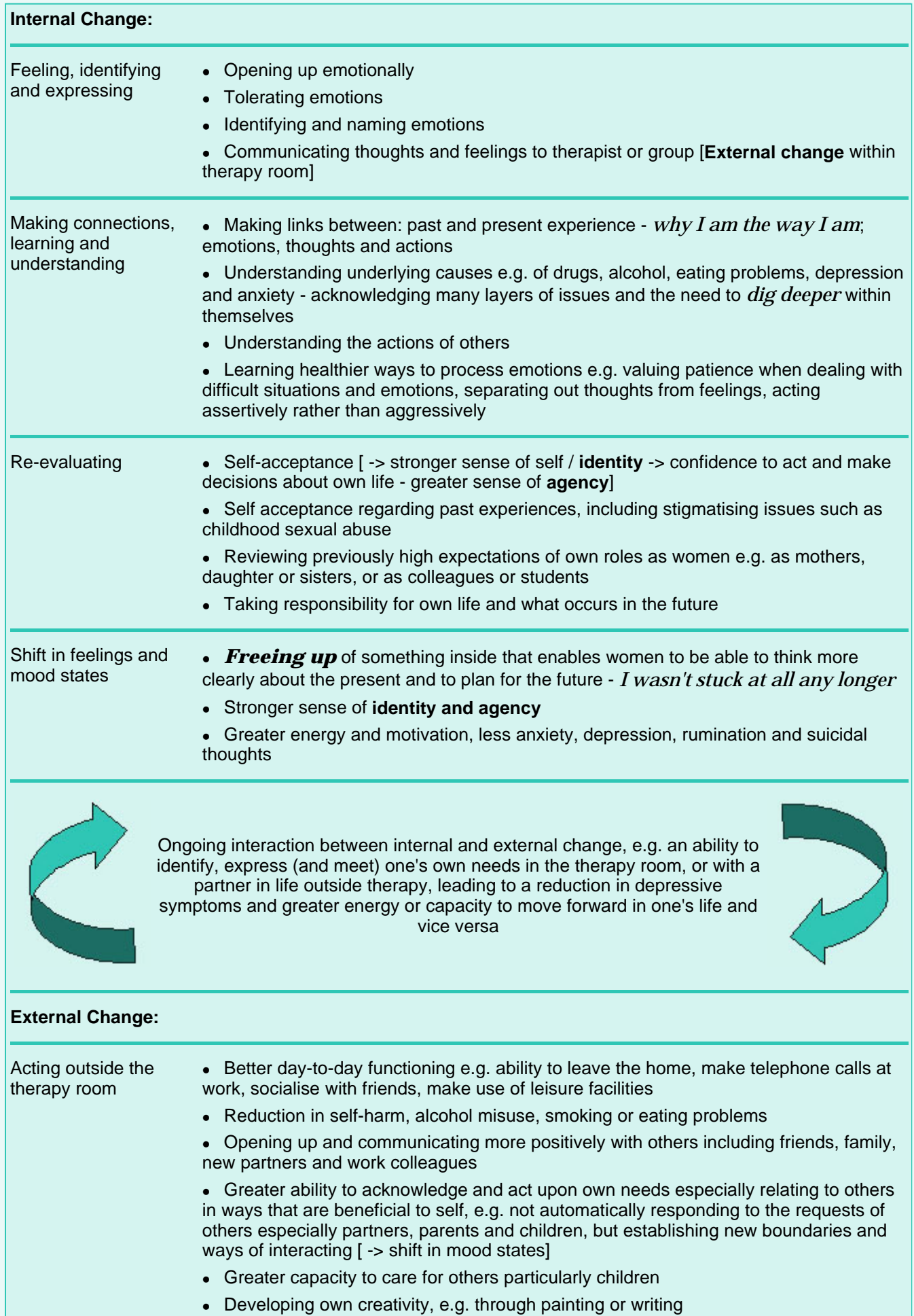
Figure 2 displays a map of the different areas of outcome that interviewees described in this study. It comprises what is commonly referred to within the world of psychotherapy as both internal and external change. External change is usually preceded by internal change.

Change experienced by the interviewees was highly individual in nature. However we can detect some patterns and commonalities across the group of women as a whole. Some women experienced change within every area depicted on the map, whilst others only felt change in some of the areas. Some of the women appeared to work through a very specific difficulty right through some or all of the areas of the map, whilst others seemed to work through several issues or overall problems across a few areas of the map or even the entire map. The map perhaps should be viewed as a range of the possible ways in which a woman might change as a result of entering psychoanalytical psychotherapy.

A key sequence of change appeared to be that of women becoming more accepting of themselves, going on to gain a stronger sense of cohesion, self worth and identity and then attaining greater confidence and capacity to move forward in their lives as a result of feeling more able to make decisions and act upon them. Decreases in the severity of negative mood states, such as anxiety and depression also seemed to be involved in this process. Women appeared to move from feeling stuck or lacking in energy, through to feeling more tolerant and positive about themselves, through to being able to think about their future and indeed begin to move towards new goals, however big or small. Some women described this move away from the distress they felt generally, and often in relation to particular issues, as a move towards their own *healing*.

The quantity of data gathered from the women regarding positive outcomes was enormous and probably deserves fuller analysis. As with many research projects a more comprehensive analysis was not possible due to the constraint of time. However this section (7.1) aims to provide the reader with a flavour of what women gained from their time at the Centre. The section starts by summarising the key outcomes across all the women (the satisfied and the dissatisfied with some sense of gain) who spoke of at least one way, or indeed many ways, in which they progressed whilst at the Centre and continued to progress after they ended therapy. This section closes with illustrations of client's positive outcomes through the use of detailed case studies of individual interviewees.

Figure 2: Map outlining the different areas of positive therapy outcome as perceived by the interviewees



- Making progress in education or work e.g. starting a new course such as a degree, gaining paid employment for the first time or rethinking and moving towards a new career
- Changing home situation e.g. leaving a partner, moving home, decorating home
- Planning to or gaining acknowledgment of abuse from perpetrators to gain further resolution
- Positive engagement in future therapy or counselling e.g. greater ability to state own needs in sessions or the confidence to take the time to choose an appropriate practitioner
- Greater capacity to approach other agencies or professionals for additional help, greater awareness that help is available, an increased ability to consider their own needs as legitimate

Other

- Coming off anti-depressants; Fewer nightmares; Fewer physical ailments e.g. headaches

Feeling, identifying and expressing

Women spoke of how therapy had enabled them to acknowledge and stay with their emotions. Some felt they had learned in their therapy sessions, and later with family and friends, to open up more than previously.

I opened up a lotI used to be very quiet and didn't talk about how I was feeling. [37+ months, ongoing group]

Women spoke of learning to tolerate their emotions and also to value them, both in the therapy sessions and in their lives outside. One woman felt that prior to therapy, enduring her emotions was too overwhelming an experience for her. Before commencing therapy this woman had felt that acknowledging and expressing her emotions was a sign of weakness, though during and since therapy she began to place greater status upon emotions and started to embrace them:

That's why I said I was an emotional coward, because I couldn't bear to feel anything really, just in case I crumpled up and it was too much for me to deal withbut then I was able to feel the emotions the sadness, the disappointmentI can survive. I am alive for tomorrowI realised there was so much strength in my vulnerability.... [13-24 months, individual]

Those in groups, also spoke of the way in which therapy had led them to acknowledge and value their emotions more, and in addition to feel less emotionally isolated.

....feeling connected with the rest of humanityit changed my perspectivebroke through my isolation and it connected me to other womenI didn't feel so different at all. [37+ months, group]

Through therapy, some women described how they began to be able to identify more clearly their feelings as they emerged. For example, one woman described how previously it would take between three to six months for her emotions to catch up with her, though she now felt that her emotions, such as sadness or anger, followed more quickly and understandably.

Women often entered therapy with a vague sense that something was wrong with them. For these women, one of the first tasks of being in therapy was to identify what they were feeling and to *put a name to that emotion*. One woman described how, prior to beginning therapy, she had felt that inside of her she was *building up* to some sort of *explosion*. As a result of being in therapy, she spoke of how she had learned that this feeling was anger. Another spoke of starting therapy with blurred and uncomfortable feelings, which with the therapist's help, she later named as anxiety. Frequently the women who sought therapy, were not able to identify and name their depression or anxiety. Prior to therapy, women experienced these psychological states as being frightening, were aware that something was wrong, but felt confused about exactly what was happening to them.

For some, this level of acknowledging and communicating emotions was the beginning of the process of their therapy, a precursor to examining their issues in later sessions. For others, however, learning to engage with their own emotions was a huge gain in itself and perhaps even their main outcome. Whilst some women appeared to accomplish feeling and expressing with ease, others came to therapy struggling to understand how they felt inside and to communicate their thoughts and feelings to others (see case study "Gail" at the end of this section).

This appeared particularly to be the case for the small number of women who received at least seven years of therapy, group or individual. These women were grateful for the long duration of their therapy, and viewed this

length of time as essential in enabling them to feel safe enough to recognise that they did have emotions about certain issues, to value them and to gain the courage to speak about them openly in sessions. The following woman spoke of her gratitude for being allowed to stay in group therapy for eight years. She felt this generous length of time had permitted her to gradually open up to others about her feelings, which later on in her therapy, she felt more able to explore and to subsequently begin to understand:

Yes, there was a point when I found my voice. When I could say things, there was, it did come, and I am immensely grateful that I was allowed. You know this is really what I think that I owe the Centrebecause I felt it was the place where I could stay long enough that I could get it.sometimes I would say something, more often than not I didn't say anything, but you know, kind of, gradually it worked. Then I came out and then things changed. They did change actually.[37+ months, group]

Making connections, learning and understanding

This aspect of psychotherapy outcome highlights the ways in which clients began to take a step back, in order to think through what was happening within themselves or within their lives. Women spoke of their therapist, or other group members, starting off this process by making suggestions about what might be happening inside them, or in their lives, and why (see section 6.3). With time, women appeared to begin to formulate these suggestions for themselves. Overall women spoke of getting to know themselves better. They talked of gaining a greater understanding of the different aspects of themselves and of beginning to become curious about, and to value, what was *hiding behind the mask*.

Making connections

A predominant gain for the women was their ability to think through how their lives, their past experiences and the way they experienced the world might connect together. These connections might link: sets of feelings; the cause and effect of feelings, thoughts or behaviours; past and present experiences; or the ways in which difficult thoughts or feelings might be associated with how they used food, alcohol or drugs.

Therapy is like breaking codes. [37+ months, individual]

An example of connections being made between sets of feelings is that of a nurse who began therapy, and found it helpful to make a link between the painful feelings she experienced in response to deaths at the hospital she worked in and recent deaths within her family. It made sense and was helpful to her to recognise that the loss she felt for her relatives may have added to the guilt and sadness she felt at work.

Being in therapy led to several women feeling that they were now able to identify where the unrealistically high expectations, which they felt they should live up to, had emerged from. One woman identified society as having high expectations for mothers. Another felt that her need to perform perfectly in many aspects of her life, at work and in her home, was associated with the high standards set by her own mother. This latter woman felt that by identifying this pattern within herself she was then able to begin to consider making less demands of herself both at home and in the workplace.

Most of the connections spoken about during the interviews related to how a woman's past could be seen to influence her current ways of thinking, her emotional state or her actions. Women explained how *...our experiences ...all lead back to our childhoods* and of how therapy could help people to understand their previous experiences in order to make sense of *how you got to where you were*. One woman shared how she had come to realise that she was *...doing all these things in my life [that] were related to things that happened to me in the past*.

