Waiting on the threshold:

An exploration of the experience of adolescent patients of breaks or holidays in the treatment and its possible modifications along the course of intensive, long-term psychoanalytic psychotherapy

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Abstract

The aim of the present qualitative study is to capture the possible reactions of adolescent patients to a break and how this might vary over the course of long-term therapy in order to formulate some hypothesis in relation to risk factors and acting out. Another area of interest is relative to the way the therapists might react to the challenges posed by the break, as it emerges from not only their direct interpretations but also their stylistic choices in the writing up of the sessions.

To this end, existing psychotherapy session write-ups of two adolescent patients who have received five times weekly psychoanalysis for around 8 years have been analysed using Discourse Analysis. The notes analysed were relative to the eight weeks preceding and following the first summer break and the last in the analysis.

The Kleinian and Post- Kleinian theoretical background of the research is discussed, in reference to the specific issues posed by working with this age group. The links between failures of containment, their impact on the developing of object constancy and the parallel capacity to hold onto an object in its absence are also explored; as well as its effects on the development of a sense of identity evolving in time and rooted in the body.

The literature search conducted revealed a limited number of studies that analysed the effects of breaks on patients, and none relative to adolescent patients.

The clinical implications of the study include that for both patients and therapists, the first break in the therapy elicits particular anxiety; material relative to the summer breaks tend to emerge from five weeks before the holiday; patients' experience as helpful interpretations of the possible effects of variations in the timeframe of the therapy on them, also in relation to processes of separation and individuation.

Keywords: adolescence**,** holidays or breaks, acting out, absent object, experience of time.

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Introduction

In the present work, by analysing the sessions notes for the therapy of two young people, I will attempt to gain some understanding of the effects of breaks on the therapist/patient dyad and how these might change depending on the moment in treatment in which the breaks happen. Working with adolescents, I was initially interested in this theme because I have experienced how breaks and holidays are always a cause for anxiety and concern, both in the young person as well as in the therapist. I therefore thought that the present research could offer me the opportunity of reflecting on what might emerge in sessions and be identified as signals of dangers, as well as protective factors, around breaks. At the same time, my interest in the exploration of the experience of temporality predates my training in Child Psychotherapy, and I believe this research offered me the chance to integrate two aspects of my experience, one that is more inclined towards a theoretical or philosophical approach, and another, which is interested in observing how theory can be integrated into therapeutic practice.

Part 1

Background to research study and Literature review

In this section, I will describe the frame in which this study was undertaken. in the context of Kleinian and post-Kleinian theoretical framework, I will initially describe what I termed as "time of waiting" and how this expression describes for me the experience of a young person in therapy, and how this time of waiting represents a chance to be confronted and learn to bear frustration. I will then delineate some essential views on the period of adolescence and its link with the development of a sense of time, and how this runs in parallel with the restructuring of the identity in this phase of development. I will then describe some technical issues that can arise in the work with adolescents. Finally, I will describe the results of the literature review and discuss it in relation to the aims of the present work.

The time of waiting

«All definitions of the self and the sense of identity, inevitably include a reference to time» Rycroft writes (1986, p.167). It is not surprising, therefore, that in the psychoanalytic tradition the question of the nature of time, its organising function of psychic experience, the opposition between the "time of the clock" and the "time of the internal experience", its impact on the sense of «going on being» (Winnicott, 1956, p. 303), has been very widely discussed. Ever since Freud, the question of temporality has been at the root of the psychoanalytic thinking as well as informing the practice: the concept of transference itself is based in the plastic and multi-directional idea of temporality, and the fact that impulses, emotions or situations belonging to the past can be 'transferred' and relived in the present. As well as what happens in the present reshapes and gives new meaning to the experiences of the past (*Nachtraegligkheit*). Unfortunately, in the present work it is impossible to offer even a brief outline of the exploration of the concept of time in psychoanalytic theory, not only because of its breadth and complexity, but also because in the present study, I wish to focus on a specific experience of the temporality, what I call the «time of waiting». I define the time of waiting as a transitional time in which it is possible to progressively reconfigure and reorganise one's

internal landscape, through the process of attributing new meaning to the experiences of the past. I believe this idea of the time of waiting is akin to the «reverberation time» described by Dana Birksted-Breen, (2009, pp. 35 - 51), as «the time it takes for disturbing elements to be

assimilated, digested and transformed». Revisiting Bion's ideas and theories, Birksted- Breen's view is that maternal reverie not only transforms beta elements into alpha elements that the baby is able to tolerate but provides the child with an experience of a mind able to bear the duration itself of the process of transformation. In other words, a mind able to bear the time this process requires, without having to resort to the instantaneous process of the paranoid-schizoid position: splitting and evacuating. It is for this reason that I also describe the time of waiting as a qualitative time as opposed to a quantitative time, as described by Bergson (1889, [2017]).

In a research undertaken in the past, in the context of my dissertation for an MA in Philosophy, I explored from a philosophical perspective the time of waiting as a qualitative time, a pause in the flow of life that allows the emergence of new meaning. I hypothesised that waiting could constitute a place for «self- reflective awareness» (Ogden, 2001, p. 8) by virtue of its liminality as well as its ostensible emptiness within the mundane experience. Drawing from anthropology and sociology, I linked this idea of waiting time with the initiation rituals in traditional societies, that involves a distancing of the young person from the village into a remote space, where they are confronted with the "Other" in Hegelian terms (in this case, the wilderness of nature, but also the experience of separation and the need to rely on their own set of skills) , in an antithetic movement which is a prerequisite for the synthesis of ego and other. Further developing the hypothesis put forward by Van Gennep (1960) in *Rites of Passage*, the anthropologist Victor Turner, used the term "liminal" used by Van Gennep to describe the rite of passage as a suspended time and indeterminate space where «the time and space dimensions of our lives – the grid that upholds the quotidian rhythm of life – collapses its dominant grip». (Kaul, 2021, p. XXII). In this sense, the initiation can be thought about not only as the experience demarking the end of childhood and the entrance into adulthood, a concrete and physical separation that acts as a trigger as well as a symbol for the process of separation and individuation necessary for letting childhood behind and growing up; but also as a frontier, a border in itself, placing this essential task of adolescence on a particular territory, a threshold that is neither here nor there.

This link to initiation rituals, as a movement in space towards the borders of the space lived-in by the community to produce developmental growth, highlights a peculiarity of the way we tend to describe the temporal experience, which is the confusion of spatial and temporal terminology and metaphors. The way I chose to describe the time of waiting was "interstitial

phenomenon", (from Latin, *inter-sistere*, "stand in-between"). The term "interstice" can be used to describe a small space, a crevice, between two objects, but in Italian can also refer to a period of time in-between two events. The sociologist Gasparini (1998, p. 25) highlights how the time of waiting can be described as an interstitial or liminal (from the Latin *limine*, "threshold") experience, linking its marginality, despite its frequency in the individual and social experience, to the fact that waiting has found little space in the sociological inquiry, he believes because of how it can often be linked to an idea of suspension, absence or emptiness. In Winnicottian terms, it could be argued that the time of waiting could be ascribed to transitional phenomena (1951[2007], pp. 229 - 242).

In most European languages, two different terms are used for the waiting, in English, to wait (from the old North French *waitier*) implies the idea of being watchful, to wait for something to happen or arrive; and to expect, (from the Latin *expectare*), with the idea of foreseeing that something will happen. In Spanish, *esperar* describes both the actions of waiting and expecting something, while in Italian, *aspettare*, from the same Latin root as to expect is "to wait", while *attendere* means turn your mind towards something. In all these cases, the actions seem to be linked to the idea of looking back, towards the past, but also looking ahead, towards the future. In similar terms, the Philosopher Augustine wrote: «There are three times; a present of things past, a present of things present, and a present of things future. For these three do somehow exist in the soul, and otherwise I see them not: present of things past, memory; present of things present, sight; present of things future, expectation» ([2002], no page number). These words echo in the psychoanalytic literature, linking the development of a sense of identity as dependent on the development of a sense of time. As an example, Colarusso writes that «greater capacity for symbolisation [...] makes possible the beginning of the differentiation between past, present and future. Memories, based on the capacity to retain representation of experience, come to signify the past. The ability to anticipate interaction with objects [...] signify the future» (1987, p. 122).

In this respect, the idea of marginality, but also of emptiness, that appears to belong to the idea of waiting seems to be an interesting concept to be explored in a psychoanalytic frame. Sabbadini writes that despite knowing that the work happens between the boundaries of the consulting room (in terms of both space and time), «the importance, and often the difficulty, of analysing what happens in such grey territories – in the space between a session and what immediately precedes or follows it – cannot be over emphasised. To know a country, you must

become acquainted with its boundaries» (2014, p. 42). My interest in how adolescents experience gaps in their treatments concerns, in part, the idea of an exploration of the therapeutic boundaries, how holidays can enter into the treatment in terms of expectations before they happen, as well as once they are narrated (or not) to the therapist, through the recollections at the resumption of the therapy. At the same time, my research question involves the idea of exploring the possible modifications over time of how the absence of the therapist might be experienced.

In psychoanalysis, the link between the tolerance of absence and the development of thinking has always been of fundamental importance. Freud wrote that «thought processes in the infant are shaped in the space between instinctual tension and the absence of satisfaction» (1911, p. 219). In Klein, this is further developed into the description of the relationship between baby and breast and the implications in the capacity or incapacity of the baby to wait for the breast in its absence (1935, p. 288; 1946, p. 7). In her 1964 article, O'Shaughnessy describes how the absent object is a «spur to development» as «in its harshness, it forces reality on the child, and breaks the hold of phantasies which protect him from the realisation of his vulnerability and dependence» (*ivi*, pp. 34 - 43). She links this with Bion's idea (1962, in O'Shaughnessy, *ivi*) that only through the capacity to wait and tolerate the absence of the object learning from experience can happen. In the case of the incapacity to tolerate frustration, the absence of the breast is transformed into an unbearable inner state that can only be expelled. Bion (1962, p. 180) connects this with the consequent hypertrophy of the apparatus of projective identification. The impossibility to tolerate any distance between self and object leads to the annihilation of the emerging sense of time and space (Jemstedt, 2007, pp. 98 - 105). With the destruction of this distance, no symbolic activity is possible (Segal, 1957, pp. 391 - 397), and it cannot exist as a transitional area or potential space (Winnicott, 1951, pp. 229 – 242).

O'Shaughnessy writes that «the child in treatment re-experiences the early alternations of his objects as the presence and absence of his therapist succeed each other by turns» (*ibid.*), furthermore «the child reacts to any break which disrupts the accepted rhythms of the treatment» (*ibid*). The «heightened clinical picture before longer breaks» (*ibid.*) is explained by the struggle in bearing the pain of absence as well as the capacity to think about the absence in a way that makes it more tolerable. It is for this reason that «the way in which a child deals with gaps in his treatment will be critical for its successful outcome» (*ibid.*). From this, it might be argued that breaks in the therapy are a fundamental part of the therapeutic process. For the

reasons stated above, I believe that an exploration of the experience adolescents have of long gaps during their treatment can be of interest, particularly in connection with risk prevention.

Adolescence

From a biological point of view, adolescence is a time of general remodelling of the brain, the cortex and a firing up of new synaptic connections (Nicolò, 2015, pp. 70 - 81). It is a phase of life characterised by a «demanding psychic agenda» (Waddell, 1998, p.140), which entails «in short, the capacity to manage separation, loss, choice, independence, and perhaps the disillusionment with life on the outside» (*ibid*). Klein viewed adolescence as a time of re-working of the issues of individuation and identity that characterise childhood, in the new context of a body that is sexually developed as well as able to act on aggressive impulses in a concrete and potentially dangerous way (in Waddell, 1998, p. 141). Characteristic of this phase is a return of the early primitive modes of extreme splitting of the infant, that in adolescents colour their relationships with their typical black-or-white, idealised-or-vilified tones. In the context of this «re-structuring of the personality» (Waddell, 1998, p. 141), or second individuation, (Blos, 1965, p. 162) adolescence can be thought about as «second chance» (Laufer, 1975, p. 9) to working through unresolved early issues that might have been more or less managed or contained with the use of powerful defences during the latency years. Depending on the quality of early containment and internalisation, this working through will be different (Brenman Pick, 1988, pp. 187 - 194; Waddell, 2002, p.143). I think that both the English translation and the original German of "working through", *Durcharbeiten*, do bring us back again to a spatial metaphor for a process that happens in time. Rather than the instantaneity of splitting and projecting, working through requires time. The patient is therefore not only someone who suffers (from the Greek *pathein* and subsequently the Latin *patere*), but also someone who needs to have patience. In the case of adolescents, this can be particularly complicated as it is possibly the age group that is less inclined to have patience and more likely to act out (Hoxter, 1964, p. 14; Anderson, 2000, pp. 9 - 21). Adolescents are also known for generally struggling with time-boundaries, as «life seems to spread out before [the adolescent] in a limitless expanse (Bonaparte, 1940, pp. 427 - 468)», and the «time diffusion» (Colarusso, 1988, pp. 119 - 144), which is part of the «psychopathology of the everyday adolescent» (*ibid.*), consists of a sense of great urgency paired up with a «loss of consideration for time as a dimension of living» (*ibid*). This loss of consideration could be, in turn, seen as a defence against the unsettling experience of puberty, which is a major reminder of the link between the

inescapability of time and bodily development, as well as a concrete watershed between the past of the sexually immature body and the sexually mature present (*ibid*.). Sabbadini draws a link between the acquisition of a balance of the external time and the psychological time of one's needs, with the sense of identity that «stems from the establishment of object constancy and the capacity to tolerate frustration» (2014, p.4). In adolescence, the necessary and painful reworking of a sense of identity in a body that is no longer what it used to be, and that can appear at times to take over the adolescent with the intensity of its impulses, often threatens the sense of identity and in turn can have an impact on the balance between the internal or "psychobiological" time and the perception of the external one (*ivi*, p. 5).

In their work on developmental breakdown, Moses and Eglé Laufer focused on the impact the developing sexual body can have on adolescents and its role in the resurgence of Oedipal anxieties, and how a defence against it can be the denial of development and of time in a complete retreat from reality or a manic promiscuous sexual activity (1984, pp. 4 -5). Similarly, Ruszczynsky describes promiscuity as a «sexualized attempt to deny the passing of time» (2007, p. 38). Reflecting on her work with adolescents, Lemma describes the body as an «anchor to reality» (2014, p. 3) and the conflictual relationship with it might be seen as representing another layer of the adolescent conflict with developmental aspect of temporality, in the sense that the attacks on the body (with self-harm, refusal to eat, substance abuse etc.) also represent an attack on the temporal links and on the sense of continuity that the body plays a fundamental part in establishing (*ibid.*).

Bronstein and Flanders, describing the high incidence of young people breaking down during the A-levels year, that in the UK coincides with turning 18 and therefore the official date of the entrance into adulthood, talk about a «compulsion to fail [that] represents an attempt to take hold of fate and dictate the terms of time» (1998, p. 22). In my experience, it is not unusual in the work with adolescents to be confronted with an experience of time that seems completely frozen or stuck, and this can be thought about as the stalling of the adolescent on a margin between the struggle of letting go of childhood and the anxiety of the definitive choices of the future. In this respect, the typically adolescent narcissism (Waddell, 2018, p. 155) in its more pathological aspects can be also seen as a way of rejecting the loss of both an idealised idea of childhood as well as the future ego-ideal, making it impossible the process of mourning and substituting this with a «timeless deadness» (Weintrobe, 2004. pp. 83 - 96), where no development is possible. From this point of view, time itself can appear as an object of working

through during therapy (Lombardi, 2003, p. 1), and the time of adolescence itself could be viewed as an interstitial or liminal time, caught in-between the «'unsettling' of [...] the latency period and the [...] 'settling' into adult life» (Meltzer, 1973, p. 51, cit. in Waddell, 1998, pp. 140 – 141). In the present research, one of the elements I will attempt to focus on is how during and throughout therapy this pathological, frozen time can transform itself in a fertile "waiting time", as «the time it takes for disturbing elements to be assimilated, digested and transformed» (Birkstead-Breed, 2003, pp. 35 - 51).

Issues of technique in the work with adolescents

Irma Brenman Pick highlights one of the complications in the work with adolescents, which is the risk that adolescents feeling carried away by the intensity of their feeling, often tend to try to «carry the object away with them» (1988, pp. 187 - 194) in reason of, amongst others, the increased use of splitting and projective identification (Waddell, 2002, p.147); as well as their need to control their objects to fight the terror of separateness. This latter is often accompanied by the equal but opposite terror of losing one's identity by becoming completely identified with the other, in a way that seems to correspond to the claustro-agoraphobic syndrome as delineated by Rey (1994, p. 3).

For the reason of this tendency of the adolescent to over-project in a way that is «both uncomfortable and at times unnerving» (Anderson, 1998, p. 166), the issues of technique appear to be particularly important in the work with this age group. In this respect, it has been argued that psychoanalytic psychotherapy can fail with adolescents because of their tendency to experience it in a paranoid way, as being taken over (Bronstein & Flanders, 1998, p. 32). To mitigate this risk, at the Brent Centre, the offer of psychoanalytic psychotherapy is always preceded by a preparatory work described as "interviewing" or "adolescent exploratory therapy" (AET), that is not time limited (even if it is considered it should not last more than two years) and can involve a few sessions or several months of work. AET is offered to young people to enable the development of a space for thinking (*ivi*, p. 11), where young people can begin to own their need for help while at the same time, develop some understanding of their behaviour and the possible meaning behind it. In Bronstein's and Flanders' words: this «'Therapeutic space' suggests a relationship which enables and promotes inquiry and a desire to know about oneself through being able to tolerate the psychic pain involved in exploring and learning about one's psychic reality, without having to recourse to omnipotence, evasion or destructive attacks against either others or oneself. This space, to use Bion's term, 'would allow

the self to be conscious of itself in the sense of knowing itself from experience of itself', that is, being able to think but not compelled to act», (1998, p. 12). AET is characterised by the fact that transference interpretations, despite being held in the therapist's mind, are not verbalised to the patient. This is done in relation to the fear in adolescents of being 'taken over'; as well as that it allows the therapist more freedom to intervene more actively when needed, as an example, meeting with parents, social workers, writing to GPs, referring to hospitals etc. Another reason for looking closely at the transference but not interpreting it, is that both therapist and patient are aware of the somehow time-limited nature of the intervention, and the fact that the young person might in case be referred for more intensive psychotherapy (normally three-times weekly) with another clinician.