Examples of links women made between their pasts and present

One woman spoke of the difficulty she felt in sharing her life with her partner and new baby. Through therapy she made an association between this present day problem with her difficulty of sharing her mother with her siblings when she was young and throughout her life. She was the youngest child in her family. [4-12 months, group]

Another client felt it had been useful to connect up her experience of childhood abuse with her current feelings of depression, though she felt unsure about the *mechanisms* of how one led to the other. This woman was still in therapy with her previous Centre therapist, but now in private practice, at the time of the interview. [13-24 months, individual]

During the course of therapy one woman, whose main priority in life had been raising her children, had recently changed evening courses from a work-related topic to a more self-exploratory and creative area. This change in

course felt important to her as it reflected how she was beginning to free up more space for herself and to focus on who she was. In therapy she had made the link between currently finding it hard to make time for herself and having had very little personal space and time as a child. This client had worked for much of her childhood. [37+ months, individual]

Some women made connections between their present ways of thinking, feelings and behaviours. These connections were made within different areas of their lives including employment and relationships with family and friends. One woman made an association between the lack of confidence she experienced within herself with the rather aggressive way in which she would treat her colleagues within the workplace. She came to see her workplace behaviour as overcompensation for how she truly felt. This client realised that her bossiness at work was having a detrimental impact upon how her colleagues responded to and worked alongside her and so began to review her behaviour. A different client noted a link between her fear of other people and the great lengths she would go to keep people physically and emotionally at a distance from her. As a result of being in therapy, this woman was able to observe what was happening in her life, take a step back and understand why she was behaving in a particular way.

Therapy often led to women understanding the links between difficulties with food, alcohol, drugs or cigarettes, and what was happening emotionally. One woman linked her use of alcohol, as a way of dealing with painful feelings as an adult, with her experience of being given alcohol to drink as a child at the times when she was sexually abused. Another client spoke of how since beginning therapy, she no longer smoked marijuana or cigarettes and felt that she was now *not really addicted to anything*. She felt that through therapy, she had *looked at really painful things* and so didn't need to *block my mind anymore*. This woman was thrilled to no longer be addicted to nicotine and said that *...sometimes I can hardly believe it*.

Women also made links between their underlying feelings and eating difficulties. One woman felt therapy had helped her to *understand the roots and reason* of her anorexic behaviour. She viewed this eating problem as being associated with her difficult relationship to her mother. Similar to other women in this study (see "Addictions, eating problems and self harm" subheading later in this section), whilst therapy had not completely resolved her problem with food, she felt she had developed a greater understanding of where her behaviour had emerged from, and found this new knowledge helpful in itself:

...I had to see that my problem wasn't that I didn't want to eat food or whatever, but it was a completely different one. [4-12 months, individual]

Gaining knowledge about alternative ways to process emotions or to behave

As well as gaining new understanding through making connections within themselves and their actions, women learnt about different ways of being through observing or hearing about how other people think, feel and behave. In individual therapy, sometimes the therapist would speak about the lives of hypothetical others or would suggest alternative ways of being or acting (see section 6.3). In group therapy women gained this knowledge through hearing about the experiences of others in their group (also see section 6.3). Hearing about a range of ways in which women could approach a situation enabled them to consider new ways of thinking or behaving themselves, and helped them to put their own experiences into context. Clients who gained in this way often spoke of not currently having close connections with other women in their daily lives or of not having gained this information from those close to them when they were growing up. Others gained comfort in learning that other women were similar to and indeed as fallible as them.

... I know now that everyone is wrestling, with up to a greater or lesser degree, with things from the past that affect them in shapes and forms that you don't find [outside of the therapy session]. It is very rare that you get a true reflection. People aren't sort of transparent. [37+ months, ongoing group]

[I learnt] *that I am okay. That it is absolutely justified and normal to make mistakes. That we are not good all the time* [13-24 months, individual]

One woman found it helpful to learn through therapy what was not 'normal'. She came to realise that self-harm was an unusual and destructive way of coping with feelings. [37+ months, individual]

The role of the therapist or group, could at times, be viewed as that of a *teacher*. Indeed one woman referred to her therapist as the teacher right the way through her research interview. Through therapy, women felt they had picked up knowledge about new ways in which to process their emotions. These new ways of viewing their feelings made sense to the women and were perceived as useful tools that they could use in their everyday lives. Box 3 outlines examples of knowledge gained by women during therapy about the ways in which they might function in a healthier way.

Box 3: Examples of knowledge gained about healthy emotional processing

- Depression: anger turned inwards
- Anxiety: not *madness*, but an everyday emotion
- Learning that there is *good and bad in everyone*
- Aggression: can be replaced with assertiveness and is more palatable to others
- Value of patience: providing an opportunity for difficulties to be worked through
- Decision-making: usefulness of separating out thoughts and feelings, and of working towards emotions not automatically informing decision-making

Re-evaluating

Change within this area refers to the way in which women appeared to take a step back from how they felt about themselves or how they were behaving, dared to take on a different perspective and reconfigured how they perceived themselves and their lives.

A new perspective

Women spoke of how the process of therapy had enabled them to consider their problems from different angles, either through the questions that the therapist had asked (see chapter 6) or from listening to or interacting with their group (see chapter 6). Interviewees described how since beginning therapy, they had come to see life as being more complex than they had perceived it before.

One client commented that she now no longer viewed the way that people behaved in terms of being either *only black or white*. Another spoke of how her *fairytale* view of the world, where you find a partner and stay with him forever, had been re-examined and readjusted as a result of therapy. This woman felt that since the end of therapy, she was now *more open to life* and had come to realise that there were alternative ways of gaining fulfilment. A third spoke of how the experience of therapy had led to her maturing emotionally *...I lost my innocence ...growing up and becoming an adult*. She felt that as a consequence of therapy she now had more patience to sit with and take time to understand her feelings, rather than to simply become *...enthusiastic and high* in order to avoid what was really going on inside.

By beginning to explore themselves and their lives more deeply, women began to be able to view what was happening to them currently or what had happened to them in the past, from a different perspective.

...understanding more about my personality ...why I am the way I am ...the way I looked at things changed [13-24 months, individual]

For example, one woman spoke of how since being in therapy she had completely reviewed the way she perceived and interacted with her parents. Prior to undertaking therapy she had idealised her parents which she felt was partly a consequence of her Caribbean culture. She felt that she *did everything for them* resulting in her putting their needs in front of her own, and even before those of her two children. In the past she had felt she had been required to look after her parents' requests first. However since being in therapy she realised that she had a choice and that it made sense to her to care for herself and her children first. She felt this change in priorities was a *huge step* forward for her and had transformed how she invested her time and energy:

..if I hadn't done the therapy sessions I don't think I would have understood... my worth ..I didn't actually value myself enough. I was taught how to deal with that. I don't know, I think my whole life has changed, the whole me has changed. [37+ months, individual]

Acceptance

Most of the women who experienced positive change, spoke of how thinking through their lives and their difficulties had enabled them to feel more accepting of themselves. This self acceptance often came through the disclosure of difficult past experiences such as childhood sexual abuse or rape. With regard to sexual abuse or rape, through feeling heard and not feeling judged by their therapist or group, women began to cease blaming themselves for what had happened and began to feel less shame and stigma. Indeed if women experienced acknowledgement from their therapist or group that what they had to say in a session was important, regardless of the topic, this in itself appeared to be enough to enable them to regard themselves with greater self-respect. Self-acceptance appeared to be closely intertwined with feelings of self-worth, and this association is examined further under the subheading "Shifts in feelings and mood states" later in this chapter.

As well as becoming more self-accepting, women spoke of how they had developed greater understanding and acceptance of other people, in their past and present. The women spoke of understanding more clearly, for example, the reasons why an ex partner or parent had behaved in a certain way towards them, or the ways in which their children may also have been affected by domestic violence. One woman spoke of how through therapy, she had come to realise that in addition to her own painful feelings surrounding the domestic violence she experienced from her husband and the consequent marriage break up, that her son was also emotionally affected. She began to acknowledge that her child also had to process the violence that had taken place within the home and to process his separation from his father.

Some women even spoke of beginning to be able to comprehend the reasons why those who had physically, emotionally or sexually abused them, had done so. Whilst for some interviewees these experiences were still raw and unforgivable, for others there was a sense that they were finally able to move on, and even, in a few cases, begin tentatively to re-establish contact with the people who had caused them so much psychological harm.

Re-examining early experiences

Women spoke about how childhood experiences were frequently revisited and explored in therapy. As a result, women often felt that they had gained a new perspective about what had taken place. One woman, who felt she had received very little care but had mainly experienced abuse as a girl, came to realise that there had been one positive figure in her early days. Through therapy, she re-discovered that her grandmother had loved and cared for her. It was an encouraging surprise to this woman, to have found a positive experience of a relationship, in her otherwise troubled childhood:

... and the only nice person I would talk about and smile [about] was my grandmother. Whenever I talked about her my countenance would be different. I remember once when she [the therapist] said 'mmm so there was something positive that happened. There was someone there for you and someone who cared for you.' And now I know it because I am learning now, it was like making what is unconscious conscious. So she actually pulled that situation... So there came a point where she [the therapist] .. put her [my grandmother] in the forefront to make me realise that yes things were bad but not completely, because someone was there that cared about me so I must hold on to that. [37+ months, individual]

As well as enabling women to acknowledge their difficult past experiences, particularly during their childhoods, therapy could lead women to recognise and assimilate the positive experiences that had taken place.

Re-considering identity

Several women spoke of how therapy had led to a shift in how they perceived their ethnic identity, including two black women who had been brought up by white parents. In therapy, these women began to explore how they felt about the colour of their skin and what it represented to them. The following woman spoke of how she had been dismissive of other black people and her own black identity until she had become more accepting of herself:

I was brought up with white parents and they, it was really hard as a little... going to school and everyone hated you because of the colour of your skin and being so different. ...When I first came to London ...I would say [to my black friends] 'Oh you black people!'. But that was the environment I had been brought up in. 'Oh you black people' are like this and 'You black people are like that'. My friends used to say 'What colour are you?' and I goes 'I am brown but I am not like you!' When I listen back to them now, at Christmas we sat down and we chatted, and they said 'When you first came down [to London] what were you like'.... So therapy really did help me find myself and who I was. I needed to start liking myself. [13-24 months, individual]

Taking responsibility

A poignant and powerful change in outlook concerned the way in which women spoke of moving from feeling the victims of circumstance, to feeling more in control of their own destinies. Several women spoke of moving on from the sexual or physical abuse they had experienced in their childhood. Through therapy, some of these women reached a point at which they felt able to move on from blaming past experiences for how they currently felt, towards recognising that they themselves could take responsibility for their own future and could indeed shape it.

Talking about her experience of childhood sexual abuse, one woman spoke of her determination to move forward and take responsibility for her future:

I used to feel like a victim all the time ...but normally I don't anymore and I think that's the major change. When you realise actually you are not a victim, okay, something happened to you, it was very unpleasant and affected me a lot, actually it affected the way I am anyway, it made me into what I am, but I can nevertheless decide what I want. So I feel much more in control of my life. [37+ months, group]

Perception of other women

A small number of women spoke of how their contact with their female therapist, or the other female group members, had led to a change in how they viewed other women. Two women reported that their therapist was the first woman they had ever felt emotionally close to and referred to their therapist as feeling like a close friend. A third woman, who had spent much of her childhood in institutional care and had previously viewed women as distant and cold, spoke of the benefit she gained from becoming close and feeling safe with other female group members:

But it has shown me a side of women that maybe I wouldn't have seen if maybe I was in counselling with both men and women. I don't know. It has shown me a side of the way women are. I don't know whether it is my upbringing but women in my past have always been a bit of an enigma to me ...a bit afraid of women. Yeah I have always found women a bit, you know in my past, to be icy. ...But I think the relationship with women [in the group] has been protective. Figures in institutional care, the women figures, there wasn't that closeness with women. You know that safety thing. [37+ months, group]

Shift in feelings and mood states

Change with regard to how women felt emotionally took place on specific occasions or more generally. Women spoke of transformations in how they felt at particular times during sessions or between sessions, or more generally throughout the time they were in therapy or following the end of therapy. The interviewees spoke of depression lifting, of feeling less anxious or of expressing emotions rare and unfamiliar to them, such as anger or sadness.

These changes in feelings might take place suddenly, and strikingly, or were viewed as occurring very gradually over the course of therapy and as being hard to articulate. One woman spoke of how following a clash with another woman in her therapy group, she returned home and felt intense rage and anger, an emotion that she was not used to feeling. She described how following this outburst of fury she felt a *...weird kind of wave of content... .. real deep down calm*. Through this experience (see subheading "Discovery through interaction", section 6.3) she recognised how much tension she must be storing up inside, and began to realise that it was possible to feel less depressed, less anxious and happier. She felt this incident had a lasting impact upon her.