Another distinctive characteristic of AET is that at every session is arranged one week to the next, and young people are aware of the fact that they can decide to stop it altogether any time. This is done in order to include the adolescent in the setting up of the boundaries of the therapy as well as to reinforce the adult aspects of their personalities at a time when they might feel at the mercy of regressive pulls. It also counterbalances the risk for adolescents to feel trapped in the therapeutic relationship and potentially, to be able to return to it if they decide to interrupt it at a certain point, without the feeling of having attacked the setting as might be the case with a more time-rigid therapeutic contract. With some differences, the theoretical background and the technical solutions adopted by the Adolescent Department at the Tavistock Clinics are similar, in terms of managing the first contact with the adolescents: in the department, following the acceptance of the referral at an Intake meeting, the young person is offered an assessment. There are normally four assessment sessions. They can be thought of as a «*process* – one which may dispense almost entirely with case-history type procedure and focus, rather, on a 'thinking together' which takes the facts into account, but which also introduces an unusual way of working which may bring with it further disturbance as well as relief» (Waddell, 2002, p. 146). The main aim is to evaluate the willingness and capacity of the young person to take responsibility for their seeking support; their openness to look into things and reflect on their system of defences, to bear the possible discoveries and to «risk the change» (*ibid*.). At the same time, which is particularly relevant for the present study, Waddell also indicates how the process of the assessment is also meaningful in terms of considering whether the young person is able to hold on to their thoughts and emotional links over the period of separation between one session and another, and how this is an helpful indicator in terms of both suitability of the

offer of longer term work as well as to assess the liveliness and availability of the young person's internal objects.

Waddell also describes how the resistance mobilised against a kind of thinking that creates links with the emotional field can be represented by a 'non-thinking' or 'pseudo-thinking' modes, above all when the perverse gratification obtained with the use of enactment or acting out is stronger than the consequent distress upon them (2002, p. 156). In relation to the transference interpretations in the initial phase of therapeutic contact and the impact these might have on adolescents if they are not carefully timed, Waddell describes in the discussion of a case how, while interpreting a dream particularly rich of meaning, she kept «both the transference and [the patient] actual feelings about her parents rather in the background», being aware of the fact that in case the young person decided to accept the offer of therapeutic work, this would have happened with a different clinician.

In relation to the technical difficulties in relation to transference interpretations in the work with adolescents, an interesting distinction is drawn between interpretation of the transference and interpretation in the transference, with the idea that again, if the therapist keeps the transferential frame in mind, she can still make helpful interpretations that provide the adolescent with a transitional space both externally (between the young person and their family), and internally (between the unconscious conflicts and the capacity to think about them), (Nicolò, 2015, pp. 70 - 81). An example is given of the use of lateral transference, i.e., transference interpretations relative to figures not involved in the analysis (friends, teachers, etc.) on whom the patient can project aspects of the transference (*ibid*.), not differently from what is often done with younger children when the transference interpretations are kept in the play and referring to its characters. It is still important to keep in mind that, for the reason of the alternation even within a single session, of moments in which more mature parts of the personality or more infantile ones can predominate, with adolescents, transference interpretations need to be sensitively and carefully timed.

As described by Brenman Pick at the beginning of this section, the risks in relation to the transference in the work with adolescents do not only concern the patients, but the therapist as well, since the particular intensity of the adolescent destructiveness can engender in the therapist hard to manage anxieties, which might lead to a struggle to maintain the interpretative function as well as to a push to avoid thinking, in the fear of 'waking up the sleeping dragon', with the risk of enacting or acting out rather than addressing the deeper anxieties (Laufer &

Laufer, 1989, p. 9 - 15). In relation to the theme of the temporal experience, it is interesting to note for patients, how acting out is connected with time and the capacity to remember. Freud described acting out as a «repetition that replaces remembering» (1914, p. 150), in which something is disposed of through action rather than being remembered and therefore becoming available to be worked through in therapy (*ibid*). Further to this, Chasseguet-Smirgel highlights how a process of «compression of time» is at work in acting out, as a way of «saving of the process of working through» (1990, pp. 77 - 86). In other words, acting out can be employed by patients also as an instrument in the fight against the development in time.

This risk for the therapist of enactment in the work with adolescents, is one of the reasons of the fundamental importance of ongoing clinical supervision (Creegen, Hughes, Midgley & Others, 2016, p. 195). As breaks in the therapy are an essential reminder of the existence of an external time and can be experienced as a forceful imposition on the part of the therapist, I am particularly interested to see in the present research what sort of effects the potential increase of anxiety before breaks can have not only on the therapeutic dyad, but on the therapist, and in what way these might transpire in the write-ups of the sessions.

Literature review

In this section, I will describe how I attempted a systematic review of the available literature concerning the possible effects of breaks or gaps in therapy. The research question guiding the search was "what empirical studies conducted so far tell us of the effects of breaks on the patient/therapist dyad"? The focus on empirical studies was intended to balance the theoretical approach of the previous section, that could be described as a narrative review of the psychoanalytic literature on the main topics focus of the present research.

EBSCO was used to conduct advanced literature searches of a number of databases: PsycINFO, PsycARTICLES, PsycBOOKs, Psychology and Behavioral sciences Collection, PEP Archive and Medline. The electronic search was then followed by hand searching the most frequently cited journals and the reference lists of the relevant articles (Aveyard, 2014, pp. 89-92). A subsequent hand search was effectuated a second time. Identified key words were: effect or influence; holiday or vacation; psychotherapy, therapy or psychoanalysis. From the point of view of the limits, I decided to put as a starting date "1920", and not to limit the articles to English, but to include the languages I can read, adding therefore Italian, French and Spanish. I also limited the results to the articles that were available in full text, and in the methodology, to empirical studies.

The search on PsychArticles yielded 5 results, 2 of them relating to the impact of breaks on therapy. There were no results in PsychBooks, one in Medline, 157 on PsychInfo. After reading the abstracts of these results, I read through the entire body of 25 articles, to select the papers relevant to my research.

To select the articles, I followed the principle of the hierarchy of evidence, which implies a top-down approach: at first, it is necessary to look for recent and thorough systematic reviews and meta-analyses, if these are not available, randomised control trials; cohort studies; case-controlled studies; surveys; case reports; qualitative studies; expert opinion and finally anecdotal opinion (Aveyard, 2010, p. 62).

One of the difficulties I encountered was the limited number of research papers, i.e. papers that present an explicit and systematic research study, including a thoroughly delineated method (*ivi*., p. 45), opposed to a quite abundant number of practice literature that, as just described, is considered less sound evidence than the one provided by research-based evidence (*ivi*. p. 47).

I was unable to find any systematic reviews or meta-analyses, as well as randomised control trials or any type or larger quantitative studies, relative to the effects of breaks in treatment, but a few small-scale quantitative studies as well as qualitative studies. As an example, Grünbaum asserts the need in psychoanalytic literature for «more systematically reported case studies» concerning the meaning of breaks (2013, p. 70). The author also highlights how, despite the possible impact on the transference relationship being acknowledged by the therapists, in several single case studies the possible effects of breaks are not described in detail (*ivi*., p. 56). Grünbaum also underlies how often some of the therapists' assumptions about the significance of breaks are not appropriately linked to psychoanalytic theory (*ibid*.).

Results: empirical studies

The search yielded five empirical studies that directly addressed the research question, i.e., investigating the effects of holidays break in the therapy, and three doctoral researches[1]. I will critically review them in chronological order.

A first study, called «Vacation-separations: therapeutic implications and clinical management» was published by Nancy Boyd Webb in 1983. The author begins her paper by stating how scant are the guidelines addressing the impact of breaks in therapy, and how with her research she hopes to present the thesis that a deliberate and sensitive handling of breaks can support a «corrective emotional experiences for clients, including the possibility of reworking conflicts around previous traumatic separations» (*ivi*., p. 129). To this end, a survey was sent to 93 experienced therapists regarding their experience of how patients dealt with breaks. Of these questionnaires, 37 were returned. The questions focused on practical aspects of the holidays (average length of the break, plans for client coverage etc.) as well as on the reactions of patients (such as interruptions of therapy after the break, suicide attempts or hospitalization). In terms of the results about patients' reactions, several clinicians reported a high number of missed appointments in the post-break period; about the possible gains, some therapists described how patient can become more aware of their strengths and their capacity to deal with difficulties on their own. Interestingly for the present research, one of the results describe how

[1] Unfortunately, I was unable to access directly two of these three dissertations, having been able to only read a preview of Barchat's (1988) study and only have Knowlton (2018) account of Bush's (1989).

gains from the holiday break appeared more evident amongst patient who had been in therapy already for an extended period of time (*ivi*, p. 132).

The research then presents some interesting case examples. In one case, the therapist's suggestion to the patient to write a journal, helped the patient to «retain a treatment relationship in a symbolic way, while simultaneously encouraging more independence and self-sufficiency» (*ivi*, p. 136). In another case, the therapist accepted the patient's request to write letters, which was then described as holding a «bridging function that helped maintain the goals of the treatment and control some impulsive tendencies» (*ivi*, p.137).

A first doctoral thesis focusing on the impact of breaks, published in 1988 and authored by Deborah Barchat, is «Vicissitudes of patients' internalized representations of their psychotherapists and affective responses to temporary separation» (cit. in Knowlton, 2018, pp. 12). The study sets out to tests two hypothesis: firstly, that the patients' internalized representations of their therapists and the therapeutic relationship vary depending on the time in treatment; secondly, that also the patients' responses to separation from the therapist changes according to the phase in the treatment they occur. Barchat decided to focus on the summer break, considering it the most reliable and inevitable of separations. To test her hypothesis, the author sent a questionnaire to 485 clinical psychology graduate students: of these, 74 students returned the questionnaires completed. Barchat results did not confirm the first hypothesis; whilst the second hypothesis was confirmed, with the intensity of the response to the break decreasing according to the time in therapy. Knowlton notes that unfortunately, Barchat only provides the patients' account, and some important details are missing, such as when the dates of the holiday were discussed; what sort of arrangements might have been put in place by the therapists, etc., and in this way, the study appears to convey only part of the picture (2018, p. 13).

A second doctoral thesis focusing on breaks is "August vacation: a planned treatment interruption", (Bush, 1989; cit. in Knowlton, 2018, pp. 13 - 14). As in Webb's research (1983), the study focuses on the experience of the therapists, in this case sixteen doctoral students in clinical psychology. In-depth, semi-structured interviews were conducted in three different moments, pre-break, immediately post-break and then several months later. Similarly to Webb's, some therapists shared the fact of feeling very anxious and guilty about taking a break, and how they felt this negatively influenced their patients. Interestingly, it emerges from this study that the therapists who tried to return quickly to the themes in discussion before the break,

therefore potentially unconsciously denying the break, were the ones who struggled more to reconnect with their patients; whilst those who used the material emerging from the break therapeutically had an easier time to support their patients to feeling again settled in their treatment. This is interesting in relation to the present research, as one of the findings that will be discussed is the importance for the therapists to keep the break in mind and interpret its possible perturbating effect.

"*Acting out of separation conflicts in borderline pathology"* (Handley & Swenson, 1989) is an empirical single-case-study within a psychoanalytic framework, conducted in the late 1980s in an in-patient unit, with the aim of observing the «intricate processes of internalization, achievement of libidinal object constancy, and the effects of separation from key attachment figures in borderline and narcissistic patients» (*ivi*, p. 19). The patient at the centre of the study is a 27-year-old woman with a long history of self-destructive behaviour (substance abuse; self-harm; suicide attempts) and four prior psychiatric admission.

During her admission in the psychiatric ward, nurses and counselling staff made hundreds of behavioural observations that then constituted the data for the study. In the 245 days observed, there were 8 instances of breaks, ranging from 3 to 18 days. Each separation period was divided in three phases: anticipatory, separation itself and reunion.

The behavioural data were then combined with clinical data from the psychotherapy session in the corresponding period of time. The researchers found that in the anticipatory phase, there is a decrease in the provocative behaviour; there is a slight increase during the period of the separation itself, but it is at reunion that the behaviour becomes increasingly more provocative, with more than the double of behavioural actions than in a non-separation phase.

In their discussion, more than looking into the data in detail, the researchers make links to psychoanalytic theory, affirming that acting out can be interpreted as a repetition of earlier conflicts; that these object relations are enacted in the interpersonal field of the unit; and that behaviours displayed by the patient were employed to control the object on reunion (*ivi*, p. 26).

Three elements in this study appear to be particularly important for the present research, the first is the idea that the patient experienced the discontinuity in the therapy as an attack on her bodily integrity (*ivi*, p. 27), and how this emerges both in the explicit complaints of the patient as well as in her dreams. The authors of the research connect this with the idea that the break

activates for the patient a primitive terror of annihilation, which is experienced on a bodily level. As anticipated in the theoretical background, I also focused on the relationship that the two young people at the centre of my research had with their bodies, how this relationship entered the sessions in the form of direct complaints as well as in their dreams around the time of the break. I will describe this in more detail in my discussion section, but one of the interesting findings is that somatic complaints appeared to be more intense before the last summer break before the end of the therapy, rather than in the initial phase. Unfortunately, and a bit surprisingly, the authors of this study do not describe how long the patient examined had been in therapy prior to the start of the research.

Another interesting element is that the researchers highlight how they read the patient's aggressive behaviour as attempts at coping with a deficient capacity for internalising a libidinal object and how this understanding can inform the therapeutic work, in the sense of inviting the therapist to contain the patient's projections and reflect them back in a way as metabolised as possible. This resonates again with both what was previously discussed in terms of the technical issues in the work with adolescents and how this might need further attention in the periods around breaks, as well as with what I will later describe in terms of different effects of interpreting the possible attacks on the therapy/therapist (for example, lateness) as attacks, or rather as a reaction to the unbearable terror of annihilation the patient might have experienced before and during the break.

A third interesting element is connected to the links drawn by the authors between the reaction to separation in adults and attachment theory, as well as the hypothesis that the patient's aggressive response to separation could be thought about as an «act out of preoedipal conflicts around separation» (*ivi*, p. 29). The authors describe how in narcissism, a core deficit is presumed to have been the failure to introject a good object (*ivi*, p.19) and how this can be in turn linked to a particular vulnerability to separation. Since one of the tasks of adolescence and its restructuring of the personality is the working through of oedipal issues, «the multifarious presentations of the characteristically self-oriented and self-preoccupied adolescent attitude and behaviour could hardly be more "narcissistic" in flavour and tone» (Waddell, 2018, p. 156), I believe the link between narcissism and the «turning a blind eye» (Steiner,1985, pp. 161-172) towards Oedipal issues is an important aspect to keep in mind in the work with adolescents that, as I will describe, appears to be particularly heightened around breaks.

"*Impact of therapist vacations on inpatients with borderline personality disorder"*, published in 1996 by Stein, Corter & Hull also focuses on the effects of breaks in the psychoanalytic treatment of patients with personality disorder.

The authors start with the observation that it is considered common knowledge that people diagnosed with borderline personality disorder find separation from important figures, including their therapists, particularly difficult. Nonetheless, at the time of the research, it appeared there was very little research done to test this assumption.

The aim of the study was to test the beliefs about separation reactions in patients with borderline personality disorder. Information about early history of separation or losses, sexual or physical abuse and traumatic events, were collected. The majority of patients had experienced significant losses and abuse (in both cases, 61%). The effects of the interruption during the summer holidays were then observed. Three types of behaviour were measured: disruptive behaviour and acting out (measured by three specific indexes: behavioural acting out, verbal acting out, and agitation); self-destructive behaviour (measured by two indexes: self-destructive actions and verbalisations); and somatic complaints. These behaviours were compared during four periods of separation at three different moments: anticipation of separation (3 days before), separation itself, reunion (3 days following separation). The data shows in relation to the acting out behaviour a small reduction compared to the baseline in the anticipation period, but a significant increase in the reunion. Self-destructive behaviour remained consistent with the baseline, while somatic complaints were significantly reduced in the anticipation period, slightly increased during the separation and at the level of the baseline during the reunion period.

In the conclusion, the authors link the increase of acting out behaviour at the moment of the reunion they observed with the reunion responses of insecurely attached infants, as well as with object relation theory. In this context, they mention both the re-activation in the transference of past experiences and the subsequent desire for revenge, as well as the idea that patients might have felt able to show their aggression, knowing that their therapist will be able to contain, understand and possibly modulate it. The authors also highlight some unexpected results, such as the fact that there is no increase of acting out in the anticipation period. This is linked to the idea that patients with borderline personality disorder might have a reduced ability in anticipating fantasising and planning. Another surprise was the drop in the somatic complaints, which is hypothesised might be caused by a shift in the attention from their own subjective

state to preoccupation in relation to the therapist, or a way to ward off feelings of vulnerability and fragility. The authors also describe as surprising the stability of self-destructive behaviour, that contradicts views normally circulating about the reactions to therapeutic holidays of people with borderline personality disorder.

From the point of view of the present research, I believe it is an interesting fact that the authors of this study did not find variations in term of the effects of the breaks depending on how long a patient had been in therapy. I do wonder if this result might have been in part influenced by the fact that all participants were in three-times weekly psychoanalytic psychotherapy as well as other forms of therapy (group, family or milieu). It is unclear in how many cases might have continued during the absence of the psychoanalytic psychotherapist. I find this possibly the main shortcoming of this study, as the fact of the availability of another therapist during a holiday break might have skewed the results.

An interesting single-case study, titled «Development through interruptions and reparations – A case study of a dual challenging psychotherapy» (Rabu, Hytten, Haavind and Binder, 2010, p. 293), analyses with a hermeneutical-phenomenological approach the sessions' notes of a 13 years-long therapy with a young woman, as well as interviews with the patient and the therapist, after the ending of the therapy. The authors affirm at the beginning that, since the way «ruptures in the therapeutic alliance are at the heart of the change process», the way the therapeutic dyad experience and give meaning to the temporary interruptions in the therapy is a good place to observe the qualities and characteristic of the therapeutic relationship. One of the research questions focuses on how patient and therapist behave after temporary interruptions.

In the discussion, the authors highlight how in the initial phase of the therapy, for the patient the continuity and stability of the therapy was a fundamental factor in her feeling understood, above all as at the time she was experiencing psychotic. In both the narrative of the patient and the therapist, what emerges is the importance of stability, reliability and for the patient to see that her therapist was able to recognise her psychic pain. The authors conclude that «analysis of the course of events in a therapy […] can make it possible to differentiate more precisely between therapeutic processes where relational development contribute to make the treatment more effective, and courses where attempts to develop the relationship fails» (ivi, p. 307).

The doctoral thesis «Anxieties and dilemmas relating to breaks in the therapeutic relationship with children whose relationships in early infancy were reported to have been emotionally

unstable and traumatised» is a psychoanalytic, systematic single-case study (Grünbaum, 2013). The research data are drawn from the case file material of the four-years-long, twice-weekly psychoanalytic psychotherapy with a child, Samantha, who was 5 at the beginning of therapy; as well as from transcripts of interviews with Samantha's birth and foster parents. The material was analysed using a combination of inductive and deductive principles within the framework of Interpretative Phenomenological Analysis. The case material was analysed in two phases: a first phase involving an inductive analysis of process notes for first 24 therapy sessions (Grünbaum, 2019, p. 203), in order to determine the central themes of the therapeutic relationship and process; and a subsequent deductive analysis of the core themes established in the first level of analysis in the three different kinds of materials. Interestingly for the present study, part of this second level of analysis was the analysis of process notes relative to the first two sessions before and after four consecutive Christmas breaks. The Christmas break was chosen as most likely to stir up complex feelings in a little child in the care system.

Relatively to the present study, another very interesting aspect of Grünbaum's research is that reactions to the break are investigated from both the point of view of the patient as well as the therapist. In terms of the patient, the author describes pre-break sessions as characterised by intense anxiety and attempts at negating separateness (2013, p. 162), as well as decrease of the capacity to symbolise her feeling parallel to an intensification of central aspects of relational core object themes (*ivi*, p. 210); whilst recurrent in after-break sessions is first a tendency to physical closeness, then to a «confused conflicts of closeness and distance» (*ivi*, p. 169). The author also notes the fact that more challenging behaviour bodily assaults and flooded states occurring most frequently in after-break sessions (*ibid*.). This is consistent with the findings of the research studies previously discussed, that concord in describing an increase of challenging behaviour at reunion. From the point of view of the therapist, Grünbaum depicts how the therapist's subjectivity seemed especially important around breaks and describes experiencing intense problems with finding the right geographical and emotional distance from Samantha (2019, p. 210). In particular, moments of confusion, merged experience of separation anxiety as well as cognitive disturbance are reported to appear in pre-break sessions (2013, p. 170). In this respect, the author writes that «I kept concluding that before-break sessions posed special difficulties, at least to this therapist and this child» (*ivi*, p. 171). The author also describes «countertransference mistakes» (*ivi*, p. 214), as possibly understandable in terms of the fact that breaks stimulating defences typical of the paranoid-schizoid position, in particular splitting, might have led to a decrease in the therapist's capacity for containment.

Grünbaum also highlights how a patient's reaction to breaks is a good indicator of change (*ibid*., p. 213), and describes how in the first half of therapy confused and flooded states were especially frequent at the end of a single session and in pre-break sessions; in the middle of therapy more frequent at the beginning of session and in post-break sessions; whilst overall decreasing in frequency the last year of therapy (*ibid*., 241).

The doctoral thesis "Anticipated therapists' absences: the therapists' lens", (Knowlton, 2018) looks at breaks in the therapy with the aim of filling what is considered a gap in the literature, in terms of the production of guidelines on how to manage breaks. Semi-structured interviews were used with ten qualified therapists in order to gain an understanding of their ideas around breaks, the way the practically managed them, as well as if they felt that during their training they were provided with some helpful insight on therapists' absences (*ivi*., pp. 50 - 54). The study focuses on planned absences so that all three stages (pre- break, during break and post-break) could be explored.

The results included that therapists felt they were not provided enough, or not at all, guidance about breaks during their training; in line with studies mentioned above (Webb, 1983; Bush, 1989) that they generally felt anxious and guilty in the period leading to the break; all therapists also reported to make different plans according to the specific patient and the severity of their difficulties. In the concluding thoughts, the author states that one of the interesting results is that most of the times the effects of breaks on clients is positive, as allows some distance to reflect on the therapy itself as well as providing a chance to feeling more able to deal with difficulties on one's own. One of the limitations of the present study is that the breaks analysed were just one week long, so quite a short break that could be considered as more manageable for most patients and quite different from the 5-weeks-breaks of the present study. Another limitation, as it is also described by the author (2018, p. 90) is that all therapist interviewed decided to discuss a case in which the outcome of the break was positive, therefore making it impossible to ascertain what sort of interpretations/actions might have been detrimental for the therapy or might have increased the risk of acting out.

A recent empirical study is titled "*The relationship between client resistance and attachment to therapist in Psychotherapy*", conducted by Yotsidi, Stalikas, Pezirkianidis & Pouloudi, and published in 2019. This study sets out to examine the relationships between patient's resistance and attachment to the therapist, by taking into account the therapist's temporary absence during the summer break. To this end, 46 patients and 19 therapists completed a Client Attachment to

Therapist Scale and the therapist-reported questionnaire for client resistance, at three different times, including the therapists' summer holiday. The therapists' holidays are described as a «major challenge for the here and now of the therapeutic process» (*ivi*, p. 100), and it is described how acting out of different types has been reported during vacations periods in treatment. The authors also mention the fact that despite the fact that separation from the therapist «challenges client's security and incite resistive behaviour» (*ibid*), the empirical analysis of patients' behaviour before and after summer breaks has been generally neglected.

Therapy types were different, psychoanalytic psychotherapy as well as CBT and person-centred approaches. The holiday break in analysis is also described in terms of length (average of 3 to 4 weeks), and the fact that it was the first summer break in the therapy for all participants. The questionnaires were completed 1. as a baseline assessment after around 10 sessions after beginning of treatment; 2. A pre-vacation follow-up after the therapist announced dates of summer break; 3.post-vacation follow up after the return of the therapist. The reaction to the summer break is analysed according to the attachment to therapist type, as resulting from the Therapist Questionnaire of Client Behaviour (TQCB). This questionnaire measures patients' behaviour on four levels: 1. Boundaries augmentation (attempts at controlling treatment by competing or distancing attitudes such as sarcasm, defensiveness etc.); 2. Boundary reduction (latent types of aggression such as agreeing to something and then forgetting it), or trying to learn something from the therapist; 3. Collaborative relationship (willingness to work with the therapist towards change; 4. Behavioural disengagement (challenging therapeutic setting, such as by being late or cancelling sessions).

In the correlation between attachment styles and resistance factors at baseline, it emerged that secure attachment to the therapist was negatively correlated to both boundary augmentation and reduction in all three points. Interestingly, though, a positive correlation to collaborative relationship in secure attachment was only present at baseline measurement, i.e., even in the patients securely attached to their therapist, the summer vacation had a negative impact on their willingness to collaborate with the therapist. Furthermore, patients that resulted in having an avoidant/fearful attachment to the therapist were found to be correlated with an increase in boundary augmentation in all three points, while those with a preoccupied/merger attachment were correlated to a collaborative therapeutic relationship only prior the therapist's holiday.

In the discussion, the authors highlight how resistance can be described as a dynamic phenomenon, and that a reality factor such as the vacations challenged also a securely attached

patient, with an increase in resistance. At the same time, the authors affirms that their findings confirm previous studies that found a link between secure attachment to the therapist and the time in treatment, as well as the relation between patients' lower levels of negative transference and lower levels of resistance. They also state that their research confirms the literature that describes how resistance manifestations (such as lack of cooperation, lateness, acting out and cancellation of sessions) increase around the breaks in the therapy.

This last article is particularly interesting from the point of view of my research, as, differently from the previous two, that focussed on in-patients with a diagnosis of borderline personality disorder, the sample of patients had a range of presentations and were out-patients. Despite the milder symptomatology, as patients with major psychopathology or in an acute phase were excluded from the study, one of the findings of this research is that breaks do have a perturbing impact on the therapeutic relationship even with securely attached patients. Another difference between Stein, Corter & Hull and this last study, is that Yotsidi, Stalikas, Pezirkianidis & Pouloudi findings did confirm a correlation between secure attachment and the time in therapy. This element is interesting for the present study, as I will compare the possible differences between the first and the last break in long-term therapies.

Other studies

There is then a group of papers that, despite focusing on the effects of breaks in the therapy, cannot be described as explicit and systematic research studies. As an example, Barish, in «On Interruptions in Treatment» describes the study presented in the paper as intended «more speculative and suggestive in nature» rather than being «an attempt at systematically cover all aspects contributing to patients' reactions to interruptions» in treatment (1980, p. 5). Nonetheless, these papers do offer very interesting insights on the therapeutic work around breaks.

In terms of classic psychoanalytic literature, despite the fact that Freud does not appear to have dedicated much attention to the effects of breaks in the treatment on his patients; nonetheless, he wrote that different patients will react to interruption in a different way and that the interruption could be regarded as an interesting way to understand patients' resistance, as «resistance shows itself unmistakably in the readiness with which he accepts [the interruption] or the exaggerated used which he makes of it» (1900 [1953], p. 517).

In her «Narrative of a child analysis» (1961) described by Rustin & Rustin as « a unique and unprecedented document» (2017. p. 88), Klein describes the four-months-long analysis of Richard, a 10-year-old boy. The analysis happened in the context of both Richard and Klein having retreated in Pitlochry, Scotland, to escape the bombing of London in 1941. During session 38 (a Friday session), Richard is aware of the fact that Klein will take a break from the analysis to go to London. Klein describes him in this context as «being particularly friendly and affectionate» (*ivi*, p. 183) towards her, and quite concerned for her. He also has some request, that Klein would take refuge in a shelter if she heard the sirens; that she would leave an address so that he could write to her (and Klein promises to send him a postcard); and finally that she left the name of a different analyst for Richard to continue his therapy were Klein to fall victim of the bombs in London. Klein interprets Richard worries as well as his requests as a wish to continue the work with her, and his wish to keep her, and a «good mummy» (*ibid*.), alive within himself during the break. Interestingly, when Richard finishes a drawing, he makes a mistake writing the date, post-dating it of two days (so what would have been Sunday's date), which Klein interpreted as a wish for her to be still with him in two days' time (and therefore, denying the interruption brought by the break). In the following session, the last before the break, Richard appears to be sadder and quieter, even if he seems more secure about an introjected good object (*ivi*., p. 185). After the ten-days break, Richard arrives late to the session. He seems quite able to express his anger to his therapist, saying that he liked and did not wish to come back (ivi, p. 190). Klein interprets this as a wish to stay away from an injured object that he attacked in phantasy (*ibid*.) during her absence. In the notes to this session, Klein writes how the break stirred up «deep anxieties […] at a time when his feelings of loss and distrust were very strong» (*ivi*, p. 192) that was then possible to interpret diminishing the resistance and making a full cooperation possible (*ibid*.). She describes this as a «fundamental part of the analytic procedure» (*ibid*.), which seems to indicate that Klein might have thought that the pressure produced by the external event of the analytic break, when appropriately interpreted, could be a seen as constituting a fundamental part of therapeutic progress.

It is also interesting to note the importance that Klein's clock has in Richard's analysis, as described by Rustin & Rustin, (2017, pp. 98 – 99): «the clock […] helps Richard to maintain a link to external reality while his inner anxieties are exposed within the confines of the analysis» (*ivi*, p. 99) and how the working through in the analysis of the temporal dimension (as described in the theoretical background of the present study, p. 13), allows him to feel that «he

is not living in the timeless world of unconscious phantasy, but in a world bounded by different times and spaces» (*ibid*.).

Ferenczi, in a short paper that is theoretical, rather than presenting a case study, "Sunday neuroses" (1919), describes neuroses whose symptoms appear to him to be dependent on the day of the week, in particular, Sundays, as the day we are free of work-related duties. He writes that on Sunday, «we are our own masters and feel ourselves free from all the fetters that duties and compulsions of circumstances impose upon us; there occurs in us – parallel with this – a kind of inner liberation also» (ibid., p. 176). In Ferenczi's view, there is then a correspondence between «the remission of the external censorship and […] the inner one, *too*» (ibid.). Relative freedom from the harshness of the superego is not granted to all, and above all not welcome by all, though, and those who are «neurotically disposed», will be inclined to a «reversal of affect» (ibid.); meaning that, according to Ferenczi, holidays can mobilise a tendency to self-punishment in those who present with intense and dangerous impulses to control, a self-punishment that can take the form of hysterical symptoms. A similar view is presented in more recently by Grinstein, who describes how patients who have a harsh superego ordinarily struggle to take vacations (1955, p. 5). Montgomery (1985) describes a particularly nefarious type of reactions to breaks in patients who experienced early sadomasochistic relationships with their attachment figures. In these cases, the return of masochistic behaviour during the therapist's absence has to do with the fact that « the pain, the cutting, the burning, even the suicide, are attempts at repairing the cohesiveness of the self in the face of overwhelming anxiety associated with dissolution» as, in the therapist's absence the patient struggle to feel complete outside of a sadomasochistic bond, and this pain «creates a boundary […] and a companion». This is linked by Montgomery with what described by Winnicott in his seminal paper "The capacity to be alone" (1958, p. 416 – 420), in terms of failure of early relationships. In this paper, Winnicott describes how the capacity to be alone is a developmental achievement that implies having worked through the oedipal constellations and therefore the ability to deal with the intense feelings aroused by the primal scene, a tolerance of ambivalence and the capacity to identify with both parents. Winnicott then concludes that the capacity to be alone is «nearly synonymous with emotional maturity» (*ibid*.). The link between absence and oedipal issues will be further explored in the review of other papers below, whilst the idea of the emotional maturity necessary to hold oneself together during the absence of the therapist will be central in the study when considering how reactions to the break my vary over the course of the therapy.

In more recent times, the aforementioned Barish describes 3 different types of sessions with adult patients in the pre-break period ("bad hours", "good hours" and "best hours") depending on patient's behaviour within a single session and ranging from complete disengagement from the therapy to the achievement of insight for both patient and therapist. The author states that these types should be intended as «descriptive shorthand» helpful in individuating what might be happening within the patient, the therapist and between the two (ibid., p. 5), and a useful tool in mapping change within the patient. At the end of the literature review, Barish also states that all authors examined agree on the fact that possible reactions to keep in mind around breaks are «separation anxiety, narcissistic injury and aggressive feelings». (*ivi*., p. 6). Conversely, Labastida (1976; cit. in Grünbaum, 2013, pp. 64 – 65) describes the most frequent reactions at reunion in his work with children as falling within the following behaviours: patients can fail to recognize the therapist; employ manic defences, display physical symptoms or recur to self-harm; be inhibited verbally or physically; use symbolic material with angry features. In relation to the symbolic material, Labastida also recognises a recurrent theme of concern for a phantasized baby (*ibid*). In this respect, but relatively to the pre-break phase, it is interesting to link this with Jackel's observation that, a recurrent phantasy that emerges under the impact of an impending break, in the work with adult patients, is the wish to have a child (1966, pp. 730 – 735). Jackel describes this phantasy as potentially having an Oedipal character (wish to have a child with the analyst-parent), as well as pre-oedipal character with narcissistic features (wish to establish a dyadic mother-child relationship in which the patient is both parent and by identification, child. A phantasy in which «one can bever be deserted and one is never alone») (*ibid*.). This intertwining of oedipal and pre-oedipal phantasies in pre-break period will be considered in a later part of the present study. Jackel concludes his discussion by affirming how, whilst the scope of the analytic relationship is normally for the benefit of the patient, this cannot be said by the analytic break, that is imposed by the analyst and depends on the analyst's needs. In reason of this, it appears understandable that the patient, in an attempt to protect himself «from the pain, anxiety, and feeling of helplessness attendant upon the imposed separation, regresses to the same fantasy by which he attempted to establish autonomy from mother in his early childhood» (*ibid.*). Similarly to what delineated by Jackel in terms of oedipal and pre-oedipal phantasies, Schafer describes two groups of jealous phantasies (in the first group of phantasies, the therapist is sexually involved with other people/patient; in the second, is nursing a sibling, the next baby) as the most common around breaks in the therapy (2002, pp. 50 – 64).

The phantasy of regressing to an infantile state, to return being a baby emerges also in the material presented by Emanuel in relation to his work with a child patient, Daniel (1984). Emanuel describes the links before early failure of containment and the development of a -K (misrepresentation of reality) or No K (when the thinking apparatus is attacked in a way that renders impossible an awareness of reality) and how the holiday breaks challenged the boy's omnipotent holding on to his objects. In these cases, the only way to fend off his catastrophic anxiety was to continually attack his awareness of reality and separation (1984, pp. 71 - 87). The author explains Daniel's regressive phantasy as a wish for the positive and containing relationship he did not have with his mother.

Rhoads & Rhoads, whilst reflecting on the benefits of holidays breaks in analysis, make an interesting link to second analysis, and the fact that they feel in the literature it is not present a reflection on what might have happened in the time in-between a first and second therapy, and the fact that «what patients might have needed was time away from the therapy to integrate new insight before continuing the marathon» (1995, pp. 209 - 222). Their overall view is that breaks can in some cases provide a period of integration, during which it is possible gain some distance from the transference relationship and at the same time, becoming more able to recognize its manifestations (*ibid*.). This appears to be in line with O'Shaughnessy idea that breaks can be a spur to development (1964; cf. p. 11 of the present work).

A slightly different angle to the prevalently psychoanalytic frame of the papers discussed above, is provided by Goin, who describes how the exploration of the different possible reactions to the breaks can provide the therapist with an insight of the patients' conflicts. Amongst the possibilities mentioned, there are anniversary reaction, unresolved developmental conflicts and regression. The idea of "holiday dysphoria" or "holiday blues" is introduced (2002, p. 1369), and linked more to the actual life situations of the patients, «lonely patients are more aware of their loneliness and grieving patients are more sensitive to their losses» (*ibid*.), rather than the possible impact of the therapist's absence. Nonetheless, there is no agreement on the actual existence of a phenomenon such as the "holiday blues". As an example, in an article on «Psychiatric Times» (2016) Eghigian writes that the idea of an increase of suicidality and depression during the holiday appears to be generally accepted but is not corroborated by research, and that it is more likely for patients to exhibit signs of depression and anxiety after the break rather than during the holidays (*ibid*.).

In this respect, quite a large amount of research has been undertaken relatively to the cycles of suicides in relation to days of the week/period of the year, and that are interesting relatively to the present study in terms of risk prevention in the work with adolescents. Amongst these, "Understanding weekly cycles in suicide: an analysis of Austrian and Swiss data over 40 years" (Ajdacic-Gross, Tran, Bopp & al., 2015); "Springtime peaks and Christmas troughs: a national longitudinal population-based study into suicide incidence time trends in the Netherlands" (Hofstra, Elfeddali, Bakker & al., 2018); "Nothing like Christmas: suicides during Christmas and other holidays in Austria" (Plöderl, Fartacek, Kunrath & al., 2015); "Suicides around major public holidays in South Korea" (Sohn, 2017); and "The impact of holidays on suicide in Hungary" (Zonda, Bozsonyi, Veres & al., 2008-2009). In most of these studies, the temporal patters of suicides are studied with prevention in mind. What I found very interesting is that in all these articles, it is highlighted that suicides are less frequent on weekends, and more frequent on Mondays, which is apparently a regular and well researched pattern. In addition, Ajdacic-Gross, Tran, Bopp & al. write that «it is well known that suicides tend to decrease on holidays and may display an intermediate peak thereafter» (*ivi*., p. 316). This appears to confirm the findings of the previously discussed studies, i.e. that challenging or self-harming behaviour increased for patient not during the break but rather at reunion; as well as the data from Stein, Corter & Hull, 1996, that self-damaging behaviour appears to be less frequent during holidays than it might be generally believed. At the same time, the Swiss-Austrian study highlights that one of the partially aberrant groups to the regular cycle is the one constituted by the under-30, and that in their case, suicides do happen also on a Sundays. The authors unfortunately don't make any hypothesis about this information.

Key findings

To summarise the fundamental findings of the above literature review, there was a general consensus is that breaks do have a challenging effect on the therapeutic relationship, and that more research is needed in order to gain a better understanding of the clinical picture around breaks. Yotsidi, Stalikas, Pezirkianidis & Pouloudi (2019) describe this effect in terms of an increase in resistance and lowering of attachment security, even for patients with less severe symptomatology and a secure attachment to their therapists. In accordance with O'Shaughnessy's idea that absence can be a spur to development (1964), several studies highlight that breaks can represent a moment of change and growth, in which patients can become more able to look at their own therapy from a bit of a distance as well as becoming

more in touch with their own internal resources and capacity for independence (Webb, 1983; Rhoads, 1995; Knowlton, 2018); how breaks can represent a good place to observe the strengths and weaknesses of the therapeutic relationship (Rabu, Hytten, Haavind &Binder, 2010); as well as breaks being a good indicator of change (Grünbaum, 2013). Another finding that is shared by several studies is that the longer a patient has been in therapy, the more able they appear to become to manage the breaks (Webb, 1983; Barchat, 1988; Grünbaum, 2013; Yotsidi, Stalikas, Pezirkianidis & Pouloudi, 2019).