In contrast, a different client described how she hadn't experienced any dramatic turning points, but had simply felt a sense of change within herself, including her depression lifting during the last six months of her therapy and since she had left:

Yeah I don't think I am depressed at all [at the time of the interview]. I definitely was. It was a process and I was probably still depressed, and I was probably starting to get better, about three quarters of the way through. [13-24 months, individual]

Self worth

Frequently associated with women becoming more accepting of themselves, was a change in how they felt about themselves with regard to their self worth and sense of identity. Women spoke of having developed *self esteem*, *self value*, *self worth*, *greater self-importance*, *more confidence*, *more courage*, feeling stronger and having a clearer sense of their future direction. As we shall see later in this chapter (see subheading "Moving forward" in the "Acting" section), this increased sense of strength and internal cohesion, enabled women to take charge of their lives, to behave more positively and to take their lives forward. Several women linked their newly developed feelings of self worth and direction with feeling less depressed.

I am more clear about who I am and more accepting of who I am ...more accepting of my limitations and think that I am okay. [up to 3 months, individual]

[Therapy] strengthened me instead of weakening me in a psychological way ...I can't express it outwardly because most of what I am saying here is in my head. [37+ months, individual]

It brought back my confidence in myself. [When she first came to therapy] ...I had no grounding, nothing to stand on ...when I left I knew where I was going ...I took the reins of my life again and that of my daughters as well. [4-12 months, individual]

I don't feel like a fake any more. That's the most important thing. I feel like I am myself, I can be myself, I am not ashamed of being myself anymore. I feel I am much, much, I am sure I am certainly much more confident because I know who I am in that sense. ...It's OK being myself. [37+ months, ongoing group]

The process of disclosure (see section 6.1) frequently led to a powerful shift in feelings within women, often resulting from viewing themselves with greater acceptance and blaming themselves less. This disclosure often related to violent or abusive sexual experiences such as childhood sexual abuse and rape. Women spoke of feeling *free-er* or *lighter* or of a sense of *enormous relief* following discussion of what had taken place.

One woman spoke in the interview of disclosing her violent rape to her therapist:

After I started to talk more and more about myself, and I couldn't believe myself, because I thought 'oh my God I am never going to be able to do this and to talk about myself', because after I felt a little bit lighter in my chest. But at first it was difficult, but after I just said to myself, I saw myself talking to a friend and for me it was good, it was helpful. It was helpful because after a time, time after time, I talked with her and I didn't feel scared and that is important to me. That was very, very important. [4-12 months, individual]

Healing

Some clients spoke of gaining an overall sense of healing as a result of therapy. These women often talked about this sense of resolution with respect to specific issues that they had brought to therapy, or had emerged during the course of therapy. Clients described processing the thoughts and feelings they had with regard to sudden loss, rape, sexual abuse, domestic violence and difficult relationships with family members. Women spoke of finally being able to look at *really painful things*. They felt that this was a result of *not needing to block my mind anymore*. Similar to gaining greater self worth, experiencing a sense of healing appeared to enable something to release within women, to allow them to leave their difficult experiences behind them and to move forward in their lives.

One woman spoke of working through her experience of domestic violence and of how she was now looking forward to and planning for a more positive future:

At the moment I feel quite healed, and stronger, and I am trying to make sure that the past doesn't come back ...I have accepted the experience that has happened to me. I feel that my feeling has healed a lot, I feel restored, I have aims to start to study again and then to work, to have a different life. [up to 3 months, group]

Hope for the future

As well as being able to re-evaluate what had happened in their pasts or how they saw themselves now, interviewees spoke of how therapy had enabled them to consider their future, or even to begin to believe that they had a future. Women spoke of how they had managed to put suicidal thoughts to one side and had gained a sense of courage to live for their children. Others spoke of gaining hope that they might begin a new and healthy relationship in the future. Feelings of hope and a sense of direction often emerged out of a greater sense of identity and self value, as outlined above. Women felt more certain about where they had come from, more aware and accepting of who they were, and so began to feel that they deserved a future and even to reconsider what they could expect from life. For example, several women during therapy began new courses, and often in the pursuit of new careers. These courses ranged from evening classes in computer skills through to undergraduate or masters degrees, such as in psychology or creative writing.

...more determined ...more sure about what I wanted to do [25-36 months, individual]

...it gave me the positivity to change [25-36 months, individual]

I want to be happy ...in a situation that is beneficial to me and positive to me. [13-24 months, group]

Prior to therapy, women were often immersed in their current or past difficulties, either consciously or unconsciously. For many, therapy seemed to enable them to face and understand those difficulties and then free up some space inside them to consider their future or other aspects of their lives. Women spoke of how therapy enabled them to move on from and beyond the constant rumination *...the whirlwind* that occupied much of their

time and minds.

[Therapy] *lifted me out of the situation I was in ...very stuck ...by the end of therapy I wasn't stuck at all any longer... able to talk about all sorts of other things...* [4-12 months, individual]

I was able to get out of the whirlwind ...like a circle, [I kept] going round and round on the same things [37+ months, individual]

Anger

Several women spoke of the transforming nature of anger. These women described how in their therapy session, or following therapy, they had experienced anger towards someone in their group or someone in their lives, had expressed this and then felt calmer or less distressed within themselves (see "Discovery through interaction" subheading, section 6.3). These women often spoke about how difficult it was for them to acknowledge, let alone express, negative feelings such as anger day-to-day, and of how they had been brought up to be *nice* or *good girls* and to not be confrontational. One woman commented that getting *angry* rather than *low* was a *healthy change*. Conversely, others spoke of converting their anger into more acceptable means of expression and communication (see "New ways of relating" subheading, later in this section).

Depression and suicidal feelings

All women were specifically asked about their experience of depression over time in the interviews (see section 1.3 and Appendix III). Almost half of the women interviewed (22), viewed therapy at the Centre as leading to an improvement in their depressed or sad feelings. Just over half of the women who were interviewed described deep feelings of depression at the time of approaching the Centre (26), whilst a smaller number described feeling unhappy or mildly depressed (eight). The majority of all women interviewed (40) spoke of periods of depression or sadness in their past, often beginning in childhood, adolescence or when at university, or that had occurred in response to crises in their lives such as divorce or the sudden death of a family member.

Following therapy and since, women spoke of feeling *free-er and more alive*, feeling more *at ease* with themselves, perceiving their depression to be *less strong* or no longer needing to be on anti-depressant medication. As a consequence of being in therapy, one woman described herself as feeling similar to a *...baby who was starting to walk* and learning to *...be strong*. Within women there was a sense that they were becoming more tangible and real, that they were increasingly learning who they were and accepting themselves and that they were able to express their needs and feelings as a result of this.

The interviewees were also all asked about their experience of suicidal thoughts over time. Two thirds of women (29) spoke of feeling suicidal in the past. Of these about a third (nine of 29) described attempts they had made to kill themselves or had contemplated killing themselves, whilst the remainder spoke of times when they felt that life was no longer worth living, but did not feel that they could have gone as far as trying to take their own life. Just under a third of all interviewees (14) felt they were suicidal at the time of approaching the Centre.

Just over half of the women who felt suicidal at the time of their initial contact felt that therapy had led to them feeling less suicidal (eight of 14). The following woman described how she felt as she emerged from her suicidal thoughts. Like several other women, she cited her children as being a strong motivating factor for continuing to live:

I realised life is really worth living ...I pulled myself together ...like a tree which has dropped all its leaves, and then you see that a new one is coming through ...I started seeing the right things and I was thinking of my children and that they needed me. [13-24 months, individual]

The relationship between therapy and depression is not a simple one. The women who approached the Centre had frequently experienced symptoms of severe levels of depression for long periods of time and were dealing with deep-seated ways of being and early traumatic experiences (see section 3.1). Therapy at the Centre could begin to address this depression, but often could not eradicate it. What appeared to be more realistic for women is that therapy enabled them to begin to embark on a process of identifying and acknowledging their depressed feelings, of starting to grasp where these feelings were coming from and of working towards healthier ways of being.

This gradual and ongoing process of peeling back the layers of depression was reflected in the observations of the researcher. Several women spoke in the interviews of how they felt they were now much less depressed and attributed this to their time in therapy. However these women were very fragile and pale in appearance and spoke slowly and with much thought and effort throughout their interviews. They also spoke of still being unable

to work and of struggling to accomplish basic tasks in their everyday lives. Whilst these women were probably still struggling with their depression, they felt that they had progressed considerably and were extremely grateful to the Centre for this change within them.

Anxiety and panic

All women were specifically asked about their experience of panic and anxiety over time in the interviews. Just over half the women interviewed reported having experienced anxiety at some point in their past (26) and a similar number at the time when they first contacted the Centre for help (28). Whilst some women spoke of experiencing anxiety most of the time, others experienced anxiety in relation to specific circumstances, such as travelling on the tube, becoming a mother for the first time or in social situations. Over half of the women who reported feelings of anxiety when they first contacted the Centre (19 of 28) felt that their anxiety had reduced by the time they left the Centre.

Some of those who had experienced change with regard to their anxiety felt this had come about as a result of them learning to identify what was specifically causing their anxiety, rather than experiencing it as a general and pervasive state. One woman spoke of how she felt that in order for her feelings to be expressed, and to consequently reduce her anxiety, her emotions needed to *...be identified, named, intensified then realised, dealt with and goodbye to the anxiety*. This woman explained that since being in therapy, she now took time to consider why she gets anxious, in order that she can get to the *root cause of my feelings*. Others spoke of their anxiety reducing as a by-product of feeling more positive about themselves or becoming more assertive with regard to expressing their own needs.

About two fifths of women (20) reported experiencing extreme panic or panic attacks in the past. A smaller number (14) experienced panic immediately prior to approaching the Centre. Most of the women who were experiencing panic at the time of initial approach (ten of 14) reported that the frequency and power of these experiences had diminished since attending therapy.

One woman spoke of a panic attack that she had experienced since leaving the Centre. She felt this attack may have come about as a result of her receiving the letter inviting her to be interviewed. This woman had approached the Centre, through her GP, as a result of the panic attacks she was experiencing at the time. She spoke of how she dealt with her most recent experience of a panic attack by understanding why it was happening and feeling that *...okay 'if that is how my mind wants to cope with it...'* but then letting it go *...I didn't give it the power* which she felt *...diffuses the power*.

Acting

The women interviewed spoke of how their behaviours had changed as a result of therapy. Often new behaviour would be rehearsed with the therapist or group, prior to taking it into the world outside (see "A training space" subheading, section 6.3).

New ways of relating

Establishing new ways of relating to others in their everyday lives was the most frequent way in which people changed externally. Most of the women who were interviewed and reported some form of positive change spoke of the newly learned and much healthier ways in which they now related to their partners, work colleagues, children and friends.

As a result of therapy, several women ended relationships or let go of friendships that they felt were no longer helpful to them or had felt abusive. For many of these women, this process of letting go enabled them to find space to consider what they wanted from future relationships or friendships, or indeed made room for new people to enter their lives. Some women even began relationships for the first time or reviewed past ones, such as the example of a client who realised the extent of her feelings for one of her best friends and is now married to him, lives with him and recently gave birth to their child. A second woman who had experienced sexual abuse from an elder brother in childhood, spoke of how during her time in therapy she had begun her first long term relationship. This woman was in her late thirties. She had always felt that she was not *nice* or good and had previously found it hard to be close to men she had begun relationships with. She had previously felt that she did not deserve their affection or care.

Within existing relationships, many women began to test out and put into practice new ways of relating. Many of these were related to reviewing the roles that women are frequently expected to play in society, such as putting others first and caring for their own needs second. Through therapy women learned to put boundaries on what others required from them, to gain the confidence to say no and to get in touch with and express, what they themselves required from others who they were close to. Women spoke of standing up for their own needs with partners, parents, parents in-law and work colleagues. Indeed one woman noted that her husband had felt that

therapy can make people more difficult.