From the point of view of the patient, different studies report a stability of self-destructive behaviour during the break, but an increase at reunion (Handley & Swenson, 1989; Stein, Corter & Hull, 1996; Grünbaum, 2013); while both Handley & Swenson (1989) and Stein, Corter & Hull (1996) found a slight decrease of provocative behaviour during the anticipation period. This appears to be particularly relevant for the present study, whose interest also focuses on risk and risk prevention.

An interesting result is shared by both those studies is that differently from what is commonly believed, acting out does not seem to increase during the absence of the therapist. Aggressive behaviour is then explained by several authors as an attempt at copying with a deficient capacity to internalize a libidinal object (Klein, 1961; Labastida, 1976; Emanuel, 1984; Montgomery, 1985; Handley & Swenson, 1989; Stein, Corter & Hull, 1996; Grünbaum, 2013). The struggle to hold onto a good object in its absence is also linked to the increase of phantasy of pre-oedipal and oedipal nature around breaks (Jackel, 1966; Labastida, 1976; Handley & Swenson, 1989; Schafer, 2002; Grünbaum, 2013).

From the point of view of the therapists, it is reported that therapists tend to feel anxious and guilty in the pre-break period, and this might have an influence on the patient state of mind (Webb, 1983; Bush, 1989; Grünbaum, 2013; Knowlton, 2018), in particular when the therapist is either a trainee or at the beginning of their career, as well as feeling that there is a lack of guidelines or focus during the training on how to manage breaks (Webb, 1983; Knowlton, 2018). Some practical suggestions emerge from the studies that involve interviews with therapists, such as the suggestion to patients to write a diary or letters to the therapist might support the patient in maintain a symbolic relation to the therapist.

Relevance of the present research

Given the results of the literature review, I believe I can affirm my research is original firstly in relation to the research population, as it appears there is no study that addresses specifically the effects of breaks on the dyad composed by a therapist and an adolescent patient. Furthermore, amongst the studies that focuses on patients' experience of the breaks, one focuses exclusively on the first break in the therapy (Yotsidi, Stalikas, Pezirkianidis & Pouloudi, 2019); or several breaks but analysing data relative only to from two to five days before and after the break (Handley & Swenson, 1989; Stein, Corter & Hull, 1996; Grünbaum, 2013). Analysing the sessions relative to the eight weeks pre- and post- break, for the first and for the last summer break in a long-term analysis, will allow me to compare the results and ascertain if there is any constancy, as an example, in terms of when the first material relative to the break might emerge at the beginning and towards the end of the therapy for both dyads. Another important element, in term of risk prevention, is to ascertain if there is any consistency again on when after a long break there might be an increase of risk. Both these elements could in turn inform clinical practice, in relation to the important premise of when it might be more helpful to introduce the dates of a break as well as thinking about a risk plan.

Part 2

Empirical study

In this section I will describe the method employed to carry out the present study. The research question I will attempt to address in this study is: "what are the effects of breaks on the therapist/patient dyad and do these change in relation to the moment in treatment in which these breaks occur?".

I have attempted to answer my research question through analysing existing psychotherapy session write-ups of two adolescents who received five times weekly psychoanalysis for around 8 years. I coded the session for the eight weeks preceding and following the first summer break and the last in the analysis. The aim of the research methodology is not only capturing the possible experience of break, but to identify similarities and differences in the experiences of two young people in two different moments of their therapy and allow for the exploration of what these experiences might be telling us of the young people's internal world.

The results of the research could be helpful in informing the work with adolescents, that is often characterised by worries around risk, contributing to the individuation of the moments in which a young person might be more inclined to act out and therefore when a risk plan, agreed with the network, needs to be urgently put in place.

The theoretical framework of my research will be the psychoanalytic theory, in particular Kleinian and post-Kleinian.

Method

Study Context

In order to answer my research question, I have utilised existing data held and provided for research purposes by the Brent Centre. The Centre, since its foundation is both a mental health service for adolescents and young adults providing individual psychoanalytic psychotherapy, and a research hub into Adolescent Breakdown. As part of their service and research, it has collected data for over three decades. The data consists of the process notes of psychoanalysts of 40 young people with a diagnosis of depression that were treated between 1970 and 1990 and consented to participate in the research programme at the time. The process notes are

machine-typed and have a variable length, ranging from 500 to 1000 words. The collected data stored has been widely used for several publications over the past decades under permission by the Centre. The Brent centre has provided me with permission to use their quasi-anonymised data for my research purposes.

Design and Participants

The study is a comparison of two randomly selected cases. Initially, the two cases were analysed separately as single case study using Thematic Analysis informed by the examination of some discursive features in the clinicians' notes. Once this first analysis was completed, a second analysis was conducted to explore the common themes between the two studies.

My inclusion and exclusion criteria were adolescents between 16 and 24 years who have received at least two-years of five-times a week psychoanalysis that ended with clinical agreement. No specific criteria were set as per the analysts, however, most analysts working at the Centre for the research were a mixture or male and female qualified psychoanalysts with the IPA. Overall, my primary participants are not the young people who were treated, but the therapeutic dyad as portrayed by the analyst in their process notes. For this reason, I will refer to the couple analyst-patient as Dyad 1 and Dyad 2. No further information on patients and analysts than those listed here was available to me.

Dyad 1: The patient 1 (P1) was a young woman. She was eighteen at the start of once-weekly Adolescent Exploratory Therapy (AET) in September 1978. She was offered psychoanalysis with a female analyst (A1) in February 1979 and ended in the spring of 1986. From the data it emerged that this young person attempted suicide soon after beginning analysis and was then an in-patient in a psychiatric hospital, where her analyst would meet her three-time-weekly.

Dyad 2: The patient 2 (P2), was a 17-year-old young male patient, who was offered AET in April 1983, with one clinician, and then started five-time-weekly psychoanalysis with a male analyst (A2) in November 1983. The analysis continued until February 1990. Overall, they wet for 7 years, and the treatment included 7 breaks.

It is important to note that the young people who were referred from AET to psychoanalytic treatment, and were part of the research group, were considered to suffer from an «acute mental disorder» (Laufer & Laufer, 1989, p. 1), set in motion by a breakdown of the developmental

process, that Laufer & Laufer described as a «break in the developmental process of adolescence [that constitutes] the pathology» (1984, p. X) and that leads to a «distorted relationship with oneself as a sexual being, a passive relationship to the parent of the same sex, and the giving up of the wish or the ability to leave the infantile sexuality behind» (*ibid*.). It is for this same reason that in their publications, Laufer & Laufer have not discussed the specific manifestations of psychopathology that are commonly associated with adolescence or the context of earlier development (*ibid*.), as their main focus was the developmental breakdown in adolescence and its link with the «central masturbatory phantasy» (*ivi*, p. 6). Their assumption being that the differences in psychopathology lie in the ways the central phantasy is lived out and gratified.

Data Analysis Approach

To analyse my data, I used Thematic Analysis (TA, Browne & Clarke, 2006), combined with some elements of Discourse Analysis. This was not my initial decision, though. Being a novice researcher, I initially thought of only employing TA to code my data, as I will describe below. TA is a widely accepted and used qualitative analytic method, which is considered flexible, straightforward and accessible; moreover, it has been used in several important studies in counselling and psychotherapy for over twenty years. TA is a method used to identify themes, or patterns, within a data set. Themes refer to specific patterns of meaning found in the data, they can contain explicit or implicit content (Joffe, 2012, p. 209). A theme can be deductively drawn from a theoretical concept by the researcher, or inductively from the data itself (*ivi*, p. 210). In accordance with the nature of the research, the two approaches need to be used in combination as «one goes to the data with certain preconceived categories derived from theories, yet one also remains open to new concepts that emerge» (*ibid*.).

TA can also be considered a method, and not a methodology, and therefore does not carry an ontological or epistemological position. Over the course of time, a set of well described steps has emerged from the different studies in which TA has been employed, to support researchers in the assessment of the data, determination of themes and report findings with clarity and validity (Browne & Clarke, 2023, p. 70 - 79; Joffe, 2012, pp 215 - 218). TA normally draws its data from interviews or focus groups but can be used with different sources efficaciously and I therefore considered it well-suited for my archival research.

At the beginning of my research, I decided to undertake a pilot analysis using TA, starting to code the data from one of my two cases, randomly selected. As I proceeded with the coding, I soon realised that, because TA focuses on patterns of meaning emerging from the data, and because of the nature of my data, I felt I was missing out on some important information relative to how things were written up, something regarding the language used and the rhetorical structure rather than the themes emerging in the narrative. I believe this might also be due to the fact that I trained as a philologist and a comparatist, and it felt foreign to me to read a text focusing only, in Saussurean terms, on the signified rather than both signified and signifier. I therefore decided to turn to research methods that might be more directly involved with making sense of the use of the language in therapy: conversation analysis, narrative analysis and discourse analysis.

The fundamental concept in conversation analysis is that institutions (and the term institution can apply to large institutions as the NHS or micro systems such as the therapeutic dyad) are organised around particular sets of practice, and that «analysis of how people talk, their conversational routines, provides a powerful way to identify and analyse the practices that constitute institutional reality» (McLeod, 2011, p. 169). In conversation analysis, though, it is essential to use as data the transcripts of the actual conversations, which was not possible in my case and therefore made this method unsuitable for my research.

Narrative analysis (NA) is based on the assumption that people communicate and make sense of their experiences in the form of stories (McLeod, 2011, p. 187; Murray & Sargeant, 2012, p. 164-165). The central assumption in NA is that stories told by the by the research participants can be considered as primary source of data. I considered as extremely interesting and relevant to my research topic is the link between narrative and time, and the idea that psychically processed time «is thought to make us into subjects through its articulation in narrative» (Andrews, Squire & Tamboukou, 2013, p. 11); as well as the fact NA can be conducted through the analysis of a wide range of research materials (everyday speech, photographs, newspapers, blogs, etc.). At the same time, because of NA's focus on the narrative of events as well as the idea that NA has as its object of investigation the participant' story narrated in first person (Murray & Sargeant, 2012, p. 166), I was concerned this would not fit well with the use of therapeutic session's notes, and the fact that they are a reconstruction of the session thorough the interpretation and recollection of the analyst, but that I aim to read as an expression of the dynamics in the therapeutic dyad.

I therefore turned to discourse analysis (DA). DA can essentially be defined as a «study of the language in use» (Wetherell, Taylor and Yates, 2001, p. 3), as well as «the study of speech beyond the sentence» (Avdi & Georgaca, 2007, p. 158). In DA, discourses are defined as «systems of meaning» (Georgaca & Avdi, 2011, p. 147) in the wider socio-cultural system: from the epistemological point of view, it is based on the assumption, derived from social constructivism, that reality is constructed socially, culturally and historically through language and that language is a concrete act of creating meaning. DA is ideographic and therefore operates within a relativist ontology, i.e. with the assumption that there is no objective basis for claims of truth to be proven or disproven. DA examines language articulation, analysing themes, rhetoric, variability and context; and it can be applied to any kind of text. Analogously to conversation analysis, DA is normally used in single case-studies or a small number of cases, and in the findings are normally described detailed analysis of fragments of selected texts.

DA is not a homogeneous methodology and there are significant variations in emphasis and approach amongst the researchers that employ it (McLeod, 2011, p. 179). In reason of the variety of approaches, it can be argued that DA can be defined more as an approach rather than a method (*ivi*, p. 180): this could be also interpreted as one of the reasons of the absence of a manualised set of research procedures. This is not devoid of some risks, as the absence of a clear description of the methodology of a research cannot easily be critiqued by other researchers and therefore the validity of the research findings can be put under discussion.

I finally decided to employ TA for my research, which provided me with a clear and straightforward series of steps to undertake my research, and to combine it with some elements of DA, relatively to the analysis of the rhetorical aspects of the process notes that constitute my data set. In this respect, I found helpful Gee's description of the *tools* with which analyse language in use (2011) to guide my analysis. In his book «How to do Discourse Analysis», Gee delineates a group of 28 questions that the researcher can keep in mind while analysing a text, and that range from «what is it not said overtly in the text, but still assumed to be known and inferable?» - that Gee describe as «the fill in tool» (*ivi*, p. 199); «what might be the writer is trying to do when he says what he says?», the «doing and not just saying tool» (*ivi*, p. 200); or «how words and grammatical devices are used to build up or lessen significance for certain things and not others», the «significance building tool» (*ivi*, p. 202).

The use of process notes

As described above, the process notes that will constitute my data have been already used for research purposes and in publications, as it is common in psychoanalytic practice. Nonetheless, it might be important to briefly mention some considerations around the use of notes as research data, as well as how the particular notes I will employ for my research were written. Written from memory, ordinarily shortly after the session, process notes are routinely used in psychoanalytic practice to record sessions. In this respect, the baby and young child observation, a prerequisite to the clinical training, together with the development of attention to detail, the capacity to remember these fine-grained details, and the ability to sit back and not jump into action or premature conclusions - just to name a few - can also be considered as a preparation for the extensive writing of notes trainees are required to do during their training. Process notes, with their aim of capturing both what happened and was discussed during the session, as well as the therapist's internal response to these, are still fundamental for supervision after qualifications, as well as generally the basis of single case studies, that are so frequent in the psychoanalytic literature. The fact that process notes are obviously the product of the therapist particular angle, the product of an intertwining of conscious and unconscious processes, have attracted criticism and, in some cases, questioning of the feasibility of the use of notes as research data. As an example, Spence (2007) writes that «we are faced with a central paradox: if we are many times listening to what is not said, it seems unlikely that we are reliable reporters of what it is». The idea is essentially that, focusing on the unconscious component of the material provided by the patient, «hear the music along with the words» (*ibid*.), as Spence poetically puts it, therapist might pay less attention to what is actually said. Other risks that are highlighted by Spence are the tendency to gloss over mistakes as well as to remember just what is coherent with psychoanalytic theory. His proposal is for a transcript of the sessions, annotated by the analyst with some context about countertransference and observations that might not have been captured by the recording. Whilst I understand and on different levels agree with his point of view, I also feel that not much thought appears to be given to the amount of interference the introduction of a recording device can produce on both the analyst's and as well as the patient's thought process, and above all if it would be ethical to introduce this kind of distortion within a therapeutic process. The discussion around what constitutes a clinical fact, its nature and characteristics is too complicated and unfortunately cannot be tackled appropriately in this context. Without entering the field of contemporary epistemology, or, as an example, the views of deconstructionism or phenomenology, I still feel that is always helpful

to remember how Einstein's theory of special relativity, the base from which so much of contemporary physics stems from, taught us that different observers, depending on their perspective, might be looking at the same event differently (as an example, two simultaneous incidents might be perceived as such by one observer but not by the other, if this second observer is in relative motion). This said, I believe it is helpful to mention Creaser's article «A comparison of process notes and audio recordings» (2019), which elucidates the results of the author's doctoral thesis. In this article, Creaser mentions Covner's studies and the result that, when compared with recording, between the 75% and the 95% of the session material as represented in the process notes was accurate, but that up to the 70% of the session content was missing from the notes (Covner, 1944a, in Creaser, *ivi*, p. 153). But, to return to Spence's metaphor, I wonder if it could be argued that what matters the most, what therapists try to listen to, is the music behind the words, and therefore what is important for a therapist to record are the details of the «immediate emotional reality of the session» (O'Shaughnessy, 1994, p. 945, cit. in Creaser, *ibidem*), rather than the exact reproduction of what has been said. The conclusion of Creaser's study is that the comparison of process notes and audio-recording highlights aspects of the patient-therapist relationship that the therapist appeared not to be conscious of when writing the notes, and how, «the transference is functioning as it influences what is – and crucially, is not – seen in a session» (*ivi*, p. 170).

In terms of the notes employed for the present study:

- The analysts' notes are not full process notes of the entire session, but summarised versions of it, that can be considered to aim at capturing, as just described, the «immediate emotional reality of the session» rather than providing the full picture of what has been said. Starting from Creaser's conclusions of her literature review, according to which what is recorded is mostly accurate and the issue lies more in what is missing, I believe that the information that analysts consciously decided to provide can be considered accurate, above all because in my analysis I will focus for the patients especially on concrete events, such as lateness, cancelled sessions and occurrences of self-harm, which are generally easier to remember than subtle interpretations. This then should allow me to make some plausible inferences of what might have been the impact of a break on the patients.

- From the point of view of the impact on the therapists', I believe that I careful attention to the way the therapists wrote their notes, the variations in their style, the forgotten

words, the coherence or fragmentation of the writing, in a word, the attention to the rhetorical aspects of the writing, do offer an insight on the analysts' state of mind and can be considered as an expression of unconscious conflicts, highlighting the same kind of dynamics that Creaser describe emerging from the comparison between process notes and audio-recordings.

Data analysis procedure

Based on the selected criteria described above, the Brent Centre administrator randomly selected two cases, whose names and other identifiable information have been removed from the files. I was given a copy of the anonymised session notes, and a summary of the demographic information pertaining to the two individuals. I gained access to the data through a formal request, which was granted by the Brent Centre.

My analysis was guided by the following research questions: "what are the effects of breaks on the therapist/patient dyad and do these change in relation to the moment in treatment in which these breaks occur? ".

I started the data analysis by dividing the data into four periods (pre and post break 1, and pre and post break 2). Weeks were numbered in increasing order from 1 to 8, Week 1 being eight weeks before the break and Week 8 being the last week before the break. I then transposed the whole data set on a grid divided into four columns, one with date, number of the week and day of the week; the second with the corresponding write-up; the third with the first sub-themes emerging from the data as well as all the variations in terms of the write-up (changes in the chronological order, missing words etc); the fourth to register my own thoughts and reflections (cf. Appendices 7 and 8).

Once this first coding was completed for both cases, I proceeded with the phase of comparing the findings, not only from a thematic point of view but also chronologically, i.e., trying to identify when similar themes might emerge around the same time before or after the break. I created a new document with a table this time divided into 6 columns, the first again for the number of the week, then 1 for the themes brought by P1, then A1; then P2 and then A2. The last column was again for my reflection. This way, I could observe in parallel what was happening in both analyses in the same week before or after the summer break. I colour-coded my subthemes, grouping them in themes which emerged from my data analysis as well as being

informed by the theoretical background and the research question. (cf. Appendix 8, p. 111) As an example, the theme "somatic complaints" emerged from the first coding of the data as there was a noticeable increase in these kind of complaints around the summer break, while the themes regarding the relationship with past, present and future or the processes of separation and individuation were guided by the research question as well as the theoretical backdrop of the present research. I finally grouped my subthemes in four overarching themes.