The following woman, who was a single parent and had five children, spoke of how through therapy she had begun to identify that she needed to start meeting her own personal requirements in addition to meeting those of her children. An example she gave was of a recent Christmas period, when in addition to thinking about and buying presents for each of her children, she took time to consider herself and bought some gifts for herself:

[Therapy] *made me aware of myself, not just planning for other people and forgetting about myself* [37+ months, individual]

Some women spoke of how since being in therapy they were more understanding of others and how this had led to them being more patient, accepting and tolerant of those with whom they came into contact within their home and work lives. One woman reviewed her previous difficult relationship with her family. She felt that her starkly different religious and political views separated her from her relatives. She hoped that her relationship with them might improve in the future, if she let their differences lie. She felt that *in the past* she had been *quite picky and argumentative and upset*. She felt she had now *stopped that* and hoped she could move forward in her relationship with them, by focusing on her love for them.

As a result of feeling they had been heard in therapy, and of finding a space within which to express what was going on in their lives, women often experienced a sense that space within themselves had been liberated. This freedom and space within themselves often led to them having an increased capacity for caring for others, frequently their children and in one case a very young baby. Several of these women had previously been feeling very depressed, suicidal and unable to cope. The following woman spoke of her pleasure and relief of now having more motivation and energy to care for her children:

I just want now to be with my children ...[to see] how they are growing up and to see the better life for them ...I have more happy times with my children and this is very important for me ...I can see the smile in my children when they see me get up or do something for them. [4-12 months, individual]

A small number of women spoke of how previously extreme behaviours such as aggression in the work place or a desire for retribution against physically and emotionally abusive parents had dissipated as a result of therapy. Through therapy these women had been able to step back and understand why they were behaving in a certain way, or had worked through an issue resulting in less charged feelings. As a result these women had been able to modify their behaviour or intentions.

...replace what may appear aggressiveness with assertiveness ...fine balance. Learnt to *...say no without being aggressive ...to respect other people's points of view.* [13-24 months, individual]

At the time of the interview, a few women spoke of how they had (mentioned by one), or hoped to (mentioned by two), confront family members who had sexually abused them when they were children. For these women this was felt to be an essential part of their healing process. Whilst they were now more accepting and less blaming of themselves with regard to what had taken place, they felt they needed verification and ownership, from the abuser, about what had occurred.

Moving forward

Another common area of external change related to women feeling stronger within themselves, realising that they deserved fulfilment and a future, and thus taking steps towards improving their home or work situation. Many of the women interviewed spoke of changes at work or regarding their education that had taken place whilst they were in therapy or since.

Whilst they were in therapy or following the end of therapy several [mentioned by eight of 47] women had begun to study for higher and further education qualifications, ranging from a diploma in counselling though to a degree in horticulture. One woman had also begun several adult education courses including those developing her painting and writing skills. These women gained the courage to pursue new hobbies (mentioned by one), to work towards a career for the first time (mentioned by three) or to change career direction completely (mentioned by five). These changes were a consequence of something changing within them, as well as having the opportunity to discuss their concerns and aspirations with their therapist.

Examples of ways in which women felt that therapy had enabled them to move forward in their lives

One woman as a result of her time in therapy had gradually left her job in government to study psychology full time and to work towards becoming an educational psychologist. She had felt very despondent, unfulfilled and psychologically stuck within her previous career. [4-12 months, individual]

Another client who was a nurse spoke of how she was currently studying a degree part time in order to pursue a future career in natural medicine. [13-24 months, individual]

A third woman spoke of how she had switched adult education courses from one in developing computer skills to one exploring memory and autobiography. This woman felt that this change in focus was significant as it reflected her newly acquired and greater capacity to spend time on developing her internal world and her creativity, rather than simply focusing on practical skills in order to develop her ability to rejoin the workplace. This woman had a large family, and children with ongoing difficulties and demands, and prior to therapy, had found it challenging to find room for herself amongst the needs of her children. [37+ months, individual]

Two of these women spoke of how they had managed to engage with their courses in a more productive way by talking through issues as they emerged in their therapy sessions. In addition, one client reviewed the extremely high expectations she put on herself and began to realise that she didn't always have to be the top of the class. This woman had been persistently abused as a child and as a consequence frequently did not feel a *good* person. In her work and academic life she strove to be perfect in order to counterbalance this. Through therapy she began to value not seeking perfection and perhaps for one of the first times in her life, began to permit herself to slacken off and enjoy herself. Another woman felt that through therapy she had gained the capacity to be patient and that this helped her to stay with a degree course in which she was struggling to remain:

...therapy helped me get through it ...more patience [25-36 months, individual]

As a result of therapy, several women began work for the first time. Whilst in therapy, one woman began a degree course, took on voluntary work and eventually moved into part time paid employment. This woman had previously felt extremely unconfident with regard to her ability to achieve, which she linked to how she felt her parents had viewed her. With a changed self-perception and support from both her therapist and current partner, she achieved what she felt would have been previously impossible.

Another example of change in the workplace involved a woman who was having difficulties with her line manager. She brought this issue to her therapy session, and as a consequence of the *solidarity* and support she felt from her therapist, gained the courage *to slap a grievance* on her manager and instigate change in a situation of previous deadlock and frustration.

Several women spoke of changes in their living arrangements that they attributed to their experience of being in therapy. A small number of women gained the courage to finally move out of London and felt much happier having taken this decision. These women had been considering this issue for a long time. A further woman felt she had gained crucial support, from her group and therapist, to continue in her battle with her local council to get re-housed in accommodation more suited to her needs. Through therapy these women gained the courage and encouragement to engage with and undertake what felt to them difficult life decisions and processes. Therapy provided these women with a forum within which to discuss these issues and an increased sense of support, energy and agency to begin to undertake or complete their tasks.

Everyday functioning

Some of the women who were severely depressed or anxious at the time they began therapy, spoke of how they were now more able to function in their daily lives. Women spoke of feeling more able to leave their home, less frightened when travelling on public transport, more confident to speak to others at work or elsewhere and more energetic which enabled them to get physically to work. Whilst the progress they had made in these areas was valued by these women, at the time of the interview, it was evident that many were still struggling with these basic areas of everyday life.

Change with regard to everyday functioning can perhaps be seen in parallel to the change spoken about by women regarding their depressed symptoms (see "Depression and suicidal feelings" subheading, this section). Women often spoke of what might be perceived as small changes within their everyday lives. However, these women felt these changes were significant and profound. Similar to reductions in depression, improvements in everyday functioning often appeared to take place at a slow and incremental pace. It is likely that a reduction in women's levels of depression was linked to the increased energy and capacity they acquired that enabled them to undertake commonplace activities more easily, such as being able to get out of bed and to get dressed in order to leave their home for work, or to care for or play with their children.

Addictions, eating problems and self harm

A small number of women spoke of how therapy had led them to stop smoking cigarettes (mentioned by one), marijuana (mentioned by two of the four women who felt their marijuana smoking was a problem) or had enabled

them to cease drinking alcohol (mentioned by one of three women who felt they had an alcohol problem). This change was usually attributed by interviewees to identifying, through therapy, the underlying causes of their behaviours (see "Making connections" subheading, this section). One woman additionally described the strength that she drew from her ongoing therapy sessions to abstain from alcohol when faced with a situation where a friend was strongly encouraging her to drink one night at a birthday party. This woman appeared to have felt that she had taken the strength that she gained from her relationship with her therapist directly into the party with her. When she was talking this woman gave the impression that her therapist had almost been there 'by her side' whilst she was struggling internally with resisting drinking the alcoholic drinks her friend was almost forcing upon her. This woman had avoided drinking at this party by placing her drink discreetly in a corner of a room:

...thinking about the therapy I felt like I was supported and felt there was something out there that I am holding onto that is supporting me. So I wasn't alone. [37+ months, individual]

The impact of therapy upon women and their eating behaviours appeared to be multi-layered. Whilst some women spoke positively about the understanding they had gained about their emotions and the way this affected their over or under eating, the behaviour of these women often did not change. A few clients had managed to give up or had begun to give up their bulimic, anorexic or compulsive over eating behaviours (four of 13 women), though some spoke of utilising other methods, based in cognitive behavioural approaches to break their habits.

One woman had been seeing a counsellor who specialised in eating behaviours, who worked from a cognitive behavioural approach, at the same time as being in therapy at the Women's Therapy Centre. This woman felt that whilst therapy at the Centre had given her insight into why she would over eat and then over-exercise, the other cognitive behavioural counsellor had enabled her to break the habit of her eating behaviours. Similarly, whilst another woman had found it useful to explore her compulsive over eating in group therapy at the Centre, she had found cognitive behavioural techniques, that she had picked up from her baby's NHS psychologist - who was addressing the baby's sleep problem - helpful in tackling her ongoing compulsion to buy and over-eat unhealthy food. These women often referred to other methods as providing more *practical solutions* than the type of therapy provided at the Centre. One woman described the complexity of eating difficulties as she understood them. She felt that *psychological problems triggered the problems*, but that there were many other aspects that maintained her eating problems such as *social things, mechanical and physical things*. The habitual aspects of eating problems that maintain them on an everyday level above and beyond the underlying issues that perhaps initially caused them were highlighted by several women.

Another woman spoke of how despite recognising, as a result of her therapy sessions, that her eating issues were a symptom of the presence of unresolved difficulties within her, her eating behaviours had not been completely resolved. This client spoke of her time in therapy as enabling her to *realise that it [over-eating] was a symptom and not a cause of my problem*. This woman described how once she began therapy and started to distinguish and explore other issues in her life, particularly the unhappiness she felt about her career, she began to fill her mind with thoughts other than food. Despite this change in the focus of her thoughts, she felt that during the year since the end of therapy, that these improvements regarding her relationship with food had become *slightly undone along the way*. She ascribed this partly to the way *the world is always telling people to be healthier and diet and look this way* and look that way. She did however acknowledge that currently, and as a result of being in therapy, the focus within her had continued to shift away from ruminating on how she looked and what she ate, towards focusing on how she wanted to move forward in her life.

Of the three women who reported harming themselves at the time they approached the Centre, two felt that their self harming behaviour had improved as a result of being in therapy, whilst one felt it had worsened (see "Gail" case study, at the end of this section). Again the usefulness of addressing underlying issues in therapy was raised; one woman felt that her self harming had decreased as a *side effect of solving other issues*. Indeed this woman had not ever discussed her self harming behaviour with her therapist in her sessions.

Future therapy

A small number of interviewees spoke of how therapy at the Women's Therapy Centre had enabled them to utilise therapy, since leaving the Centre, more fully. These women were often in the dissatisfied with some gain category (see section 4.2). Whilst they had frequently struggled to engage with and stay in the therapy provided at the Centre, they felt they had reflected on and learned from these difficulties since leaving.

Women spoke of learning that particular types of therapy, such as group therapy, or the psychoanalytical approach were not right for them, and of going on to search for more suitable therapists or modes or approaches of therapy. Some women felt that their time at the Centre and indeed their confusion about what was happening in the sessions (see section 5.2), had given them the courage to be more assertive in potential, or actual, future therapy sessions. Many women spoke of being more vocal or demanding, or hoped that they would be, in future sessions. This greater awareness of their own needs and rights in the therapy room, and their willingness to verbalise them, was often echoed in other aspects of their lives, such as asking more of family members, or

learning to say no to the requests of others, at home or at work (see "New ways of relating" subheading, earlier in this section).

Other areas of progress

Women mentioned a range of additional areas in which they felt they had made progress as a result of therapy. Clients spoke of coming off anti-depressant medication, experiencing a reduction in physical ailments such as headaches or dizziness and enduring fewer nightmares.

Others described how therapy had enabled them to initially engage in or to develop creative pursuits such as painting or writing. One woman, who regularly painted prior to commencing therapy, spoke of how therapy had affected what she included in her work. During her time in therapy she began to include fish in her compositions. She said that since being in therapy she had discovered that fish are considered by some to represent the unconscious.

Another important change in personal situation was that through their contact with the Centre, women spoke of realising for the first time that help was available to them. The women who gained this knowledge were often those who had migrated to this country, were not used to speaking with people outside of their family about their difficulties or emotions, and who sometimes had escaped from severe difficulties within their relationships, such as domestic violence. For these women, coming into contact with the Centre, and receiving what they perceived as valuable support, opened up their awareness that there were agencies 'out there' that could help them. The experience of receiving therapy at the Centre perhaps also enabled women to realise that they themselves could legitimately ask for help in the future. Further, they possibly additionally became more aware within themselves that they were worthy of help from and investment in by others.

Additional contributing factors

Women who experienced some form of transformation within themselves or in their lives, sometimes spoke about other aspects of their lives that they felt had contributed to this change. Interviewees often found it hard to disentangle whether it was therapy, these other aspects, or a combination that had led to them feeling better.

I think there is a danger of [attributing] all the changes that happened that year to the fact that I was in therapy and who knows what I might have done anyway. ...So I think the reason it is difficult to say whether the therapy affected my life, it is like it was plaited together, things that were happening in my life and in therapy. [4-12 months, individual]

For example, one woman had begun an art therapy course whilst in therapy and felt that as this course progressed, she brought much of her new learning about psychoanalytic theory, and of herself, to her group therapy sessions at the Centre. A different and very depressed woman felt strongly that whilst her therapy had been helpful in her development, her regular trips to the gym and ongoing meditation had also been essential. This client felt the regular exercise had helped her to lose weight and gain energy and positivity, and that the meditation had enabled her to be more *open* in her therapy sessions (see section 6.5). She viewed being open to emotions as being essential to engaging in therapy and something she had previously found very challenging. Others felt therapy had been useful in combination with the medication, usually anti-depressants, that they had been taking. Others cited travel, acupuncture, the passage of time, beginning a course, vitamins and a healthy diet, deepening their Catholic faith, or having a baby as factors that contributed to their positive change, in addition to therapy.

Clients also spoke of the important influence of the counselling or therapy they had received since they left the Centre. This is discussed in section 8.4.

Observing change in others

Perception of positive change was not always limited to women's views about their own experiences. Several of those in group therapy, noted a change in other group members.

I found it very inspiring really ...seeing how people came on in their confidence, they probably didn't even realise that themselves. [25-36 months, group]

Case studies to illustrate the outcomes for women in the satisfied category

Erica

Erica entered a two year individual therapy contract and remained in therapy until the end of the contract. She approached the Centre at a time when she was feeling very depressed. She talked of how she had ...*stopped*

functioning ...lost so much confidence, had become *nervous*, was *not socialising* and was spending a lot of time in her flat alone. Alongside this she was not coping in her workplace. Her work involved communicating with and supporting others and she had reached a point where she was struggling to *...pick up the phone and call people*. As well as coping with difficulties from her childhood, including parental neglect and a sexual relationship with a sibling, she had recently experienced violence from a partner and had been involved in a serious accident. Of the latter she felt that they had *...shook me up so much* and that she had *...never felt so bad in my whole life*. At the time of approaching the Centre she spoke of feeling *nervous* and *different*.

Whilst Erica remained in therapy until the completion of her contract, she found the process of being in therapy frequently perplexing. At the time of the interview she spoke of how the therapy process had only begun to make sense during the last six months of the two years and since *...it wasn't until I left again that I realised how much it had helped me*.

When reflecting on what she felt that she gained from therapy, she spoke of how she now felt less depressed, more confident, more able to view herself as worth caring about, *...more able to say no* to others and more able to tell others what she truly thought. In addition she talked of how she had learned through therapy to take full responsibility for her life and her future and to move forward beyond the difficulties she had experienced in both her childhood and adult life *...you have to learn how to live regardless*. These 'internal' outcomes appeared to have led to a shift in her 'external' world. She spoke of how she now was able to form stronger friendships *...I moved on in terms of friendship ...much better quality of friendships ...I left some people behind*. She had also left a job that she had felt stuck in and was in the process of pursuing a new career via embarking on a degree course *...it [therapy] gave me the positivity to change*. Further she had given up both nicotine and marijuana since being in therapy, had bought her own flat and had got married to a man with whom she felt she had developed a very positive relationship.

Erica had experience of therapy prior to the Centre. She had started with several individual counsellors but had not stuck with the process. She also had had a positive experience of a two year therapy group. At the time of the research interview, Erica did not feel that she currently required further therapy, but felt that if she did she would return to the Centre. However, she felt very unsure about whether she was prepared to *...open it up again*. Erica felt so positive about her experience at the Centre that she spoke of how she often had to hold herself back from telling others that they might benefit also.

Gail

Gail was in individual therapy for seven years. Whilst most of this therapy contract involved therapy once a week, for the last year of therapy she attended twice a week.

Gail approached the Centre after a recommendation from a professional at the psychiatric outpatient service she was attending. She specifically asked to be in therapy with a black therapist. She brought several difficult past experiences to therapy including a traumatic childhood and a lifetime of experiencing racist behaviour. She was depressed and suicidal when she approached the Centre and had been for much of her life. Gail additionally spoke of her alcohol problems and self harming behaviour. Further, during the time she was in therapy, she experienced a road traffic accident and sustained serious physical injuries.

Gail progressed in therapy at a slow pace and said that she had often experienced the process as being like *torture*. Within herself she learned to view her actions from a different perspective, for example she began to acknowledge the damage that she was doing to herself through her self harm and misuse of alcohol. She additionally became more aware that some of the people from her past, including her parents were not all bad, but that they were a mixture of *right* and *wrong*. A key change that she identified was of learning how to feel more. One example was of her gradually coming to accept the physical harm that had taken place as a result of her accident and of dealing with the loss associated with this. She spoke of how she would have previously brushed such feelings *...under the carpet* and would have worked hard at attempting to *...cover up* any consequent emotional *cracks*. She also spoke of how she had made connections between her profound depression, her feelings of anger towards herself and the anger she often felt towards others (she frequently felt angry towards her therapist). Associations were also made between her eating difficulties and self harm, and what was happening emotionally within her. She also came to feel more comfortable in her identity as a black woman.

Gail witnessed her symptoms both easing and recurring throughout the process of therapy. Her depression and self harming behaviour reduced during therapy, but returned when she left. Her eating problems disappeared, but her alcohol problems remained.

Despite this Gail felt her experience was *definitely not a waste of time*. She appreciated the length of time she was offered and felt that it was necessary in order to address her very long term and difficult issues. She

said that you couldn't expect such long standing difficulties to ...*disappear in a matter of months*. Gail was particularly grateful to the Centre for the way in which therapy had enabled her to become much more in touch with her feelings and enabled her to ask for support from other sources, such as her local mental health team. She felt that initially during the therapy process she had been very resistant to acknowledging her emotions; that she became ...*more open*. She spoke with admiration of her therapist, particularly her persistence in dealing with her initial resistance and anger.

Gail was unsure whether she would seek therapy in the future and had no plans to re-enter therapy at the time of the interview. She spoke of her concern about becoming a ...*therapy junkie*, but noted that she ...*would rather have therapy than be on drugs*. At the time of the interview she was still taking anti-depressants.

Beatriz

Beatriz joined a 3 month time limited therapy group which was provided as part of the Language Project. She remained in the group for the full 3 months.

Beatriz first heard about the Centre whilst she was staying at a women's refuge. Staff at the refuge informed her about the Centre and in addition some of the other residents had previously had contact. At the time of approaching the Centre, Beatriz was very depressed and distressed. She said ...*I cried a lot and felt very alone ...I thought that I was the only one going through that situation*. She had recently left her partner due to domestic violence. Prior to approaching the Centre she felt she had ...*kept in a lot of things* and had *lost* her ...*self confidence*. Beatriz felt that she ...*wanted to come out of the emotional state that I was in*. Beatriz was not originally from the UK. Consequently she felt far from her family and was dealing with different customs and a new language. Beatriz had spoken of how she felt it was important to attend a women's centre ...*I wanted to identify with my sex and to know about experiences that other women had gone through as well*.

Beatriz felt she had learned an enormous amount from her three months in group therapy. She found the group very supportive ...*I wasn't alone* and felt that she gained much from hearing about the experiences of others. She spoke of learning how the past has influenced her current life, particularly the actions of her father when she was a child. She felt that addressing what her father had done, in therapy, had enabled her to move towards a sense of resolution. She also felt that her time in therapy had enabled her to gain ideas about ways in which she could be more supportive towards her son, particularly with regard to him leaving his father and for him to move on from the domestic violence witnessed in his home. Beatriz felt therapy had enabled her to improve her relationship with her son *enormously*. She spoke of the way in which exploring her experience of domestic violence within the group had led to a sense of *healing* inside her and had consequently led to a reduction in her depression, suicidal thoughts and levels of anxiety. She felt that therapy had enabled her to ...*come out of a nightmare*. Overall she felt that the group therapy had enabled her to ...*look at life in a different way* and to develop ...*courage to go forward in my life with my son*.

Following her time at the Centre, Beatriz joined a group for parents at her son's nursery. It was a behavioural-based group and once again she felt she benefited greatly from the experience. She attributed her ability to positively engage with this group as partly due to the confidence she gained from talking with others in her therapy at the Centre. She felt the parents' group had enabled her to start ...*to love my son more ...our relationship got so much better*.

At the time of the interview, Beatriz spoke of the ways in which her life was continuing to develop. She had moved out of the refuge and into a flat of her own, she felt she was wanting to care for herself more which she felt had a knock on and positive effect for how much she cared for her child. In addition she was beginning to contemplate the thought of entering a relationship in the future and what she might look for in a partner. She also talked of how her son had recently taken up swimming classes and of how it had inspired her to consider going to the gym. She mentioned that prior to getting married she had enjoyed sport in her home country. Once more settled in her flat, she spoke of how she hoped to study, get a job and ...*have a different life*.

7.2 No change or feeling worse

Some women felt they gained little from being in therapy and a few felt that when they ended therapy, they felt worse. Most of these women left therapy prior to the completion of their contract, some only staying for a few weeks or months, and spoke of feeling disappointed with their therapist or group in some way. The description in this section emerges mainly from the comments of the two groups of dissatisfied clients (see sections 4.2 and 4.3). These clients recalled the lack of change they experienced regarding the problems they had brought to therapy. They spoke of leaving therapy with unresolved grief, their eating problems intact or of still feeling

anxious or distressed:

I don't think that anything happened which made me feel differently and I don't think I learned anything which made me feel differently [4-12 months, individual]

What I was trying to achieve, which was a better way to live my life and come out of permanent grief, was not achieved. ... I was trying ... to reconcile myself with, being a mother of one child, and being a happy mother, and being a happy wife and being happy with the things that I had. No I wasn't able to do that at the Women's Therapy Centre. [4-12 months, individual]

One woman even spoke of how her partner had noticed the negative effect that attending therapy at the Centre had had upon her:

And my partner used to remark how unhappy it seemed to make me feel. It was very different to going to see my other therapist and I was just like 'no you just don't understand therapy because you can be really down and it can still be doing you good.' This is what I would say but actually he was right. I was quite miserable when I was coming here, and quite miserable when I was leaving and I think the group just did it for me. That was when I knew this is not for me. This place is not for me, this way of working is not for me, this process. It just feels wrong. It just doesn't feel like it is feeding my spirit. It feels almost that it is doing the opposite. I don't get it. [up to 3 months, ongoing group]

As already mentioned, behaviours such as eating problems appeared difficult to improve through psychoanalytical psychotherapy alone. Whilst women's eating problems had often not been completely eradicated as a result of therapy at the Centre, women spoke of their underlying issues greatly improving (see "Addictions, eating problems and self harm" subheading, section 7.1).

One woman, in the unsatisfied with no sense of gain category, spoke of the way in which she had left the Centre in greater distress than when she had started therapy. This client did not return to therapy following an unsuccessful overdose. Following this incident she moved into the care of NHS secondary mental health services. She recalled how she was in emotional crisis when she had first approached the Centre, and then went on to experience a series of losses, including a termination, whilst in group therapy. She felt that the sessions had not been supportive enough to carry her through her acute and ongoing difficulties. In particular she spoke of their being one woman in her therapy group with whom she did not connect and who she felt made the group experience uncomfortable for her. A second woman, in the unsatisfied with some sense of gain category, talked of how her blood pressure had increased as a result of attending therapy. She was aware of her high blood pressure because she had physical health problems and, coincidentally at the time of being in therapy, was having her blood pressure regularly checked by a nurse. Indeed she had her blood pressure checked on several occasions on the same day she attended her group therapy sessions. The stress of attending her group sessions was one of the reasons that she decided to leave the Centre.