Ethical considerations

The study received ethical approval from the Tavistock Research Ethics Committee (TREC) (see Appendix 11) and was sponsored by the Tavistock and Portman NHS Foundation Trust. As described above, this study did not involve active participants, but existing data that had been consented to use for research purposes 30 years ago. The main ethical question raised by the study is the impact upon the privacy of the patient who provided their detailed session material. At the same time, and also as it emerges in the write-ups, both patients had given consent and were aware of the fact that their sessions were discussed in research groups and would potentially be used for publication.

All data has been anonymised by the custodians of the data before transferring it to me and I complied with the Data Protection Act 2008 with regards to the storage, processing and disclosure of personal information and upheld the Act's core principles. Furthermore, it must be considered that all excerpts from the write-ups I have included are not, as in interviews, the direct voice of the participant, but the reconstruction of a session as experienced by the therapist, which I believe offers a further level of anonymisation.

Findings

The data was analysed, using Thematic Analysis informed by the examination of some discursive features in the clinicians' notes, with the following research questions in mind: what are the effects of breaks on the therapist/patient dyad and do these change in relation to the moment in treatment in which these breaks occur? Overall, the analysis yielded 16 subthemes for the first break, increased to 18 for the last break. As described in the "Method" section, some of these themes emerged from my data analysis, whilst others were informed by the theoretical background and the research question.

For the first break, the identified subthemes are as follow: From the perspective of the patients:

- P expressing confusion about time (purple)
- P thinking about the future (green)
- P's solutions against the anxiety for the breaks and the feeling of being abandoned/separate (dark green).
- Breakdown of communication/rejection of interpretation (red)
- Acceptance of interpretation (dark red)
- Acts out or threats of act out (grey)
- Somatic complaints (military green)
- Increase of paranoid and persecutory anxieties (blue)
- Direct talk about the breaks (light blue)

From the point of view of the analysts:

- A making links between past, present and future (turquoise)
- Interpretation of individuation/separation processes (yellow)
- Breakdown of interpretation (red)
- Feeling of confusion, stagnation in the analysis (pink)
- Direct talk about the breaks (light blue)
- Variations of the write-up structure (pink)

For the last break two themes were added, from the perspective of the patients:

- feelings of having changed.

- capacity to think autonomously and in a coherent way about their past.

I then grouped the above subthemes in 3 overarching themes for patients:

- acting out
- relationship with time
- relationship with the body

and 2 overarching themes for the analysts:

- variations in the structure of the write-ups
- making links/missing links

One final theme, "direct talk about the break", is common to patients and analysts.

In the following section, the findings are described in relation to the first (break 1) and the last (break 2) summer holiday, in order to reply to the part of my research question relative to the possible changes between the initial and final phase of the therapy. For each of two these periods, the overarching themes are explored in relation to each pre-break and post break phase.

Break 1

For a general overview, it is important to mention that, while P2 was an out-patient seeing his analyst in his consulting room five times a week, P1 was at the time an in-patient in a psychiatric hospital. In the write-ups it emerges that P1 attempted suicide a few weeks prior the sessions being examined, and a couple of months after having started analysis. In this case, it is A1 that visits P1 in hospital, and the sessions for this period have been reduced from five to three times weekly. A summary of patients' life circumstances, psychopathology and risk can be found in Appendix 1.

In respect to the variations of the analytic frame, both analysts have a short break during the pre-break period. A description of all variations (cancellations and lateness) for all four period can also be found in Appendices 2 to 5.

Variations in the write-ups

Pre-break 1

To explore the possible effects of the breaks on the write-ups, I considered the cases in which analysts directly describe sense of the confusion or not understanding, in which I felt practical or concrete thinking substituted interpretation, as well as looking at instances in which the write-up might not follow the ordinary time sequence or when there are missing words, repetitions, or a difference in style (e.g. shorter or more fragmented paragraphs, additional paragraphs of comment on personal thoughts that seem to be additional to the writing up of the session), as well as cases in which the analysts might record only what the patients said, or only what they said without describing the patient's reaction[2].

It is interesting to note that the two analysts have a very different way of recording the sessions (cf. Appendices 9 and 10). While A2 has a very structured way of writing the sessions up, with a clear heading stating the day of the week and the date followed by the notes, with A1 days and dates are not consistently recorded and it is at times difficult to follow what happens and when. This stylistic difference seems to persist on the level of the content: it is easy to distinguish the analyst's and the patient's voice within Dyad 2, while with Dyad 1 I have been often unsure about what might have been the analyst interpretation and what might have been the patient's reaction to it. One of the interesting findings of the present research consists in that there seems to be a correlation between the way the sessions are written up in terms of the clarity of the temporal structure and the precision with which the voices of two speakers are separated, with the different ways the two analysts appear to be thinking about and discussing breaks in the sessions: A2 not only communicates quite clearly and with notice when the breaks are going to be but also keeps in mind both the approaching of the break, as well as the possible impact on P2 in terms of the conflict between the wish to merge completely with the analyst and the parallel terror of being taken over, which he often spells out for the patient. Conversely, breaks and their effects seem not to be very present in A1's mind and she tends to rarely interprets for her patient issues of individuation and separation.

[2] It must be noted that one of the advantages that I encountered in terms of the concrete way the writes-ups are presented, consists in that they were typed on a typewriter and therefore, cancellations or changes are not as simple as it is now with a computer, and all these cancellations are evident on the page.

In my analysis, it emerged that with A1 there are more frequent instances of anomalies in the write up. Interestingly, this happens always after breaks, lateness or cancellation (in Week 1,2,4 and 8), suggesting that might be a possible link between the variations in the record of the sessions and the variations of the analytic temporal structure. As an example, in Week 2, after a 10-day break, the write up is unusually short, and ends with an unusual short and quite disappointed paragraph, in which the analyst says in a quite gloomy tone «*she is sleeping hardly at all and I guess I felt a lot was going on and I am not understanding*». From a stylistic point of view, it is interesting that the analyst goes from the use of the present (*is sleeping*) to the past (*I felt – was going on*), back to the present (*I am not understanding*). This seems to express a fractured and not homogeneous temporal experience, which could also be thought about in terms of a projection of the patient's fragmented state of mind after the 10 days break.

In the write-ups of A2, I found three instances of variations. These happen either in connection with a break (a small break the analyst took in Week 5 or the summer break), or when the material in the sessions appears to be emotionally charged. As an example, in Week 7 as the patients makes threats of suicide, for the first and only time the time-sequence of the session is inverted, with the analyst starting with a description of the end of the session and only later narrating the beginning.

For Dyad 1, when the material of the session seems particularly charged emotionally it is also when it is harder to distinguish who is talking. As an example, in Week 7, after a quite moving interpretation in which the analyst describes her own motivation to continue with the sessions even when the patient feels quite out of touch, the following interaction is recorded: «*Disappointment in me and the forthcoming holiday when I leave her still not well enough to cope. Will she break down like [name of other in-patient] has when it comes time to leave the hospital. Is there no alternative for her but to kill herself, can she face who she is. That this breakdown has kind of been a postponement at really looking at herself and facing the fact that must just be mediocre and not someone that she can stand*». In this paragraph, which reads a bit as a stream of consciousness, the analyst seems to be completely identified with the patient whose words she is quoting in direct and not reported speech. It is interesting to note that in the section quoted above the merging of analyst and patient happens concomitantly or possibly, as a consequence, of a threat of suicide, that just a few lines later the passage above turns into murderousness.

Post break 1

In this post-break period, I did not find variations of in the structure for Dyad 2. From the point of Dyad 1, variations are present but fewer than in the pre-break period. In particular, in Week 3 a sentence is missing from the main body of the text and is then written below following an asterisk; the Thursday session is missing from the write-up of Week 6. In both cases, as it was noted also for the pre-break period, these variations seem to happen in relation to emotionally intense moments or following a variation in the time-frame.

In the first instance for Dyad 1, starting from the second week there is a thematic build up in session, with P1 becoming progressively more able to express «*her need for other people, for closeness and support*», as well as her terror of being too close and merged with others. At the beginning of the Thursday's session of Week 3, P1 runs out of the room as one of her contact lenses was slipping out of her eye, while the analyst was polishing her glasses. Once the patient is back, A1 makes a comment about both now being «*able to see each other very well*». I feel this sequence is very interesting in terms of the difficulty of coming together as well as how it reveals P1's anxiety in relation to see and being seen by the analyst. P1 is then silent again and tells A1 «*to be in her trough again*». A1 makes a helpful distinction between being «*in a vacuum*» (as it was before the summer break), and being in a trough, and that maybe it might have been more possible for P1 to think about «*come out or to begin to struggle up the walls of the trough*». The discussion continues with P1 telling her analyst that she does not really want to get out of the trough, which the analyst interprets as not wanting to see the analyst (as the patient enacted at the beginning of the session) and links with the disappointment and discouragement P1 feels during the weekends. The patient, though, in a way that felt quite unexpected to me, says that she will wait «*until December to try to get herself out the hospital and that then if she still decides she could not go on**» the sentence continues with the analyst writing that «*I think this refers to life as well as analysis*». The sentence that is completed below is *«*she could stop treatment*». It seems that this quite sudden plan to end analysis, with a possible suicidal undertone, provoked a reaction in the analyst who forgot to write the sentence relative to this plan of interruption.

Talking about the break and making/missing links

Pre-break 1

I am presenting the two themes jointly, as one of the elements that emerged from my analysis, is that there seems to be a correlation between how much the analysts can keep in mind the

break and the number of interpretations about processes of separation and individuation. In this respect, I believe it is interesting to follow how the summer break is introduced in Week 3 by A2: following a question posed by P2 about how dependent he might be from his mother, the analyst writes that he felt P2 «*was hinting at what it would be like to live [...] near me and identify in total with me. I did not actually make this interpretation at the time as I thought it was inappropriate. However, I suspect this may become an important issue particularly as the summer break is approaching*». The approaching summer break, as well as the links between breaks and processes of identification and separation are clear in the analyst mind, even if he decides not to voice them for the moment. The following day (Thursday), P2 brings to his analyst a dream, that is the first dream in the researched period: in the first part of the dream issues of identification are presented (a question about being male or female), followed by the patient visiting the analyst in his consulting room and the analyst not being there. This dream about absence feels particularly striking as it follows the first instance in which the analyst thinks about the break. In his interpretation of the dream, the analyst focuses on the patient's possible homosexual feelings and its links with the idea of an absent father. Nonetheless, at the end of the write up the analyst mentions that «*disguised here was a fear about the coming holiday break, that I have yet to interpret*». In the following session, the last before the weekend, P2 seems to bring up the question himself, as he starts the session by talking about the fact that «*he was worried about how dependent he was on me and his analysis, it was the thing that dominated his life and about which he thought the most*». At this point, A2 can interpret P2 possible anxiety about how he is going to cope during the summer break and P2 agrees with this.

Conversely, A1 seems often to struggle to discuss breaks in advance and tends to make less interpretations of the effects that breaks or changes in the temporal pattern of the sessions might have on the patient, including when analyst cancels a session or arrives late. For Dyad 1, analogously to what happened with Dyad 2, the summer break is mentioned for the first time in Week 3, following the first instance in which a dream is interpreted. In the Thursday session, P1 is initially quite silent, but then tells the analyst a dream in which the patient is first riding a bike, she then loses her teeth and falls into a manhole. After a long silence P1 then says that she is going away with an older female friend during the weekend. The analyst takes this up linking the frequent silences on Thursdays, the last session of the week, with how awful weekends used to be before the patient was in hospital, and how she might feel the analyst is dropping or abandoning her during the weekends. In this respect, I do wonder if the detail about

losing her teeth in the dream might be linked to a terror of bodily annihilation during the analyst's absence, or regression to a completely needy and exposed state, as well as loss of independence. P1 denies these feelings, but then asks the analyst how long the analyst feels P1 is going to be in the hospital, as well as mentioning some plans for the summer break. As we can see, it is P1 here the one mentioning the summer break, which A1 does not mention in connection to the dream or the silences in this session. The analyst replies by going into a quite concrete discussion about how long P1 is going to be an in-patient and whom is it that she should discuss this with, rather than making an interpretation. It is only two weeks later, in Week 5, that the summer break is discussed more in detail. A1 introduces this as: «*Holiday plans and dates featured on Thursday*». It is interesting to note that this is a completely impersonal sentence, and it is impossible to understand who might have brought the dates up, if the analyst or the patient.

A further area that appears to be helpful in terms of reflecting on the interlinking between themes of separation and individuation and the summer break is how the two analysts decide to tackle the issue of managing two risky patients during their absence. Around a similar time, Week 6 for Dyad 1 and Week 7 for Dyad 2, the idea of who might be contacted by the patients in case of need during the summer break. For Dyad 1, after the idea of the break has been introduced in Week 5, Week 6 starts with the patient talking about the break and her sense of abandonment and that «*she was moving into the side room [of her mind], where she would hibernate until [the analyst] came back in September*». This seems to have been facilitated by the two first direct interpretations of the processes of separation and individuation (in Week 5 and in the session just preceding this). In the following session, the patient is very silent and struggles to talk. She describes being «*in a void again*», finding it hard to get up from bed and making contact with people. The analyst talks at this point about «*her forthcoming holiday and told [the patient] that I would give her my address and telephone numbers, wherever I knew them*». P1 immediate response is to ask A1 if she does that with all her patients. A1 tells the patient that she does this when she thinks it would be helpful for the patient. P1 seems grateful for this but is also «*instantly curious about [the analyst's] holidays*», and the analyst ends up describing what she is going to do («*going to a Congress, etc*.»). P1 is then silent for the rest of the session.

With Dyad 2, on the Monday of Week 7 the patient comes back describing some acting out during the weekend (getting drunk and looking for drugs) and having then called the

Samaritans at night to speak about all the things he does not say to his analyst. The analyst picks up both the provocation as well as P2 wish for an analyst who is always available. P2 agrees to the interpretation and says that he is concerned about the length of the summer break. At this point, A1 says that «*Brent would be available if necessary*», bringing the institution in. The analyst then gives a name and the phone number of the analyst who is going to be available during the break, as well as the number of the Centre. P2 then makes some suicidal threats as «*at least when he had analysis he had something that kept him off the streets*» and cancels the last two sessions before the break. The analyst, despite keeping in mind that the cancellation is a piece of acting out, offers a different time for the last session before the break, so that the patient can attend it. In the last session, the patient still expresses anxiety for the break, anger towards the abandoning analyst, but can also say that thanks to the analysis he was able to start making some important links between «*his inner self and what was happening around him*». My impression is that in these second situation, the bringing in of the Institution, which is really the bringing in of a third in the relationship between patient and analyst, allows the distance necessary for the patient to be able to explore more in depth, as well as at a certain distance, his feelings of dependency, anger, abandonment and fear in relation to the summer break. Conversely, my impression with Dyad 1 is that the offer of the analyst's own numbers and addresses, and therefore the actual location of the analyst during the summer break might have made the patient feel that she was "getting inside" the analyst and her private life in an intrusive way, feeling possibly excited by this as well as guilty, which might be an explanation for the following long silence.

Post-break 1

The differences noted between A1 and A2 in relation to the time frame remain consistent between the two phases. For A1, the first post-break write-up begins with a sense of mismatch and confusion. The analyst writes: *«[P1] had phoned me on Monday to tell me that she would not be back until Tuesday when I was supposed to see her for the first time. However, she came back late on Monday night and clearly had wanted to settle into [hospital] before seeing me. I, however had phoned the hospital just to let them know that I wasn't coming, and the nurse had told me that [patient] in the night before and hadn't slept and had seemingly been drinking*». Normally, A1 would have finished her first paragraph here, and have a bit of separation in-between, but this time, without any gap and without introducing the fact that the analyst is now going to describe the Thursday session, she goes on to say that *«[patient] had*

spent I think 2 weeks with her godmother... » then describing patient's holidays as P1 might have described them once analyst and patient met on a Thursday. I think that these initial few lines of the write up reveal something about the way analyst and patient come together, there is first a mismatch that does not allow them to meet, and then, as they meet, they are suddenly so close there is no separation. P1 seems to be becoming progressively more aware of this, and she describes in Week 5 the relationship with her sister as a «*closeness and oneness so that they were unable to support each other*». In this respect, it is also interesting to note that in this first session after the summer break P1 moves quickly from describing the holiday with her godmother which did not go well, to the «*walking nightmare of the Admission Ward*» after the attempted suicide in the first months of the therapy, as if the experience of a mismatch in the relationship, even small, might immediately engender in the patient's a terror of annihilation.

Differently for Dyad 2, the sessions are resumed on a Monday; A2 begins his write up, by stating that «*this was the first session after the summer break*» and that subsequently, in a sentence that is separated from the first by a full stop, that the patient «*began by saying that he had a fairly good holiday*». It is interesting to note that while in the write-ups for Dyad 1 we know what P1 has been doing, for P2 the focus is very much on how he has been feeling in relation to the absence of his analyst. Differently from what happens with Dyad 1, with Dyad 2 my impression is that the analysis represents for the patient a structure with a holding function, that allows P2 a space to reflect on how he experienced the break on an emotional level. We hear that «*the first four weeks [...] were somewhat difficult, he had drunk too much and felt somewhat lost and depressed, especially at first. However, in the last two weeks he'd felt he coped a lot better. [...] he didn't cut himself and only occasionally [had] feelings of depression and suicide*». A little later, P2 adds that «*he was much more direct in what he told me, he was not so fearful and reticent, he felt in some way he'd matured*». Even if, unsurprisingly, things are not all as good as it might seem here, P2 has been able nonetheless to find a girlfriend as well as enrolling on a course.

Over this period, it emerges clearly for Dyad 1 that instances in which P1 talks about separation and individuation processes, as an example describing her longing for closeness to people (Week 2), or as well as cases in which the analyst makes interpretations about these processes are more frequent than in the pre-break period. Parallel to this increase, there is an overall decrease of rejected interpretations in comparison to the pre-break period, with the exception of Week 4. Interestingly, this week is characterised by lateness, of both analyst and patient; a

decrease of interpretations of processes of individuation and separation, which are completely absent from the second and third session; and an increase of the number of rejected interpretations. In this respect, it might be possible hypothesise that changes in the temporal frame of the analysis might have the effect of an increase of persecutory/paranoid anxieties and suspiciousness, that in turn has an impact on the capacity for both the analyst and the patient to hold in mind the coming together and apart as well as for the patient to take in the interpretations.

For Dyad 2, in Week 1 P2 brings feelings of managing and relief at the return of the analyst, while in Weeks 2 and 3 anger about the possible feelings of abandonment over the summer break comes more to the fore, with the patient talking directly about feeling distant and uncomfortable, being critical about psychoanalysis as well as being increasingly more silent in sessions. In Week 2, P2 is concerned about the analyst «*intruding in his thoughts about girls*», as well as describing a dyadic relationship with his mother, in which his father was redundant. The analyst picks this up in the transference and describes P2's worry that the analyst could be either too close or redundant, making it impossible for the patient to separate. Interestingly, in terms of Oedipal anxieties, P1 says something similar while talking about her relationship with the hospital psychiatrist, saying that «*she didn't see there was a third kind of relating*», but only being helpless under the psychiatrist's control or being completely outside his power. This idea of being under the complete control of the object is also described by P2, when he says that «*he relied on a kind of religious mania for the first two weeks of the break to help him through*». This seems to suggest the idea that the patient might have needed to hold onto an idealised, omnipotent and ever-present object to be able to manage the analyst's absence.