Clients who experienced positive change could also experience worsening symptoms. For example, two women who felt they had a very positive experience of therapy overall, and were included in the satisfied category (see section 4.1), experienced worsening symptoms of self harm, overeating and drug and alcohol misuse. One woman spoke of how she had gained much with regard to being able to identify what was going on inside of her emotionally and felt she had made much progress in her ability to communicate this to others. She was very satisfied with the gains she made whilst at the Centre. At the same time she spoke of how her self harm had resumed since leaving the Centre and of how she was using self harm as *one pain to stop another pain*. This woman felt that since leaving therapy she sometimes was concerned about going into her kitchen in case she felt tempted to use the sharp implements. At the time of the research interview this woman was still in contact with community mental health services.

The second woman spoke of the way in which since being in therapy she had become more accepting of herself and her mental health problems, had developed stronger relationships with members of her family and, at the time of the research interview, generally felt much happier. However she felt that as a possible cause of being in therapy her drug and alcohol use had increased as well as her overeating. Despite the worsening of these symptoms this woman felt her experience of therapy was positive and particularly because *...it lifted me out of the situation I was in ...very stuck. ...By the end of therapy, I wasn't stuck at all any longer.*

These two examples highlight the complexities of the process of healing that women appear to pass through whilst engaging in therapy. The first woman was in individual therapy for over three years and spoke of spending much of her time in therapy *learning to feel* and beginning to be able to communicate her feelings to her therapist (see earlier case study "Gail", at the end of section 7.1). It is possible that the worsening of her self harm symptoms were a consequence of the painful feelings that began to emerge from within her as she developed and progressed in her sessions. The self harm was likely to be a way in which she dealt with her greater capacity to acknowledge and process her emotions. It is possible that women with this level of need may require many

years of therapy, perhaps much more than once a week for two years, in order to reach a point whereby they can access new ways in which to deal with the challenges of facing their previously hidden or buried painful memories or feelings. More therapy might enable such women to go on to gain new and less self-destructive ways in which to deal with the difficulties stored within them.

7.3 Comparison to expectations

Women came to therapy with wide ranging expectations (see section 3.3). Many women had no idea of what to expect from being in therapy, or of what they might gain, but were simply looking for *help*. Others were hoping that therapy would provide a *fix or a cure* to their problems, such as removing their bad feelings, eating problems or distressing thoughts.

Expectations were often experienced as being met by those who remained in therapy until the end of their contract. These women spoke of returning to their old selves, feeling less stuck in their problems or of feeling happier. One woman talked of being able to *...find myself again, because I was totally lost, and I did find myself, it was good*. Women rarely had specific expectations of how they would benefit from therapy, though one spoke proudly of successfully attending and surviving a family event, at which a relative with whom she had many difficulties, was going to be present. This client had specifically begun therapy in order to address her intense anxiety about this event.

Some clients described how many of their expectations of therapy had been unrealistic. For example, one woman talked about how she had hoped *...to get rid of all of the fear in my life*, but at the time of the research interview, had realised that it would take much longer to resolve her intense anxieties. In time, this woman came to see that being in therapy had enabled her to begin to work towards resolving these fears. The theme of therapy being seen as part of a wider journey in which women were seeking to address their difficulties is explored further in the next chapter (see section 8.4).

Therapy was described as leading to wider and deeper change than at first imagined. One woman had anticipated that she would turn up to therapy, present her problems, and would receive advice about how to deal with and remove them. However following her time at the Centre, she realised that her eating problem and her anxieties were rooted in underlying issues. She felt pleased that her time at the Centre had enabled her to begin to acknowledge and address these deeper issues, and felt that addressing them would affect her life long term and in a more comprehensive way:

I probably thought I will come to ten sessions, or twenty sessions, or whatever, and I will be told 'This is what you are', or 'This is what you should do'. I think I remember thinking I would be told that maybe my life would be more straightforward if I changed my living arrangements. And I had issues with food and I remember thinking I would be told what to do. Only because I misunderstood the way these things work. So I think I thought I would be given instructions or solutions whereas ...It was a lot more free and a lot more open and the bigger picture was addressed rather than specific nuggets of advice. So what happened to my life while I was in therapy was a lot more profound. [4-12 months, individual]

Conversely a woman, who also had an eating problem, spoke of how she had imagined that dealing with her past experiences and deeper issues would have resolved her overeating. However, part of what she felt she gained from therapy, was learning that her eating problem was complex and would involve more than exploring her thoughts and feelings in depth; she realised that she needed also to address the habitual aspect of her overeating (see "Addictions, eating problems and self harm" subheading, section 7.1).

One woman spoke of her expectations of what might have been if she had been able to access individual therapy at the Centre instead of a group. This woman made the decision at the time of first contacting the Centre to join a group, because the waiting list was shorter than that for individual. During the research interview, this woman still wondered if her experience of therapy might have been more comfortable in one-to-one therapy, and whether individual therapy might have led to greater and faster personal change. Whilst this woman had experienced group therapy as very difficult to be in, she felt she gained enormously and positively from the experience.

Those [18 of 47] who felt dissatisfied in some way (see sections 4.2 and 4.3) inevitably felt that their time at the Centre had not met their expectations. As well as not achieving as much in therapy as they thought they might, they were frequently disappointed with aspects of the process (see section 5.2).

Chapter 8 Life after therapy

8.1 Ending therapy

Therapists always gave plenty of notice with regard to the end of a contract and group members were asked to give at least four weeks notice, prior to leaving. However, women did not always manage to do this and sometimes left with little or no warning. High value appeared to be placed by therapists on working through the end of a contract, or the departure of a group member and what the ending represented to the client leaving, or to remaining group members.

Women left prematurely either because they did not feel therapy was working for them, other commitments had emerged in their lives, they felt it was the right time, or their contract had come to an end (see sections 4.1 and 5.2). Those who were more engaged with the process often gave the required length of notice and worked through their ending, however those who felt dissatisfied with their experience frequently left in a hurry, informed the therapist by letter or even left owing money to the Centre.

Those in ongoing groups usually had to make the decision for themselves about the right time to leave. Two ongoing groups within the designated time period (see "Type of therapy received" subheading, section 1.4) closed prematurely due to low attendance. One woman left exactly after two years, as this was the amount of time she had made herself *commit* to sticking with the process. Another client, who was in therapy for seven and a half years made the decision to leave when she felt the group was beginning to restrict her rather than enabling her to grow:

...it suddenly felt it was like restricted, it wasn't kind of something which gave me some more freedom but something actually which would hold me back. [37+ months, group]

At the end of some individual therapy sessions, some women were given an opportunity to extend their contract for a few months, particularly if their contract was short and they had entered a particularly difficult point in their lives such as a distressing life event taking place. An extension was always appreciated by those who were offered it and was usually taken up. For others, the end of therapy took place as planned despite life outside the consulting room throwing up difficulties. One woman spoke of how a close friend had died during the week prior to her last individual therapy session. She talked of how her therapist had shed some *quiet tears* during their last session and how she couldn't believe that her therapist had seen her through so many deep and difficult problems, yet here was a new problem that she would have to deal with on her own. Those in short contracts or whose group had ended prematurely were often given information or support to find further therapy, or were provided with a formal referral if it was felt to be appropriate. At the end of therapy, women were frequently reassured that they could return to the Centre in the future for more help if they wished.

Gifts were sometimes exchanged during the last session. One woman received a necklace from another group member who was departing and felt incredibly touched because she felt that this woman rarely let other people emotionally into her life. Another gave her therapist a candle holder shaped as a hand, which she felt was both *sweet* and *creepy* and probably represented the mixed feelings she felt towards her therapist. Thank you cards were also sometimes given to therapists.

A small number of women (mentioned by three) made contact with the Centre following their last therapy session. These were women who felt dissatisfied in some way (see sections 4.2 and 4.3) with their experience of the Centre. These women wrote to or emailed the Centre and spoke of how they had found it helpful to formally express their dissatisfaction in writing, though few felt they had received a satisfactory response. Others spoke of how the research interview itself had offered them an opportunity to communicate difficulties they had experienced and their unresolved feelings about their time in therapy at the Centre. These women said that this chance to feed back to the Centre was one of the reasons they had made the decision to take part in the study (see "Women's experiences of taking part" subheading, section 1.3) They felt they had not been able to communicate their feelings of dissatisfaction to their group, their therapist, or the Centre management at the time prior to leaving therapy.

8.2 Unfinished business

At the time of ending therapy those women who remained until the end of their contract did not always feel that they had resolved all the issues they felt they needed to address. These might be the difficulties they approached the Centre with, or they might be issues that emerged and they became aware of during the course of their therapy.

Women spoke of specific issues they knew they needed to address in the future, but had not resolved during

their time at the Centre. Women spoke of wanting to confront parents, siblings and step-parents who had either physically or sexually abused them, and of ongoing difficulties within their close relationships, particularly with partners and children. Some women felt they might need further therapy to work on these difficulties, additional *space to work it*, whilst others hoped they could work through these issues in time by themselves.

One client who said she had not received enough information about when her contract was going to end felt disappointed because she had not spent enough time near to the end of her therapy rethinking her career or considering how to develop a more fulfilling social life. This woman was a single parent currently living alone with one of her children. Further, whilst successful within the organisation where she worked, she felt she had perhaps been in the same job for too long and wished to review and progress her work situation. This woman had worked hard in therapy and had gained much from focusing on her current and past issues, which included parental neglect and a violent partner. However she spoke of her regret at not being able to use her time in therapy to attend to her future, in addition to her present and past. This woman would have preferred greater clarity about the end date of therapy in order to better plan how she could fully utilise her time at the Centre.

As already mentioned, women spoke of the ways in which after leaving the Centre, they had to continue to deal with the challenges and life events that continued within the course of their lives. Women spoke of their experiences of bereavement, relationship break-ups, ongoing difficulties with family members and even stressful building work that they had to face on their own, without their group or therapist.

8.3 Becoming your own therapist

For women with satisfactory experiences of the Centre (see section 4.1), undertaking the work of therapy did not appear to stop when they left. For those who had engaged with and remained in therapy until their agreed end date, many spoke of how they continued to work through their issues on their own; of how they had started to become their own therapist.

She gave me skills, tools to help me function ...at first (I was) dependent on getting her advice ...after a while I was doing that for myself [13-24 months, individual]

During the process of therapy, women spoke of gaining their own *skills and tools* that meant that they did not always have to save up their issues for discussion with their therapist; that they could begin to address and think through these issues on their own. Women continued this work once they had left the Centre.

For example, the following woman felt that since ending therapy she was able to spend more time considering her own issues, rather than keeping herself physically busy and thus ignoring her difficulties as she had done in the past:

Since then I have still been discovering and discovering. So it has continued. ...I enjoy taking a step back and spending time with myself, just thinking about things. I am more analytical now. More mature. ...The therapy was important for me and I was not prepared to lose it. I was prepared to make something out of my years of therapy. [13-24 months, individual]

Others acknowledged that personally developing beyond the end of therapy was an ongoing process, perhaps one that would always continue:

I don't feel like I've finished yet. I sometimes wonder whether there will ever be a cut off point. Not necessarily in therapy. But ...in the learning process about yourself. I don't think it ever really finishes, it just carries on. [4-12 months, group]

Some women feared returning to their *old ways*; their previous patterns of behaviour. One woman spoke of wishing to stay *...mentally healthy and positive, and to remember the things that I took from therapy*. Women felt strongly that they wanted to build on what they had gained in therapy and spoke of wishing to continue to *understand what I have learnt*. One woman since leaving therapy described herself as becoming *older and wiser*.