Acting out

Pre-break 1

Both patients seem to react to the two short breaks of their analyst over this period of time by cancelling sessions. P1 is often late after her analyst has been late for a session and in one case, she walks out five minutes before the end of a session that begins with the analyst being late. P2 appears to be late always following particularly intense sessions, in which he felt understood by the analyst. In different instances P2's frequent and long silences after interpretations he agrees with appear to fulfil a similar function.

In general terms, P1, who is more limited in her freedom as an in-patient and she seems to use lateness, cancellations, as well as frequently rejecting interpretations. Another way is the not sleeping, which happens in Week 2 and Week 3, so after two disrupted weeks. During weekends, she seems to defend from the feeling of abandonment by coupling up/ganging up with a friend. P2, on the other hand, tends to make quite a few threats (above all about drinking and taking drugs). He gets drunk and takes drugs, as well as thinking about self-harming, in the weekend between Week 5 and 6 (so after the analyst is back from his break); 6 and 7; and 7 and 8, which could be thought about as a build up before the summer break. It is also interesting to note that the acting out happens for P2 always during the weekend break, so in the analyst's absence, and never during the week.

In the work with risky patients, and I particular adolescent patients, suicide is the main cause for concern before a break in the therapy, and both analysts describe directly feeling concerned in this sense about their patient. Suicidality as a theme makes its appearance for both patients through the discussion of a friend's attempted suicide, and in both cases around the same time the summer break is introduced. For P1, the discussion about the attempted suicide of a friend is in Week 3, while it is introduced by P2 in Week 4.

P1 describes visiting in hospital a friend who attempted suicide the day before P1's dream about the manhole, and on the day P1 cancelled her session after the analyst's short break. The possible link between projected suicidal feelings in relation to the break appear in the session but are not taken up in the transference in relation to the absence of the analyst. I do wonder if the fact that the analyst does not keep in mind the summer break might have hindered on some levels the exploration of the possible link between the terror of annihilation of the self and the annihilation of the object that the break might have engendered in P1. This link is made more explicit in Week 7, though, when the patient talks about the attempted suicide of a patient in her ward, as well as her own attempt a couple of months previously, linking this to the summer break, having to leave the hospital and feeling she is left with no other option but to kill herself. Immediately afterwards, P1 expresses murderous feelings: «*she spoke of her anger and aggression and how she could understand how in the good old bad days of the mafia in America one might have a machine gun and just mow down every individual in sight. And in that way killing off all the people who made up your life [...] was the same as killing yourself*». The analyst then records that the patient «*reassured her she was not going to make a decision about death this time*», but the write up for this day ends with no mention of the analyst possibly

taking this into the transference and addressing P1's anger towards the analyst because of the break. Interestingly, America is where A1 is going to spend her summer holidays, as P1 at this point knows.

In relation to P2, Week 4 starts with the patient arriving in shock to the session after one of his friends attempted suicide during the weekend. A2 links what happened to P2's friend, who attempted suicide after attacking his own absent father, with the patient possible anger about the small break at the end of this week and the looming summer break[3]. P2 acknowledges his annoyance for the small break, but also describe his relief in relation to the analysis that he describes as protective factor. Nonetheless, he also says in relation to the small break that he feels tempted to take drugs over this period, and the analyst interprets the retaliatory and provocative nature of this plan. In the following session (Tuesday), P2 talks about his friends in connection with his own breakdown. Differently from what happens in Dyad 1, A2 supports the patient to think about the links between himself and the suicidal friends. The link between feeling suicidal and the break that with Dyad 1 is discussed in Week 7, can be initiated in Week 4 by Dyad 2, allowing more space to reflection on this before the beginning of the break. Nonetheless in Week 7, as it also happens for P1, P2 makes some suicidal threats as well as feeling murderous. Both analysts then talk about the break and the patients wanting of closeness or oneness and being scared of merging and being lost into their objects and in the following week, the last before the break, when both patients have only one session, they both seem to be able to get in touch with some depressive anxieties (P1 feeling concerned for an anxious nurse she used to tease; P2 acknowledging the support he receives in analysis).

Post break 1

In relation to P1, it is interesting to notice that all the instances of acting out, such as her getting drunk before returning the hospital after the summer break, cancelling her first session back, her lateness and the threat of interrupting the analysis, all happen within the first four weeks

[3] I feel it is also interesting that the event of the attacked father comes the week after P2 brings to analysis the dream of the absent analyst/father.

after the summer break. I wonder if these instances of acting out can be thought about as both attacks on the abandoning analysts as well as a way to manage returning in contact with her.

With P2 acting out seems to follow a different pattern: the instances of lateness and cancelled sessions are more frequent in the first four weeks, but drug-taking incidents appear starting from Week 5. The first instance of drug-taking happens on the evening of the day the patient starts attending his course, and the analyst interprets it as a way to «*fill himself up with something exciting*», but also highlighting the «*destructive part of himself interfering with his achievements*». Over the following weeks, P2 takes drugs every weekend up to Week 8. In week 6, the analyst links the drug taking over the weekend with the talking about P2's feelings of dependency on the analyst on the previous week and makes a comment about the significance of this happening during the analytic break as a way to *«avoid pain and worry*». In Week 8, the patient returns to analysis saying that he took drugs again, describing this as feeling «*there was something bigger than him looking over his shoulders*». Once again the analyst describes this as the patient's attempt at «*trying to have a session on the weekend when he wasn't coming to his analysis [as well as] a way of controlling his feelings of dependency on [the analyst]*». On the day following this interpretation, the patient can describe his taking drugs as a way to re-experience his breakdown «*in a controlled way and in his own terms*». The analyst picks this up again as an attempt at avoiding feeling of dependency, but also as the patient trying to deal with «*feelings of despair and bottomless anxiety*». This seems to really resonate with the patient, who can say that he feels at times almost suicidal, and it is easier in these times to turn to drugs. In the last session of this week, the patient says he has decided to stop taking drugs.

Relationship with time

Pre-break 1

What emerged from my data analysis in relation to the experience of time, unsurprisingly, is that both P1 and P2 feel very much stuck in time and in development. Instances in the sessions in which patients think about the future are extremely limited, and normally have to do with a very near future, (next week), or very near past (last weekend). When they think about the future, they normally do it in unrealistic way: as an example, P2 seems «*to have a fantasy that after the first months of analysis somehow all his problems would go*» (Week 1); or if time does not really matter: P1 for example decides that «*not to sit her A-levels. That she has lost*

so much time in her life that another year would not matter and might matter enormously in helping her get herself ready for college» (Week 1).

Both patients seem to feel they are disconnected from their past, in particular around the time of their breakdowns, but not only just that. As an example, in Week 1, after talking about not knowing what to do with himself, being unable to sit his exams and not feeling in control of his future, P2 describes how: «*his childhood and now were not really linked together, there was a lack of continuity as if his childhood did not belong to him. I pointed out that he had been buying teddy bears since the age of eighteen, which was perhaps an attempt to find, as himself had said, some link with his childhood by looking for a cuddly toy*». A lot of the work of the analysis seems to focus around linking up present, past and ideas for the future, weaving together their experience within time. This happens more with A2, with 9 occurrences of this kind of interpretation, while A1 makes 3.

Post break 1

Differently from the pre-break period, instances in which the temporal confusion is expressed are less frequent in P1, and absent in P2.

In the first weeks, P1 expresses the feeling of being stuck, wanting to leave the hospital and at the same time, knowing that she is not ready to go. She also describes her time in the hospital as «*wasting nine months*» (Week 3), and in the following week, not knowing if she wants to have a go at life or just sink. At the same time, she thinks about doing something, like reading books or taking up a course, which the analyst takes up as something to help her with «*the feeling of space and time going by with nothing to show for it*». At the same time, this appears to start to change slightly as P1 notices how she has changed since she entered the hospital and having become more able to speak to people and be more sociable (Week 5). To this the analyst adds that «*[the hospital] also had given her [...] the space and time to make contact with herself and find some distance to her family*», something P1 agrees with. It must be noted, though, that this period is characterized by the discussion about when P1 might be able to leave the hospital. Despite having had a conversation with the hospital psychiatrist about when the patient might be ready to go and having mentioned to the patient the fact that she might be ready to leave «*around January of February*», the analyst does not reply to the direct question of the patient about how the analyst arrived at this date, which the patient finds very provocative. I do wonder

if this can be thought about as another instance in which the analyst seems to find difficult to identify with the role of the one setting temporal boundaries.

In relation to P2, there is a general feeling of him becoming less confused about his experience in time, above all, as he describes in Week 3, «*thinking about the future and the strangeness of feeling more confident about himself*». An interesting instance in terms of the relationship with future is in Week 4, when P2 «*talked about feeling resentful that he was an adolescent, he'd much rather be an adult or in his late twenties. So, it was the idea of actually going through adolescence having to pass through something intermediate that he was finding frustrating*». I think this is interesting in term of adolescence as a transitional time, as well as the idea of analysis as a waiting time, and how unbearable the feeling of having to work through somethings, rather than the magic solution of skipping the stages and moving forward in time.

Relationship with the body

Pre-break 1

In this phase of the analysis, the mentions to the body seem to be scarce. Just like both patients describe a sense of disconnection to their past and a struggle to imagine a future for themselves, it seems they both have difficulties in the relationship with their own body and their feeling of inhabiting it. In Week 7, P1 describes his feeling of «*lacking masculinity [...], a feeling of lack and inadequacy that he felt would never be replaced, it made him want to kill himself*». In this passage, the idea of a void that cannot be filled and that is intrinsically part of the patient, hopelessness towards the future and suicidality seem to be all linked together. In Week 5, P2 also links the «*feeling that is body does not belong to him*» with keeping things from the analyst. The analyst also appears to be denied a body by the patient, when P2 describes A2 as a «*disembodied voice*», to reject an interpretation about his possible erotic feelings towards the analyst. It is possible to hypothesise that, this initial phase of therapy might be dominated by paranoid-schizoid mechanisms, so as to defend against the threats posed by sexual maturation, both patients deny the link to their bodies, as well as the idea of the possibility of future development. As an example, P1 «*brought up the feeling that she was just waiting for what she called diversification, which means just for something to happen or to occupy her and that is getting her nowhere and that she has spent three months [in hospital] and she is not doing anything, she is waiting as though it has nothing to do with her*» (Week 5). This passage seems to describe the links between a frozen time to feelings of dissociation and disconnection with

her body, which she also describes in terms of «*her frigidity*», that the analyst interprets as a «*wish and fear to be as one with the object and her fear of penetration in a psychic sense*».

In a typical adolescent fashion, though, both patients appear to entrust to their appearance some important messages: both patients wear the same clothes for prolonged periods of time, which could also be seen as a denial of the passing of time; P1 appears in a session in her dressing gown, potentially representing in a concrete way her feeling of being unfit for living ordinarily outside of the hospital; P2 makes his appearance more threatening the week before the summer break, possibly as a way to express his anger towards the analyst, by writing aggressive messages on his clothes («*eat the rich*») or cutting his hair «*as a thug*».

Post break 1

In this phase, mentions of the body continue to be infrequent, in particular for P1. It is in this part of the write-ups, though, that we hear from A1 that P1 was anorexic as a younger adolescent. The analyst makes a link between the patient's refusal of food when she was younger and her present «*going into a trough*», as a way to control introjective processes as well as contact with others.

In the case of P2, there are a few more occasions in which his body is discussed. In the first Week, P2 describes the effect of having been stood up by a girl as feeling weak in his body and insecure about his masculinity, as if the rejection is taken in as an attack on his bodily integrity. In a similar way, the emotional struggles are described by P2 as being located in his body, which he feels is damaged. In one instance, P2 also returns to think about self-harm and makes a link between «*a wish to fill himself up and the skin being the barrier between himself and the outside world*», followed by the wish to merge with the outside by cutting, while at the same time, being scared that if he fills himself too much «*the barrier was just being thin and wasn't able to hold*». The analyst wonders if this could be thought about as indicative of some of the patient's difficulties with introjection. P2 also mentions in a couple of occasions the therapist he saw for the adolescent exploratory therapy, and how he found disturbing and nearly «*making him physically sick*», the interest the therapist had for P2's sexual phantasies.

There are a few mentions again of the adolescent idea of trying out and discard identities as one does with clothes, and the use of clothes as a symbol for internal states. As an example, in Week 8, P2 remembers something the analyst told him before the summer about always wearing black clothes and wondering if he felt black «*and now he said it made sense and he*

probably felt like that. [That is why] he'd taken particular care not to dress in black. Unfortunately, most of his clothes are black and perhaps he will do something about this now».

Break 2

In this section, I will discuss the findings relating to the last period of the analysis. For both patients 7 years have passed since they started therapy and they both are in a quite different phase of their lives. For both of them, the end of the analysis is approaching but, while for P2 a date is set for the February of the following year, P1 has been told she is the one who needs to set a date, and she is finding this very difficult. Both patients live independently and have a job.

Variations in the write-ups

Pre-break 2

Interestingly, there are no variations in the write-up for A2 and there is a visible decrease in variations for A1. As previously noted, variations seem to be linked with a possible increase of the emotional atmosphere caused by the break as well, in this case, the way the summer break functions as a prefiguration of the end of the analysis. As an example, the write up for the last session before the summer break is constituted by only two sentences: «*Friday she was on time. A lot of silences, and sadness and despair that analysis is going to end*». For some weeks, A1 puts an introduction describing the times the patient has been late to the sessions, but she does not seem to interpret the lateness. Nonetheless, P1 is able to voice the fact that she knows she is late when she is angry with her analyst, and the lateness is both an attack on the analyst and a self-punishment for being angry, as well as way the fill herself up, as «*if she stopped talking of being late and being late she would feel empty*» (Week 2). The analyst links this with the imaginary battles P1 might have in her mind with her analyst, which serve the purpose of keeping «*her out of communion with herself*». In similar terms, A2 interprets P2 missing sessions as an attack on the analysis and a depriving himself of a good experience, linking it with the break and the ending (Week 6). P2 agrees with this and says that both the summer break and the ending are two faces of the same coin, as well as being aware of turning good experiences into bad ones in the analyst's absence.

From the stylistic point of view, metaphors, which were used in particular by A1, in my impression above all when she was quite identified with P1, are very rarely used. I do wonder

if in the first phase of the analysis, metaphors were used as a visual correlative for feelings that felt too hard to put into words. In this final phase of the analysis, the language and the images that both patient bring to their analysis are extremely rich, and possibly neither of them needed the analyst to provide them with this sort of «work of psychic figurability» (Botella & Botella, 2005, p. 5), even if language, as I will describe later, becomes another place of conflict between analysts and patients.

Post break 2

As noted in the pre-break 2 phase, the variations are minimal. An interesting issue is that both analysts (with A1 starting little earlier, already in the pre-break phase), stop using the names of their patients and refer to them as 'she' and 'he'. I wonder if this might be thought about as an unconscious distancing from the patients in this final phase of the therapy. Interestingly, A2 returns to call P2 with his name after a couple of intense sessions on Week 5, when they discuss the approaching end of the analysis and A2 makes an interpretation about P2 wondering if the analyst is going to miss him.

I wonder if the lack of variation in this phase of the therapy can be though about as the effect of the progressive tightening of the analytic frame during the work, while the initial variations could be thought about as an effect on the analysts of the turbulence of the period of the «gathering of the transference» (Meltzer, 1967, p.1).

Talking about the break and making/missing links

Pre-break 2

For both patients, the past of the analysis and the future without it seem to be very present starting from Week 1. For both patients, in these early weeks before the summer break omnipotence seems to be the solution for the anxiety and despair they appear to feel in relation to both the break as well as the ending. P1 talks about not having been able to make the most of her experience in analysis because from the start she knew it had to finish, in a way that seems to express a rejection of any kind of boundary. An analogous rejection of boundaries seems to be P2's solution, who expresses a wish to be like Peter Pan, and never grow up, denying and at the same time the need for parents. Another interesting theme that emerges with both patients is the risk of analysis having become an addiction and feeling like it, and that the approaching end allows this to emerge more clearly. Unusually, we are not informed by A2

about when the dates of the analytic break are introduced. For Dyad 1, in a way that is quite in line with what has been observed so far, it is P1 that asks to A1 directly about the dates in Week 3: «[*patient] asked [the analyst] the date of the holiday and wondered if it was the 28th. She was almost right. I intend stopping on the 25th which is a Friday so that Monday we would have stopped and I wondered if she was both rushing towards it and preparing herself to come on a day when I wasn't here to emphasise the feeling of being rejected and abandoned*». I think it is interesting that, as for the first pre- break period, the summer break enters the sessions in Week 3. The theme of rushing towards the break (which for P2 is made explicit in Week 6) also recurs in both analyses, as being the opposite and same as wanting to freeze time, a denial of the pain the breaks elicit.

As it was noted in the first pre-break period, the week that seems more intense for both patients is Week 6. As in the first pre-break, for P2 the theme of murderousness appears in this week but is expressed in a more sublimated way in a dream. In this week, both patients bring some interesting dreams to their analysts. P1 talks about a dream of living in a shanty town where she seems to be keeping herself prisoner and where she strangely feels safe. The analyst interprets the dream as P1 keeping herself trapped in her illness, and how the absence of change makes her feel safe. In this week it is also discussed more in detail how the analyst wants to patient to choose an ending date and talks about this as «*pushing [the patient] on the next step on the developmental ladder*», while the patient resists this and feels unable to choose a date as she does not want to end.

P2 starts the week being very depressed and bringing to the analyst a dream full of feelings of rejection and abandonment, he then mentions the fact of having thought about not coming back to analysis after the summer break. Nonetheless, thanks to the analyst's interpretations again about P2's wish to merge and not seeing a use for the analyst when they are separated, in the Friday sessions the patient is more able to speak about his wish to cry and not wanting to let out his feelings of loss, as this would be a way of accepting the ending. In the following two weeks, both patients are able to directly express in their session, often in a very moving way, their pain at the idea of the break. They also appear to me to be in touch with their ambivalence towards their analysts, as well as their gratitude.

In general terms, A2 tends to make more interpretations about P2's possible pain about the ending than A1. In the last session of Week 8, P2 tells his analyst that «*in a way he's looking forward to the ending, he hadn't known how to feel or what to feel about it; should he feel*

angry, depressed or have a celebration, and I pointed out that perhaps all those feelings were true». This seems again to bring some relief to the patient, who can finally say that he always thought of A2 as the typical analyst, but after noticing a parcel from Wine Society at the entrance, he now started thinking of him as someone who «*enjoys things like wine and is not being just this untouchable analyst*». This to me seems to be a sign of P2 getting in touch with a more realistic, whole object. This does not seem to happen for P1, who does not seem to be able to move on from her despair. I feel that the frequent interpretation about part-objects, as well as the analyst focusing more on the patient attacking the analysis rather that her despair, might not have supported the patient in her process of mourning the end of the analysis. I also do wonder if the absence of an ending date, differently from what happens for Dyad 2, might have contribute to the feeling of persecution as well as unreality of the ending. In this sense, it is interesting that the A1 refers often to the ending as «*termination*», which makes me think more to a premature and possibly aborted end, rather than a process of conclusion of the work together.

It is also interesting to note that the sense of fragmentation that appears to be engendered by the break seems to expand to the patient's language: P1 tells her analyst that «*she feels she cannot use her sessions, it's all disconnected and [...] she feels she can't put anything together, that [the analyst] has to do it*, *and that she needs to go on bringing the bits to [the analyst] forever*». The patient expresses here her feeling of still being dependent on the analyst and her function of making links. In Week 5, P2 describes how «*the more he talks, the more he feels separated [from the analyst]*» as if in this phase, the words can bridge a gap but are also an acknowledgement of the gap that needs to be bridged. At the same time, P2, after bringing to the session every week a new book, dreams about getting rid of books. The analyst interprets this as getting rid of the analyst, but the patient replies that he felt it was more a trying to separate. At this point, A2 describes more hopefully the patient's possible attempt at not relying on book knowledge as well as the experience of building something up in time.

Post break 2

Differently from the post-break 1, this time both A1 and A2 record that it's the first time back after the summer break. Both patients discuss a very deep sense of loneliness during the summer break, but while P2 describes to A2 how he felt over the break, depressed but better in the last two weeks, P1 seems to go right back where she left it with the analyst, as to deny the break having happened, in a similar way to what happened after the first summer break. A1

also does not make links to the summer break, which is not mentioned again after this first week back. This is also directly described at the beginning of the first session, when P1 describes how she engages in discussion with the analyst in her mind even when she is not talking, and that this appears to be what she might do in A1's absence, and that A1 describes for her as «*holding on to an unsatisfactory object*».

In this period after the summer break, both analysts have some days off for half-term. A2 again does not report when this break is introduced, but P2 seems to expect it and be prepared for it. On the last days before this break, P2 appears quite depressed and despite talking about feeling changed and being more independent from the analyst, he expresses some anger that the analyst links to himself and the break «*and this reminding him of the ending*». On the other hand, A1 introduces the break with three weeks' notice, but as previously noted, in a seemingly casual way, as *«[patient] spoke about going to [name of place] to see [a friend], whether she should or shouldn't go. So I told her that I was taking an holiday the first week in November in case she wanted to fit it in that. She then went into some details about plans and said there were very messy and she can't stand go on with this planning. And I thought that perhaps she was distancing herself from the fact of my taking a holiday, and perhaps wondering if I was going to have a more exotic holiday than her*». I do wonder if, rather than wondering if the analyst is having or not a more exotic holiday, the patient might have felt really shocked at the idea of this unforeseen break, as well as being reminded of the fact that patient and analyst have not reached an agreement yet on their planning for an ending date. I also think it is interesting the feeling of messiness expressed by the patient (and in the following session P1 lets the analyst know that she completely cleared her room) and I wonder if this has to do with not knowing the ending date and the difficulty of dealing with this. In relation to that, in Week 4 P1 expressed directly how «*she wasn't offered a choice about leaving. She cannot accept stopping her analysis*», and it is possible to imagine how being the one to set a date might feel like an impossible task.

Acting out

Pre-break 2

In general terms, in this pre-break period a similar pattern to what recorded during the pre-break period of the first summer break in the analysis, for both patients, lateness seems to increase over the weeks (cf. Appendix 4, p. 95), in particular from Week 3 to Week 7. Both

patients cancel one session in the last week before the break: P1 the Tuesday session; P2 the Friday session, not differently from what he does in previous situations, in which he seems wanting to leave before the analyst leaves, as P2 himself says in Week 4. For P1, this is the only cancelled session in this period, while P2 consistently cancels one session per week starting from Week 2. It is also interesting to note that at this point of their therapy there are no instances of dangerous behaviour for either P1 or P2. This seems to be a good sign of the fact that the analysis had an important and positive effect on both patients, and that despite their despair, they might be actually ready to end.

Post-break 2

Observing the overall distribution of lateness and cancellations (cf. Appendix 4, p. 95), what it emerges quite clearly is that P1 has been consistently late oftener than P2. Most of the times P2 appears to be late is in Week 4, which is interestingly the only week P1 is never late, while she is late around three times every week. Unfortunately, due to the constraints of the present study, I was not able to take into consideration in detail also the times patients have been silent at the beginning of the sessions, as well as within the sessions. Nonetheless, what emerges for the write-ups for this period is that P1 is consistently silent for quite a prolonged periods of time at the beginning of the sessions when she is not late, while in two cases she goes to the toilet, shortening in this way the analytic hour.

In this phase, acting out as risky behaviour appears to be minimal. Nonetheless, and again in line with what was delineated in the literature review about acting out being more frequent at reunion, in this post break period there are two instances of acting out: P1 tells her analyst to have drunk a lot in Week 2; while P2 smokes cannabis over the weekend between Week 2 and 3, after meeting with his parents for the first time in six months. I think it is interesting to note the timing of these instances, which could be thought about as happening once both patients might have felt securely enough re-installed in their analyses.

Relationship with time

Pre-break 2

It is quite evident in this phase how both patients seem to have become more able to think independently and in more realistic terms about the future, as well as reflecting on their past. In both cases, patients report feeling their minds are working better, and the functioning of their

capacity to remember seems to be a proof of that. In several sessions it is the beginning of the analysis that is brought back and thought about on one hand in relation to all the things that have changed since then, on the other about the difficult aspects of the patients' identities that will need to be managed by the patients on their own after the end of the analysis. At the same time, the intense feelings elicited in this phase do appear to bring back also some old issues and to push patients on the brink, as described by P1 that feels «*at times mad again*» (Week 1), and but also able to say that «*this feeling of being stuck is ten years out of date*» (Week 3).

There are still some attempts at a magic solution, like the wish to be Peter Pan expressed by P2; while in a few situations P1 says something similar to «*it should be holiday time now and that in September it would be all right between us*», with the break coming in as a denial of the struggle of the working through of this period. Similarly, both patients express a feeling of running out of time, wanting to freeze time or wanting to speed up time, and for both, the summer break is a sort of reminder as well as prefiguration of how things will be like once the analysis ends. As an example, in Week 3 P1 expresses the fury and despair elicited by the awareness that the number of sessions she has is now «*limited and finite*». The end of the analysis appears to put a boundary to these limitless phantasies, as it is also highlighted by P2 when he says in Week 4 that «*all the time and attention are never enough*». An interesting comment is made by P2 in Week 5, when he describes feeling depressed and not wanting to talk «*it was to do with the ending and the break which he was aware of when he came. He was trying to come to terms with it. Part of him would like to finish now. He himself described analysis as a second adolescence, having to face things to do with adolescence and dependency and the difficulty of doing this. "Who was dependent on whom?" he said. And compared his relationship with a twin*». I feel this passage describes well the issues at play during breaks, issues of identity, independence, the wish for twinning and being perfectly at one with another, that become particularly acute when the ending of a therapy looms large.

Post-break 2

In this phase, both patients seem to continue to make links, thinking both about their past and their future. Unsurprisingly, P2 refers to not wanting things to change or move on in the first four weeks after the summer break, for then appearing more thoughtful about the future and how it might feel like not to be in analysis. He is also able to ask the analyst what he could do if in «*5 or 10 years he needs more help*» (Week 8) and the analyst says that he can get in touch or meet for a one-off review. P2 is at first unsure about this, but can then say, in the last session

of the week, that «*he felt warm toward [the analyst] about the offer of seeing him [...]. In a way it was to confirm that he wouldn't be dead*», in a way confirming to the patient the analyst as an available object as well as carrying hope for his patient. For P1 things are more complicated, and in the last few sessions of the period examined, she talks about how «*after seven years she still feels hopeless and panicky*», as well as «*wanting to behave as a silly girl and stop development*», that the analyst takes up as a repetition of the early days of the analysis, as being «*inexorably compelled to break down to prove the world and the analyst that it's the analyst's fault*». P1 also repeats in a few situations to have the feeling of «*holding her breath as if she is waiting for something*» (Week 4), «*feeling hopeless, lonely and strange in the middle of nowhere stuck there sick*» (Week 5), but also that she is nearly there, but not quite yet. While these sorts of utterances that seem to describe a sense of being on the threshold but still hesitating were present also for P2, in the last weeks of this period they disappear as the future seems to him to become a more viable option. As previously described, P1 does appear to still feel more stuck in her development than P2. At the same time, and this is one of the limitations of the present study, P2's ending is much closer to period examined in the present research, and I do wonder how things have developed for P1 before the end of her analysis in the following spring.

Relationship with the body

Pre-break 2

In Week 1, interestingly, despite the years that have passed by and the fact that in the periods examined P2 has never self-harmed, the patient tells a dream to the analyst in relation to which he speaks about self-harm as a way to «*fight his body boundaries, to remove the boundaries or to establish them, and also to somehow feel more reliably firm in his body*». The following day, the patient returns complaining that he has an eye-pain and that he feels «*sexually rivalrous*» with the analyst. The analyst interprets this last element in relation to the break they had the previous week with half-term, and the phantasy the patient might have had of the analyst being off with his partner. I do wonder if something similar can be thought about the eye-pain, as somehow a concrete and painful representation of an "out of sight, out of mind" metaphor, possibly describing a perduring difficulty of holding himself together in the analyst's absence. In a similar fashion, in Week 3 P2 laments to have a «*pain in his penis*» after describing a dream about women being vampires and discussing the idea of sexual relationships with women as dangerous. At the end of this same session, the patient describes his wish to marry

and have a family, and I wonder if the pain located in the penis could be thought about as an objective correlative of his anxiety of not being able to fulfil this wish. In Week 6, both the eye-pain and the genital pain return again in connection with dreams. The analyst interprets the issues the patient his having with the pain in the penis and the urine frequency as the patient «*trying to get rid of something negative, voiding, perhaps to do with the break and the ending*». The patient agrees with this and seems to find it helpful. In the Friday session of the same weeks, P2 is then able to make a link himself between the eye-ache and headache he experienced just before attending the session with his refusal «*to deal with the feelings of loss and [not wanting] to let out his feelings. If he lets them out it would be as if he accepted the ending. If he doesn't, it is as if it is not going to finish*».

While for P2 the body seems to feel the psychic pain, the patient is becoming more aware he refuses to acknowledge, P1 seems to be increasingly involved in hateful ruminations about her own body, that she describes as disgusting more than in pain. The analyst does not interpret these complaints as a possible reaction the feeling of rejection elicited by the approaching summer break as well as the end of the analysis, but more in relation to the patient's masturbation. Starting with Week 1 and for the whole eight weeks, P1's body return to be described as «*tricky*», «*sweaty, sticky and dischargy*», «*about to explode*», «*wrong*». In particular, P1 seems to feel persecuted by her own sexual desire, «*that make her feel monstrous, [as well as] fat, undefined and in limbo*». The body appears here to be shapeless and boundaryless, linking to an idea of time that even if it is not frozen as it used to be around the time of the first break in therapy, is still suspended. In this period, P1 seems also particularly involved with phantasies of pregnancy and ideas about pregnant women. When, as an example, the phobia of «*a baby getting stuck inside of her*» in expressed by P1 in Week 1, the analyst links this with P1's possible feeling of being stuck in her analysis, and then with the idea of a new patient coming to take her place with the analyst. I do wonder if here an interpretation about the patient possible anxiety about wishing to move on, grow and develop, both emotionally and physically, and the same time, the worry of not being able to let go of the wish to be completely at one with her objects, would have helped the patient to move away from her ruminations about her body. In a similar way, the analyst discusses how the patient used to call «*her hermaphrodite self*», the part of her that wished to withdraw in her trough. This is often interpreted in term of part-object and the phantasy of having a penis inside that could burst out. I wonder if this hermaphrodite self, which is self-sufficient and does not need to relate, could have been thought about as something similar to what Plato described in the *Symposium*

([1998], no page number) as «double beings» or a combined male and female object, composed by two parts in perfect syntony. This in turn could be thought about as the idealised counterpart of the «combined parent figure» (Klein, 1929, pp.33 – 41). Again, I wonder if staying with this more ordinary interpretation about the wish to be at one with the object, and the terror of losing herself in this relationship, would have been more manageable for the patient than the interpretations about part-objects, that P1 appears to find quite disturbing.

Post break 2

As in the previous section, the body of patients seems again quite present compared to the beginning of the analysis. P2 appears to continue to be able to make some links between his somatic complaints (having a cold or eye-pain) and what they might tell him about his emotional state. These complaints also cease after Week 4, around the same time his provocative behaviour towards the analyst, which is often interpreted in relation to the summer break or the weekend, also stops. Conversely, for P1 the feeling of being knotted inside, shattered etc. seems to continue in parallel to her desperation.

In term of the link between the break and the body, there is an interesting exchange with Dyad 1. P1 mentions the fact that «*women make her feel insecure*», which the analyst takes in the transference, wondering if «*the battles she engaged in verbally were to avoid the awareness of her body and mine*», P1 reacts to this by describing how she met with her sister (the one she had a twin-like relationship when she was little), and they hugged, and P1 felt that her sister «*had such a strong body [...] and felt like a small child with a wish to cling and to be reassured by somebody of her body*». I wonder if here it would be helpful to keep in mind this was the first week after the summer break, and if the patient might have been unconsciously asking for the analyst to welcome her back in a containing way. The analyst, though, interprets this episode with the patient's sister as the patient's «*fear to be close to a man's body which might make her aware of the penis that was outside and belonged to him [...] which with her fantasies of a penis inside her popping out [...], helped her to negate her vagina*». The patient seems to comply with this, as it happens in several other occasions, by «*wondering about this and saying that with masturbation she could retain this fantasy*». My feeling is that here the patient might have said what she thought A1 wanted to hear. As complaints about her body do not cease for the whole period examined and maintain a ruminatory nature, I do wonder if addressing them in terms of containment and identification and separation processes, thus linking them to an pre-Oedipal phase of development, might have helped the patient to move on. Something

similar seems to be suggested by P1's complaints about an itchy skin and having had a painful skin rash since the summer break, that seem to point towards the idea of a failure of containment, as described by Bick (1968, pp. 133 - 139). At the same time, in this phase there are also a few glimpses of something different, as an example, when the P1 says that «*when she feels sad, she feels more female and more in touch with her whole body*», with suggest some anxieties of more depressive nature rather than paranoid-schizoid.

Discussion

The aim of the present study was to capture the effects of breaks on the therapist-patient dyad, as well as the possible impact the summer break might have on patients' behaviour in order to formulate some hypotheses in relation to risk factors and acting out. To that effect, TA informed by the examination of some discursive features in the clinicians' notes was utilised to analyse the extracts from two adolescent cases, eight weeks before and after the first and the last summer break in their seven- year-long analysis. This method proved to be fruitful for analysing the data and provided me with helpful themes to reflect on the dynamics at play between the analysts and their patients around the first and the last summer break in their analysis. A summary of patients' life circumstances, psychopathology and risk can be found in Appendix 1, pp. 92.

From the point of view delineated in the theoretical background, in this study, titled «Waiting on the threshold», the term "threshold" indicates different things: firstly, a psychic *locus*, as the two patients described appear having entered a psychic retreat, as an «area of the mind where reality does not have to be faced, where phantasy and omnipotence can exist unchecked and where anything is permitted» (Steiner, 1993, p.3), and located themselves on the «threshold between the paranoid-schizoid and depressive position» (ibid., p.11), where the reality of the passage of time as one of the «facts of life» (Money-Kyrle, 1968, 1971, no page number) can be denied. Secondly, the threshold has to do with adolescence itself, and its being a transitional time between childhood and adulthood[4]. For the two patients in this study, this process of transition seems to have come to a halt, interestingly around the time of their eighteenth birthday, marking the passage between childhood and adulthood (Cf. pp.12 – 13 of the present study). An important function represented by their analysts was the bringing in the links between the past, the present and the future, to fight the patients feeling of being stuck in a timeless present. Thirdly, the summer breaks themselves can be thought about as a threshold, a solitary moment between two instances of contact with the analyst that required the patients to mobilise their capacity for independence, even if limited. Finally, "threshold" can be thought about in relation to the experience of analysis: from my theoretical standpoint, I believe that it is interesting how it is possible to think about the experience of analysis as a transitional space,

[4] Interestingly, the word "adolescence" comes from the latin *adolescens*, which is the present participle, corresponding to the English -ing, of the verb *adolesco*, "I grow". Adolescence therefore focuses on the process of growing, while *adultus*, "adult", which is the past participle of the same verb, indicates the end of the process).

or «an intermediate area of experiencing, to which inner reality and external life both contribute» (Winnicott, 1951 [2007], p. 230). In this case, a "waiting time" outside the ordinary experience where the therapist can progressively help the patient, amongst other things, to tolerate the duration of the process of change itself.

I will now explore and discuss the salient findings from the study, their relevance for clinical practice as well as the implications for future research in the following sections.

Key findings

Effects of the variations of the temporal frame on the write-ups

A first, important finding of the present research is that for the therapists to keep in mind and interpret the impact of breaks and variations of the temporal frame appears to be experienced as helpful by the patients. When the changes in the temporal frame are not addressed and interpretated (as it happens, as an example, in the post break 1 period for Dyad 1, cf. pp. 54 - 56), this appears to generate an increase of paranoid and persecutory anxieties that has an impact on the analyst's ability to interpret processes of separation and individuation and on the patient's capacity to take in interpretations. Bleger describes the importance of the analytic frame, which includes its temporal aspects, by comparing it with the symbiosis with the mother that «enables the child to develop his ego. The frame has a similar function: it acts as support, as mainstay, but so far, we have only been able to perceive it only when it changes or breaks. The most powerful, endurable, and at the same time least apparent "bulkwark" [or meta-behaviour], is, then, the one that lies on the frame» (1967, pp. 511 – 529). This seems to me a good explanation of why it is important to address the changes of the temporal frame, as the patient might experience those as a temporary breakdown of the frame's containing function. In this respect, another interesting element that emerges from the present research is the fact that the first pre-break period is the one with most variations in the write-up, while the variations are minimal in the final phase of the analysis. I wonder if it could be possible to hypothesise that the first break in the therapy constitutes a challenge also for the therapist, and not only for the patient. As described in the "Findings" section, the variations in the write-ups seem to be connected with variations of the time frame as well as with the increase of emotional intensity before the break. I wonder if this could be thought about as the difficulty to settle into the role of the therapist as the «master of time» (Sabbadini, 2014, p.45) in the initial phase of the therapy, described by Meltzer as «gathering of the transference» (1967, p. 1), a period in

which patients employ massively projective identification to protect themselves from the anxiety relived by the first interpretation (*ivi*, p. 6). This could in turn be helpful to reflect on one interesting element that emerged in the study by Yotsidi, Stalikas, Pezirkianidis & Pouloudi (2019) described in the Literature review, which is that in period before the first summer break, psychoanalytic psychotherapy was characterised by lower levels of secure attachment but also of behavioural disengagement (i.e., patients tended to challenge less the temporal setting of the therapy) compared to the other therapeutic modalities. It might be possible to speculate that in psychoanalytic psychotherapy, establishing a stable enough rhythm between «the relief derived from understanding and the shock of separation» (Meltzer, 1967, p 7) before a break, also because psychotherapy tends to address deeper anxieties, requires time. When offering psychoanalytic psychotherapy, it is common practice to allow at least five uninterrupted weeks of sessions before a break. I believe it would be an interesting area of further study to attempt to understand what length of time in therapy before a break is more conducive for a positive therapeutic alliance in psychoanalytic psychotherapy. The importance of the time aspect in psychoanalytic psychotherapy is also explored in a study called "*Treatment intensity and regularity in early outpatient psychotherapy and its relation to outcome*" (Kraft, Puschner and Kordy, 2006), a two-years prospective study, that analyses the distribution of treatment sessions during the initial phase of different therapeutic approaches. The interesting result is that only in psychoanalytic psychotherapy, patients that had more experiences of weeks without therapy improved at a lower rate. This appears to indicate that at the beginning of psychotherapy, not only disruptions of the time frame have an impact on improvement, but that a regular treatment without interruptions sustains a better development.