8.4 Therapy as part of a wider journey

Contact with the Women's Therapy Centre, was rarely the first or last place that women looked for help with their problems. This is not surprising if one considers the frequently long-standing and deep-seated issues and problems that women brought to the Centre (see section 3.1). Thus the therapy that women received whilst at the

Centre needs to be seen in the context of a wider pattern of help seeking that women undertook. Women had often been looking for ways to address their distress, lack of ease and painful pasts for many years (see section 3.1) and many appeared likely to continue this journey towards greater psychological well-being for some time into the future.

The following very depressed woman spoke of her *quest* for a place within herself that was more at peace. She felt she had been looking for a solution for over ten years. This woman had been in counselling prior to her contact at the Centre and since. Whilst she did not feel counselling, therapy or reading would take away her problems from her, she felt they were all useful *tools* to support her on her *journey* through life, which involved facing her painful childhood and working through the current difficulties, particularly those associated with her long-term depression. She saw her time at the Centre, though not an altogether satisfactory experience, as part of her progression towards greater well-being:

You know how you are looking around for something and you can't find it? And I was desperately looking. I had read a lot and had been studying spiritual literature for years. And I felt stuck. ...never really finding the key. But I knew that it was around somewhere ...for about 10 years, maybe more. About 10 or 11 years ...I was on a quest to try and find myself. And sometimes with that quest, come very hard times, because you have got to open up the old self and then the old self has got to die and the new self recreates. We have to 'ditch the dirt' as they say, that we have gathered along the path. So a lot to do with beliefs or ideas that have been instilled in us by parents. ...now I didn't know this but I know it now, because I keep digging ...I will keep digging till I find something. ...I am only beginning to grasp this now, a year later. I am only beginning to realise that I can't go to a therapist and ask him or her to fix my broken wheel inside. I need to do that for myself, but I also need the tools to do that. You have to have the tools. If someone can point you in the right direction... [4-12 months, group] [This woman went on to access a therapist who was more spiritual in his orientation and who was openly gay. This woman identified as being lesbian and bisexual. This woman was still with and gaining from her time with this therapist at the time of the research interview.]

Help seeking whilst in therapy

Some women were even in contact with a second counsellor or therapist, whilst in therapy at the Centre. One woman had a long term GP counsellor, who she was seeing prior to starting at the Centre. Another spoke of making contact with a short term volunteer counsellor whilst going through a particularly stressful time with regard to her accommodation. Discussion of the appropriateness of a client seeing a second therapist whilst at the Centre was undertaken in the sessions. One woman spoke of how she felt her group therapist had viewed the extra support she was attaining from individual counselling elsewhere, from a volunteer counsellor, as potentially helpful. A second client spoke of how her therapist had felt that the individual counselling that she was receiving elsewhere could be detrimental to what took place within her individual therapy at the Centre. This therapist had said that she felt that it would be more useful for the client to keep all the issues in one room. This therapist had asked this client to choose between the Centre therapist and her other counsellor. The client chose her GP counsellor.

Whilst in therapy, as detailed in section 6.5, women were also active in seeking support from a wide range of other sources.

Help seeking since therapy

Since leaving therapy, women's help seeking continued. We specifically asked interviewees to tell us about any counselling or therapy they had accessed since therapy and how they felt about entering counselling or therapy in the future. In addition, women spoke of the other ways in which they continued to work towards resolution of their problems and healing within their lives.

Further therapy

Just under half of the women interviewed (mentioned by 23 of 47) accessed some type of counselling or therapy during the year since leaving the Centre. The details of the therapy or counselling they commenced or considered is summarised in box 4 below:

Box 4: Types of therapy or counselling that were accessed or considered since leaving the Centre (N=47)

- Three women entered the private practice of the therapist they were seeing at the Centre
- Two women were referred on to a private psychoanalytical psychotherapist by the Centre
- Three women returned to a previous counsellor
- 15 women went into counselling or therapy with a new practitioner
- 16 additional women felt they might consider entering therapy or counselling in the future.
- Eight women did not think they would approach a therapist or counsellor in the future

Those who saw a Centre-related therapist since leaving the Centre (five), were mostly still in therapy at the time of their research interview. Most of these women came from the category that felt satisfied. These women had continued in therapy, usually due to their contract at the Centre being short, or if their problems had been viewed as being profound enough to require further work. Many of these women were unsure of when they would leave therapy, and for the time being felt that being in therapy was right for them.

All those who returned to a previous counsellor or therapist were those who felt dissatisfied in some way with therapy at the Centre. One woman was with her counsellor prior to, and during, her time at the Centre. The others had taken a break from their counsellor whilst at the Centre. All spoke of the trust and positive rapport that they had established with their previous counsellor and spoke of their relief to return to this practitioner following their dissatisfactory experience at the Centre.

Of those who went on to access a new group, counsellor or therapist, approximately half (seven of 15) were from the satisfied category and half from one of the two dissatisfied groups (eight of 15). Those in the satisfied category, often began a new mode of therapy, such as couple counselling or a group following individual therapy at the Centre. Two of the women began a support or psycho-educational group for parents who were experiencing difficulties with the behaviour of their children. Having gained already from their experience at the Centre, these women appeared to be keen to tackle different aspects of their lives, such as difficulties within their relationships with their partners or children. Most of these women spoke of finding this additional work helpful and productive. For some it was ongoing at the time of the research interview.

Similar to those who had returned to a previous therapist, the group of women who had been dissatisfied in some way with their experience of therapy at the Centre and had entered therapy with a new therapist since leaving the Centre were looking for an opportunity, usually with an individual therapist, to establish a stronger and more satisfactory therapeutic relationship. These women had often viewed their relationship with their Centre therapist as lacking in some way. Some of these women took much time and effort to find the 'right' therapist. These women felt more confident since leaving the Centre about asking questions in their assessment sessions and taking their time to choose the counsellor or therapist who would most suit them.

Of the women who spoke of considering returning to further counselling or therapy in the future, three quarters (11 of 16) were from the satisfied category. The women from this category spoke of feeling that they did not require counselling or therapy at the moment, but of being open to counselling or therapy if difficulties emerged for them in the future. These women were keen to have a *break* from therapy, to *digest* what they had learned and to have an opportunity to deal with any problems that might arise for them on their own. Most of these women did not wish to return to their therapist at the Centre in the future. They seemed to feel that a piece of work had been undertaken and completed and that it was time to move on to a new phase of their lives. This phase might involve either being without therapy or perhaps moving on to a new organisation or therapist if required in the future. A small number, however, said they might consider approaching the therapist they had been with at the Centre in the future. These women felt it had taken a long time for them to develop a strong and trusting relationship with their Centre therapist and said they would be reluctant to begin to establish a fresh relationship with a different therapist at the Centre or elsewhere.

Women from the two dissatisfied groups also spoke of considering returning to counselling or therapy in the future. Most of these women said they would be willing to give the Centre another chance, though said they would be keen to start with a different therapist than the one they had seen previously. During the research interview these women often spoke of being told by their therapist that they would be welcome to return to the Centre in the future. This appeared to remain in some of these women's minds, perhaps particularly those who left therapy early, yet felt they had unresolved issues.

Some women, particularly those who were in therapy at the time of the interview, or who were considering future therapy, spoke of their fear of having too much therapy. Women spoke of viewing being in therapy as being indulgent or of worrying that they might become *addicted* to therapy. One woman even asked the researcher during the interview, whether she had ever met anyone who had received as much therapy as her. Despite this worry these women spoke of how much they valued therapy and realised that they still had difficulties to work

through. These women were perhaps partly concerned about what others might think of them if they knew how much therapy they had received or might eventually receive. Others were resigned to requiring therapy long term.

Those who had not accessed therapy since their time at the Centre or were not considering future therapy spoke of having received enough therapy to be getting on with at the moment. These women felt it was time to utilise other strategies available to them such as *painting* or *walking in the woods*. They spoke of wanting to put to one side the painful experiences that they had dealt with in their sessions and to begin to move forward in their lives. Women also spoke of competing time and financial commitments, which they felt needed to be brought into the equation when weighing up whether or not they had the time or the financial resources to enter therapy in the future.

Most of those who had engaged in counselling or therapy since leaving the Centre felt that their additional sessions had been helpful to them in some way. Indeed many of those who were in counselling or therapy at the time of the research interview felt that they were continuing to learn and develop. The following woman felt that she was just beginning to experience some change. She had an unsatisfactory experience of group therapy at the Centre due to the group closing prematurely and was referred by her group therapist to a private individual psychoanalytical psychotherapist associated with the Centre. This client acknowledged that she might require therapy for some time:

You have caught me at the point where I am turning a little bit. It is beginning to take effect more than it has before. I am a bit like, this actually works, its working! I definitely see it as a tool. I hope to continue to find that it is beneficial. My hope in the future is that it will help me to work through and eventually break into more positive patterns. I can see that it could take a lot of time, two to three years. You build so many layers on top [the underlying issues]. And excavating them could be quite hard. [4-12 months, group preparation and group]

The finding that women accessed the Centre as part of a wider journey of help-seeking echoes the findings of McKenna and Todd (1997). In their study they examined the longitudinal use of counselling, therapy and mental health services of nine people who were currently accessing psychotherapy at a training clinic. Different phases of help-seeking were identified: *exposure, discrimination, formation, consolidation* and *holding* (p.391). McKenna and Todd argue that people access counselling, therapy and other mental health services at different times and for different purposes. This is reflected in the findings of this research. For example whilst some women experienced transformation within their lives and themselves during their time at the Centre (McKenna and Todd's *formation*), others perhaps had dipped their toes into a therapy relationship for the first time (*exposure*) or were in a process of working out what type of therapy would be most suitable for them at the current point of their wider help-seeking journey (*discrimination*).

Other strategies and supports

Many women spoke of a wide variety of sources of help and resolution they had sought in addition to counselling or therapy since leaving the Centre. Some women were still in contact with mental health or drug and alcohol services, such as attending a day service, or were receiving regular support from a community-based psychiatric nurse, social worker or psychiatrist.

Three women had approached alternative practitioners including a hypnotist and hypnotherapist. These women hoped to eradicate their problems with anxiety or over-eating. One woman felt that part of her problem lay with her experience of the menopause and had sought advice from a hormone replacement therapy specialist. Other ways in which women spoke of gaining support or relief for their difficulties since leaving the Centre included: engaging in meditation, joining a Buddhist group, joining a childhood sexual abuse survivor's support group, the therapeutic nature of travelling, and immersing themselves in their work.

Lack of resolution

Whilst most women felt that their time at the Centre had been part of their wider journey towards feeling better inside, one woman spoke candidly about how she felt she had not moved on at all since her first contact with the Centre. This woman was still struggling with her eating problem on a daily basis and felt that she was running out of energy and ideas with regards to finding a *cure*. This woman had looked to different sources of help for many years prior to contacting the Centre and had considered different organisations since leaving. She felt she had got to the point where she simply wanted someone, such as a hypnotherapist, to take her problem away from her. She was even thinking of moving abroad in the hope that a change in environment would shift aspects of her deeply ingrained behaviour. This woman, perhaps unique amongst the 47 who were interviewed, felt that since the time she had first contacted the Centre she had not progressed in how she felt about herself or within her life in any way at all:

I went to go to a hypnotist to stop me eating, and it was a man which is very unusual for me. And I had about four sessions but it wasn't proper, it was a psychotherapist or whatever and all he wanted to do was waffle and talk. Again he was a lovely person, but I just wanted to be hypnotised and never to eat chocolate again, and I said that to him. And what he said was, 'Well what we do is more of the talky talky stuff.' and I didn't want that. ...I am always looking. Always reading ...anything, I just zoom in on it. Watching all the things on telly. Anything to do with fat. Always looking and reading and thinking I'll do that. And cutting bits out of papers. To be honest I don't often phone on things. I cut them out and think I can't do that because ...like at my age, I don't know if there is going to be a cure. [up to 3 months, group]

PART FOUR DISCUSSION

Chapter 9 Implications

- Psychoanalytical psychotherapy is an effective intervention for many that enables women with varying experiences of distress and mental health problems to progress in their lives.
- Psychoanalytical psychotherapy can enable women to gain sustainable *tools* and *skills* with which they can more effectively process their emotional lives. This newly acquired capacity is often sustainable and develops beyond the time that women are in therapy. Moreover this capacity can lead to a reduction in women's mental health symptoms, as well as enable them to move forward in their work and home lives in numerous ways.
- This research would indicate that there is a need for organisations that provide psychoanalytical psychotherapy for women by women therapists only. Many of the interviewees brought issues to the Centre that they felt were specific to being female. These issues included the everyday difficulties they faced, particularly in their roles as mothers, wives, partners and daughters, and often with regard to the caring role in which they frequently found themselves. In addition women brought traumatic and stigmatising experiences and behaviours, such as childhood sexual abuse, rape, domestic violence and eating disorders. These issues were usually perceived to be closely associated with the experience of being a woman. Women approached the Centre with the anticipation that their current lives and pasts would be fully accepted and understood by the female therapists at the Centre. They hoped that the therapists would have the appropriate skills, *wisdom* and experience to help them. In addition to seeking women only therapists, clients often spoke of the sense of relief and safety they felt about attending therapy in a physical environment where only women staff and clients were present.
- Women often arrived at the Centre following many years of tolerating their feelings of unhappiness, confusion, anxiety and depression, as well as living with their self harm or eating problems. In addition, when women first contacted the Centre they had frequently been carrying feelings of self-blame and guilt regarding past events and circumstances such as domestic violence, rape or childhood sexual abuse. It is evident that women often tolerate enormous amounts of personal distress prior to eventually seeking help. This may be because women often feel that they do not deserve help, do not know where to seek help or perhaps anticipate that organisations do not have the skills and capacity to meet their very great needs.
- Much of the work of a psychoanalytical psychotherapy centre for women appears to involve enabling women to challenge some of the stereotypes of femininity, such as passivity and looking after the needs of others first. Through therapy women appeared to be learning, and allowing themselves, to get in touch with how they were truly feeling inside, to become more aware of what they required from others and to begin to gain the courage to ask for it. Therapy also seemed to enable women to get in touch with aspects of themselves that are often viewed as being discordant with femininity, particularly feelings and behaviours such as anger, rage and assertiveness.
- Therapy appeared to enable women to work towards accepting and understanding that they were likely to encounter a series of joyful and distressing, pleasant and challenging experiences in their journey through life. In addition women seemed to be able more fully to accept that there was *good and bad* within them and that always behaving in a perfect and pleasant way towards others was neither feasible nor desirable.
- The Centre's policy of self-referral appears to be important. It enables women to make their own decisions about whether they feel therapy would be helpful to them and so allows them to approach the Centre at a time in their lives which feels most appropriate to them rather than to a referring professional, such as a GP or mental health worker. Conversely, it is apparent that this policy also provides an atmosphere in which women can choose to leave therapy if the experience does not feel right.
- Choice also appears to be key in the process of therapy. Women usually felt able to bring the issues that they wished to address to their sessions and to explore them at a pace and depth that felt comfortable. The agenda in the therapy room is set by the client, or clients, and not the therapist.
- Women appeared to start the process of therapy with different levels of ability to process their emotions. At the start of therapy, some women found it very difficult to 'hear' or understand what was happening emotionally within themselves and to communicate this to their therapist. For these women it appeared to take much longer to reach a point at which they could make connections between their emotions, feel less depressed or anxious and then move forward in their lives. The implication is that some women will require a longer time in therapy or more frequent sessions. Indeed some women spoke of feeling that they would require therapy for much of their lives.

- It is worthwhile to gain the views of clients of organisations providing psychoanalytical psychotherapy services. Talking to clients enables us to learn about the positive gains from the client perspective and to contribute to the evidence base regarding outcomes. Further it enables us to collect vital information about which women do not engage and consequently benefit and enables us to understand why. In addition, the way in which clients communicate their experience of therapy, is very vivid and accessible. Clients' voices can perhaps provide a unique and valuable insight, particularly for the lay reader, regarding the processes and benefits of psychoanalytical psychotherapy.
- Psychoanalytical psychotherapy organisations can learn from and improve their services by listening closely to and taking on board the client experience. The findings of this study, particularly the experiences of the clients who felt dissatisfied in some way will be utilised to improve the service provided by the Women's Therapy Centre. The process of utilising the findings to inform practice began during the steering committee meetings when the findings were initially presented to committee members. This process has continued though the report being formally presented to staff members at the Centre's regular weekly clinical discussion meetings. The Centre values the views of its clients with regard to improving the service it provides. Consequently the Centre has made a commitment to gain the perspective of its clients, in research and evaluation work, carried out in the future.
- It appears that psychoanalytical psychotherapy benefits many aspects of the welfare system including physical health, mental health, social, education and employment services. Women spoke of feeling less depressed or anxious, experiencing less tiredness or headaches, moving into education or employment, often for the first time, and of gaining a greater capacity for caring for their children or other loved ones. Women's gains in therapy additionally led to positive changes in the behaviour and lives of those around them. For example several women spoke of the ways in which they had become more able to provide for their children emotionally or practically, or had gained skills in appropriately disciplining their children and gaining their respect.

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Appendix I: Approach letter

CONFIDENTIAL

15 January 2004

Dear

Research at the Women's Therapy Centre: Women's Experiences of Therapy

We are carrying out a piece of research that involves speaking with women about their experiences of therapy. The aim is to find out how it feels to receive therapy and to learn about the ways it affects women and their lives. We would like to learn about what has felt helpful, as well as what has felt difficult.

We are contacting women like yourself, who ended therapy at the Centre about a year ago, to invite you to take part in this research.

The interview would be informal and take about an hour of your time. It can take place in a location of your choice, either in your home or in another place convenient to you. We will be giving a £10 Marks & Spencer gift voucher to everyone who takes part, as a token of our thanks.

All information you give will be treated in confidence and used only for research purposes. It will not be linked with your name in any way. Your therapist at the Centre will not have access to anything you say. At the end of the study, the findings from all the interviews will be put together in a report and we will ensure that no individual is identifiable.

We would be most grateful if you could spare the time to take part. This is an important study as it aims to fill a gap in the information available about people's views and experiences of therapy. The results will enable the Women's Therapy Centre to examine the service we provide and work more effectively in the future.

I will contact you in confidence by telephone over the next week, to see if it would be possible for you to take part and to answer any questions that you may have. If you would prefer not to be contacted or you would like to contact me yourself, then please phone or email me as soon as possible. Please phone me on my direct line 0207 561 8256 or email me at b.morris@womenstherapycentre.co.uk.

On behalf of the Women's Therapy Centre I would like to express my gratitude for your help and cooperation in the research. I hope you will find it interesting and worthwhile to take part. I look forward to speaking to you.

Yours sincerely

Brigid Morris
Research and Development Worker

Appendix II: Interviewee consent form

RESEARCH CONSENT FORM

Research at the Women's Therapy Centre: Women's Experiences of Therapy

1. I confirm that I have read and understood the letter sent to me about the research.
2. I understand that my participation is voluntary and I am free to withdraw at any time.
3. I understand that strict confidentiality will be maintained and that I will not be identifiable in the report.
4. I agree to take part in the above study.

Name of person interviewed
(Block capitals)

Date

Signature

I have explained the nature of this research to the interviewee.

Name of Researcher
(Block capitals)

Date

Signature

If after you have taken part in the interview you have any further questions, then please do not hesitate to contact the Research and Development Worker Brigid Morris on 020 7561 8256 (direct line) or b.morris@womenstherapycentre.co.uk.

Appendix III: Topic guide

WOMEN'S EXPERIENCES OF THERAPY: TOPIC GUIDE

AIMS

- *women's experiences of receiving psychoanalytical psychotherapy at WTC*
- *thoughts and feelings about the psychotherapy relationship and process*
- *ways in which the therapy has affected lives positively or negatively*

INTRODUCTION

Explain aims of study...

Outline process...

Talk through ethical guidelines and consent...

Vouchers

1. Contextual information [*Brief check*]

- personal characteristics:
 - age
 - ethnicity
 - first language
 - country of birth
 - arrival in UK (date)
 - disability
 - family status (first contacted and now)
 - whether employed and usual occupation (first contacted and now)
 - sexual orientation (ask now or later)
- therapy received at WTC:
 - initial contact
 - type(s)
 - when: start and end date(s)
 - duration(s)
 - frequency(ies)
 - language
- previous therapy received or sought
- any therapy since

2. The journey towards therapy at WTC

Thinking back... decision to seek therapy at that time (of contacting WTC)...

a) Deciding to seek therapy

- why then
- decision to seek therapy: reasons, presenting problem(s) - as then perceived
- circumstances and feelings at that time
- hopes, fears, expectations re seeking therapy
- contact with any other agencies / services

b) Why WTC

- how heard of WTC, what heard about it
- how regarded it at that time
- why contacted WTC specifically
- importance of a women-only space
- what known of WTC approach
- hopes, fears, expectations re WTC

c) Initial contact

What was it like...

- telephoning A&R line, gaining information, being on waiting list, making appointments
- feelings at that time
- anything else remembered

d) First coming to WTC

What was it like...

- practicalities: travelling to the centre, the building, reception, waiting room
- meeting a therapist - assessment session(s)
- how it all felt
- anything else remembered
- comparison with expectations
- fee: amount, negotiations, feelings
- decision to take up therapy at WTC: why, thoughts, fears
- meeting your therapist [and other group members, if group therapy] and beginning therapy

3. The experience of being in therapy at WTC [Key section]

a) Being in therapy

What was it like... what happened... feelings about it...

- what happened
- good things, bad things... likes, dislikes... difficulties, concerns.
- different at different times? ...different phases over the duration?
- relationship with the therapist
- feelings and thoughts about the therapist
- how she was in the therapy, her approach
- [If in group:
 - relationship with other members of the group
 - feelings and thoughts about other members of the group]
- logistics: time, fitting in with other commitments, cost, place, room, other
- how it all compared with expectations
- what would have helped more

b) Changes in you / your life

At different times... during the sessions... between sessions... after the last session...

- what did you learn
- any important sessions / moments / things therapist said ...made a crucial difference....
- any important moments / situations / conversations outside of the sessions.

- any 'turning points'?
 - what happened: what was said, what did you think, how did you feel
 - what changed for you
 - when did the changes occur
- how did this affect you / your life... at the time... later...

- > how you feel in yourself / about yourself
- > feelings about cultural identity, experience of racism
- > relationships: partner, children, friends, parents, brothers, sisters
- > work, college
- > housing, finances
- > use of health or social care services - GP, social worker, psychiatrist, other professional, medication

- positive and negative
- change in relation to initial reason for seeking therapy
- circumstances now compared to then
- any new strategies for coping
- new sources of support
- any other unexpected changes
- any other ways therapy led to these changes
- feel any changes will last

4. Ending therapy

- what happened ...whose decision
- feelings

5. Symptoms and experiences checklist

In the past, immediately before contact with WTC and since end of therapy

- depression/suicidal feelings
- panic/anxiety
- eating problems
- alcohol/drug misuse
- self harm
- contact with mental health or drug and alcohol services/medication/diagnosis
- childhood abuse (to include physical, sexual and emotional)
- adult abuse (to include rape, domestic violence.)

6. Evaluating therapy at WTC / Suggestions

- what would have helped more... suggestions for WTC...
- women-only space important?
- suggestions for other types of therapy eg particular issues.
- comparison with any other therapy received
- comparison of WTC now to when first made contact [ref section 2b]

7. The future

- hopes for the future
 - concerns about no longer receiving therapy
 - receiving therapy now? ... considering future therapy ?
-

8. Thoughts about this study and being interviewed

- views about this study being carried out
- feelings about being asked these questions (positive and negative)
- particular questions / issues that were difficult to talk about
- ...or that we didn't cover and should have
- considering asking WTC therapists about views of therapy relationship and process ... how feel if we talk with your therapist ...she would not have access to anything you have said ...clients and therapists will not be identifiable in report
- any (other) suggestions for this study

- The end -

Thank you... Reiterate confidentiality... Interested in involvement at later stage? (e.g. analysis)... Timing of study... Receive copy of report? (if yes to current address?)