Another interesting element that emerged in my analysis, links the way the time aspect of the therapy is kept in mind with how the sessions are written up in terms of the clarity of the temporal structure, how well the voice of analyst and the patient are distinguished as well as how the analysts are able to interpret issues of separation and individuation. This could inform self-reflective practice, as re-reading one's own session with an eye on the different voices of the participants in the therapeutic setting could help to identify situations in which the therapist might be unaware of being too identified with the patient to provide a solid containment.

Finally, another finding that could inform therapeutic practice is that the idea of the summer break tends to enter the material of the sessions quite early, around 5 weeks before the break, which would be then a good time to discuss dates with patients. It would be interesting to test

this hypothesis and if mentions of the break tend to consistently come up a little over a month before the break.

Effects of the break on the patients and acting out

My literature review describes the common idea that breaks do have a challenging effect on the therapeutic relationship, even for patients with less severe symptomatology and a secure attachment to their therapists (Yotsidi, Stalikas, Pezirkianidis & Pouloudi, 2019). This is also confirmed by the present study, as the challenging effects of the break appear to be linked with both the variations in the analysts' write-ups in the first phase of the therapy, as well as the increase of provocative or challenging behaviour in the patients. In several of the articles presented in the Literature review section, (Handley & Swenson, 1989; Stein, Corter & Hull, 1996 ;Yotsidi, Stalikas, Pezirkianidis & Pouloudi, 2019; Grünbaum, 2013), it was highlighted that the challenging behaviour increases at reunion, which is also confirmed in the present study, as provocative behaviour seems to increase in week 2 and 3 for both patients in the initial and as well as final post-break period. It is important to highlight that acting out behaviour in the final phase of the therapy considerably decreases in both frequency and intensity. An interesting result is shared by all three of those studies and confirmed in mine is that, differently from what is commonly believed, acting out does not seem to increase during the absence of the therapist.

Differently from what was delineated in the first two studies, that describe a decrease of challenging behaviour in the pre-break phase, both patients appeared to become progressively more despairing, and in parallel more provocative towards their therapist, in particularly around Week 6 and 7, in both the initial and final pre-break phase of the therapy. In particular, both patients make threats about suicide in the first pre-break period, threats that are taken extremely seriously by their therapists.

I think it is also interesting to reflect on what is described by Stein, Corter & Hull (*ibid.*), as the link between the increase of acting out at reunion with the reactions of the insecurely attached infants, and the fact that in the post break period of the final phase of the analysis, both patients reflect on what they know and feel about their early development, with P1 commenting on having been told my her mother that she «weaned herself», while P2 can describe how he feels he never had any kind of emotional containment. As described in the theoretical background of the present study (cf. pp. 11 - 13), in the context of the general

«restructuring of the personality» (Waddell, 1998, p.141), early issues of separation and individuation are relived in adolescence in the context of a body that has become sexually mature. If there has been an early failure in primary relationship and containment, in which, as described by Bion, the projection of the «nameless dread» the baby feels is either denied entrance or experienced by the mother with overwhelming anxiety (1959, p. 103), this will be re-experienced in adolescence as a struggle to maintain an hold on the libidinal object in its absence (Waddell, 2018, p.166), as I believe was captured by the present study in relations to the terrors of annihilation experienced by both P1 e P2 around breaks. Failure of containment will also have an impact on the development of the ego, as the ego is built through the introjection of an object that can both contain and understand the baby's experiences (Segal, 1975, pp.134). This can be in turn particularly challenging in adolescence, when one of the main developmental tasks is the development of a separate individuality; and as described by Lombardi (2003, p. 1531), this can have a troubling effect on the possibility of integrating an experience of time as development.

Interpretation of separation and individuation processes

Another of my findings is that in Dyad 2, more frequent interpretations of separation and individuation processes appear to be experienced as helpful by the patient, who in general reject interpretation considerably less that P1, whose analyst tends to interpret less these processes. In the periods around the final break, P2 appears also to be more self-reflective than P1 and more able to work through the process of mourning the end of the analysis, as well as being able to identify his somatic complaints as the emergence of the psychic pain caused by the ending.

From the point of view of the importance of interpreting the processes of separation and individuation with adolescents, Waddell describes how «the fear of imminent separateness [...] propels many [adolescents] back into a strengthening of narcissistic structures that, although part of an adolescent's ordinary development, can become seriously destructive at points of external transition» (2018, p. 164). I wonder of it is possible to identify P1's ruminations about her body in the final phase of her analysis, under the threat of the necessity of the actual separation, as an «extreme narcissistic picture of a body dysmorphic disorder» (*ibid*). Another reason why it appears to be important to address processes of separation and individuation, is that narcissism can also be linked to an ego-destructive superego that works against the development of a sense of identity (Britton, 2003, pp.117 - 128). Waddell writes «one can

frequently detects the operation of this kind of internal juggernaut, especially at moments of the emergence of insight or meaning between patient and therapist» (2018, p. 166). A possible example of the effects of this kind of superego could be in the first phase of treatment, P2 lateness the session following a session he found helpful, or the silence immediately following what he experienced as a conducive interpretation.

In different studies, (Klein, 1961; Labastida, 1976; Emanuel, 1984; Montgomery, 1985; Handley & Swenson, 1989; Stein, Corter & Hull, 1996; Grünbaum, 2013), the researchers linked the patient's aggressive behaviour with an attempt at coping with a deficient capacity for internalising a libidinal object, and how this understanding invites the therapist to contain the patient's projections and reflect them back in a way as metabolised as possible, in order for these not to be experienced by the patient as a confirmation of her intrinsic badness and her rejection. The importance of well-modulate interpretations with adolescents, and the attention necessary when making transference interpretations, has been explored in the theoretical background (cf. pp. 13 - 16). In the present research, what emerged is that in the final phase, A2 tends to make more interpretation about the terrible pain and anxiety the patient might be suffering because of the break and the idea of the approaching ending of the therapy, and this appears to support P2 in the process of mourning the end of his analysis as well as developing realistic ideas of both the change that the analysis has produced but also of the perduring difficulties that the patient will need to manage on his own. Conversely, A1 seldom talks about understanding the pain the patient is in, but tends to make interpretations about part-object, masturbation and attacks on the analysis. These seem to be experienced by the patient as disturbing and also to feed the patient's self- recrimination and loathing. I am aware of the fact that the «central masturbation fantasy» (Laufer, 1976, p. 297 – 316) is a part of the theoretical tradition of the Brent Centre and was much more prominent at the time of P1 analysis, but I wonder, if this also seems to be the current practice at the Centre, if this should be kept as a helpful theoretical tool rather than used in interpretations.

The relationship with the body

An element described by Handley & Swenson that is consistent with my findings consists in the idea that the patients experience the discontinuity in the therapy as an attack on their bodily integrity and how this emerges both in the explicit complaints of the patient as well as in their dreams. This appears to happen in both the initial and the final pre-break for both patients. From my analysis, it emerges that linking the physical complaints or the sense of bodily

fragmentation with the anxiety engendered from the break is experienced with relief by the patients. Making reference to recent neuroscientific studies, Lemma writes that «embodiment shapes the mind», and it is for this reason that in therapy it is fundamental to always «keep the body in mind» (2014, p. 2), even if it appears to be absent from the material the patient is bringing to therapy. This seems to be particularly relevant in the work with adolescent, as so much of the conflict of this turbulent phase of development has to do with the experience of a body that is quickly modifying and changing, in a way that can be experienced as overwhelming as well as uncontrollable. This aspect of the adolescent experience seems to fit what emerges in the present study as a parallel between a suspended and frozen experience of time with a body that just minimally enters the sessions. It is because of the interlink between time, ego development and acceptance of the psychical aspect of the identity that as it is shown in the present study, it is only at a later stage of the analysis, when the conflict with the experience of a development in time and with time has been at least in part being worked through, that the body can enter the analysis.

As previously discussed, thanks to the support of his analyst, P2 appears to be more able to start independently to link his somatic complaints to his emotions, while P1 seems to struggle to disengage with ruminations about her hateful body. As early experiences relating to how the baby's body was looked after have an impact on attachment (Ainswoth et Al., 1978, in Lemma, 2014, p. 8) and on how we develop the «image we have of our bodies in our mind» (*ivi*, p. 6), I do wonder if, as an example (cf. p.57 - 58), A1 had kept in mind the infantile experience of needing to be held when interpreting P1's comment about feeling held by the embrace of her sister, rather than more adult, sexual issues, if this could have helped P1 to move forward in the acceptance of her body

The temporal experience

In terms of the working through of the temporal experience as interlinked with a development of the sense of identity (Sabbadini, 2014 pp. 4 -5), it emerged in the comparison between the first and the last period of the analysis, that the relationship with the temporal experience becomes progressively less confused and in the final phase of the analysis, both patients are able to make independently links to their past experiences as well as to think in realistic terms about their future. Nonetheless, an interesting element that is discussed by both patients in the ending phase of the therapy, is how their attachment to analysis and the figure of the analyst has some characteristics of an addiction. A2 appears to be able to communicate in a more direct

way the addictive quality of P2's attachment to analysis, and the risk of analysis itself to become a retreat (Steiner, 1993, p.3), a place where things done become undone, over and over again, in a new denial of time and development and an avoidance of the process of working through. Thanks to this kind of interpretations, P2 appears to be able to reflect on this, and proceed on in the process of mourning the end of this analysis, as a positive working through of the temporal experience is linked to the development of a capacity to mourn. In this respect, in «Mourning and melancholia», Freud describes the importance of the ego to relate to a developed idea of time in the process of mourning. Since «there is nothing in the id that corresponds to the idea of time; there is no recognition of the passage of time» (Freud, 1923, p. 73), objects are cathected in a timeless manner. For this reason, «the mental operations related to mourning are especially complex and require active contributions of the conscious system in order to acknowledge the changes brought about by the loss of the loved object» (Lombardi, 2003, p. 1535).

In relation to the above, the process of therapy as a "time of waiting" (cf. pp.7 - 11) would also represent a space where the repeated possibility of introjecting a good object could lead to a progressively better capacity to bear frustration. Rather that mobilising the hatred against the absent object which makes it hard to keep the good attained in its presence (O'Shaughnessy, 1964, pp. 34 - 43). This could also be one of the reasons for the possible "sleeper effect" in psychodynamic psychotherapy, i.e., the fact that several young people appear to continue improving even after the end of their therapy (Midgley & al., 2017, p. 308).

Summary of key findings and suggestions for clinical and reflective practice

The key findings that emerged from my research can be summarised as follow:

- Breaks do have a disturbing effect on both therapists and patients. In particular, the first break in the therapy appears to engender particular anxiety in both the patient as well as the therapist.
- Patients appear to experience breaks as an attack on their bodily integrity.
- Acting out appears to increase at reunion rather than during the break itself.
- The impact of the breaks appears to become less challenging as the therapy progresses and patients become progressively more able to hold onto a good introjected object. Nonetheless, even in the final phase of the therapy, one or two weeks before the actual break patients appear to reach a peak in their despairing feelings.

- As therapy develops, patients become progressively more able to develop a sense of identity integrated in their experience in time and over time. This runs parallel to an increase of their sense of an embodied self.

From the key findings of the present research, these are the suggestions that can inform clinical practice:

- Since the first break in the therapy appear to engender particular anxiety in both the patient as well as the therapist, it would be important to consider allowing time enough for the patient to settle into the therapy, and for the therapist to get to know better the patient before a long break. It would be important for future research to focus on the length of time before a break that is more conducive for a positive alliance between therapist and patient.
- It is important to keep in mind the breaks, as well as any variation in the temporal structure, and interpret their possible effects on patients' state of mind, both in the pre-break as well as in the post-break period. In particular, patients appear to experience as helpful when their bodily feelings of fragmentation are linked to anxieties due to the break; as well as interpretations relative to process of separation and individuation.
- Making understanding comments about the pain and anxiety a patient might be in, in relation to the break, rather than interpret possible attacks on the therapy, appear to be experienced as helpful by the patient and support their development.
- In the final phase of the therapy, it is important to keep an eye on how the dependence on the figure of the therapist could have an addictive and regressive quality.
- In terms of self-reflective practice, it is helpful for the therapist to read one's own sessions with an eye to the way the temporal structure of the session is reconstructed as well as how the voice of the therapist and the one of the patient's are clearly separated. This could help identifying situations in which the therapist might be too identified with the patient and therefore not providing a solid containment.
- Material relative to the break appears to enter the sessions around 5 weeks before the break. This would then seem to appropriate time to discuss the dates of the break with patients.

Strengths, Limitations and future research

The main limitation of the present study is relative to the smallness of the sample, being a comparison of two case-studies. The analysis of a third case would have allowed a triangulation of the data, but this idea was discharged as the sheer number of sessions to analyse would have risked rendering unmanageable the amount of data for a study of this size. Despite this, one of the strengths of the present study is that over 275 sessions have been coded and analysed with TA, offering a rich and interesting overview of the themes and challenges emerging around breaks. Furthermore, as it makes use of archive material and does not involve the active recruitment of participants, this study is easily replicable, and its findings could inform further research on the same subject.

In relation to further research, and as delineated in the "Discussion" section, I believe it would be an interesting to attempt understanding what length of time in therapy before a break is more conducive for a positive therapeutic alliance in psychoanalytic psychotherapy. Something else that emerged in my findings is that the idea of the summer break tends to enter the material of the sessions quite early, around 5 weeks before the break. It would be interesting to test this with further research, in order to inform psychoanalytic practice around the best time to introduce the dates of the breaks to patients. A further area of interest, that because of the size of this study it was not possible to develop, relates to patients' use of silence which could be thought about as a sort of break within the flow of a session and the different functions it might cover. It would be interesting to focus on the instances of silence within sessions and link it to the development of separation and individuation processes.

Conclusion

The aim of the present work was to capture the possible experience adolescent patients have of long breaks in their therapy whether this experience might change depending on the moment in treatment in which the breaks happen. Because of my having trained at the Brent Centre, a specialist centre for adolescents, this question appeared particularly relevant as breaks and holidays in the treatment of this age group appear to be frequently a cause for concern, for both patients and therapists alike. At the same time, and as it is described in the "Theoretical Background" of the present study, my interest for liminal or marginal experiences and times pre-dates my training in Child Psychotherapy and was the *fulcrum* of my dissertation for an MA in Philosophy. In the present study, I attempted to describe the temporal setting of therapy as a marginal space, or "waiting time", akin to what Birkstead-Breed define as «reverberation time» (2009, pp. 34 - 51), where introjective and projective processes, possibly disturbed by failures of early containment, can be re-set through the introjection of the thinking and linking function of the therapist, after the therapist has repeatedly accepted the patient's projections and returned them in a digested and digestible form. For this reason, I believe that the observation of the effect of the first break compared to those of the last break in the therapy, have allowed me to observe how the introjection of an «absent sustaining object» (O'Shaughnessy, 1964, pp. 34 - 43) can modify over the course of the therapy, fostering the development of a sense of identity rooted in the body and developing in time.

First of all, one of the findings of the present study is that the experience of break does change according to the time in the therapy. From the point of view of the analysts, a link was made between the variations in the structure of the write-ups in the period antecedent the first break in the therapy and the turbulence produced by the intensity of the patients' projections in the early phases of the therapy. As confirmed by other studies presented in the "Literature review" section, acting out was not present in the period of the analysts' absence, but increased at reunion, particularly around the second and third week after resuming the analysis. This has been thought about in relation to the fact that patients might have felt more able to express their anger once they were securely re-installed in their therapy and held by the therapeutic frame. Interestingly, the first break itself appears to produce change, in particular on the temporal experience as described by the patients, that appears from the post break 1 phase as less confused than in the pre-break phase. This could be thought about in relation to what O'Shaughnessy says about absence as a «spur to development» (*ibid*.), as it challenges the

patient's omnipotent phantasies, such as the phantasy of an omnipotent control over time and forces the patient to begin to come to terms with their dependency. Another interesting element that emerged from the present study is the interconnectedness of the analysts' capacity to keep in mind and interpret the effects of the breaks and the parallel issues of separation and individuation. Patients appeared to feel relieved and understood with this kind of interpretation and less likely to reject them. Overall, the patients' relationship with the temporal dimension of the existence as well as the relationships with their bodies modified over the course of the therapy, even if for one patient it remains more complicated than for the other. This has been discussed in relation to the kind of interpretations made by the analyst, that in my view, at times tended to miss the some of the pre-Oedipal content of the patient's association.

Another interesting element that emerged from the present study and that can inform clinical practice, is that content relative to the summer break appear to start emerging around five weeks before the break itself. This could be then considered as a good indication of the time frame in which communicate dates of holidays to patients.

At the end of the present work, after describing its strengths and limitations, a few areas of further research are indicated, in particular about the possibly different uses of silence, that can be thought about as gaps or breaks within the flow of a single session; and the optimal duration of treatment before a long break in order to support the development of a positive therapeutic alliance.

Since the very early days of humanity, the interrogation of the nature of time has permeated not only the philosophical speculation, but also the arts and the sciences. Despite the fact that there is not actual sense organ to measure duration (Williams, 2007, p. 49), the perception of time, its nature and effects has challenged the human intellect, just like time itself, challenges our omnipotence and our phantasies of immortality. In the present work, I tried to highlight how absence and separation, just like they are necessary for the development of speech, are at the base of the temporal perspective. In the words of Paul Williams (*ivi*, p. 55):

«To accept the passage of time means being aware of and concerned for others. Making time is a depressive-position activity, necessitating acknowledgement of the other's separateness and significance to oneself and of one's role in the existence and well-being of the other person. To make time, is ultimately an act of love».

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APPENDIX 1
OVERVIEW OF PATIENTS' PRESENTATION AND CIRCUMSTANCES

	PATIENT 1	PATIENT 2
Life circumstances: Beginning of therapy	Female, 18 years of age at the start of start of once-weekly Adolescent Exploratory Therapy (AET) in September 1978. In February 1979 offered psychoanalysis with a female analyst (A1). Lives in an in-patient ward after an attempted suicide. Analyst visits her in hospital three times per week in both the pre-break 1 as well as the post-break 1. Dropped out of secondary school before her A-levels. No regular relationship.	Male, 17 years of age when offered AET in April 1983. In November 1983 offered psychoanalysis (5 times weekly) with a male analyst (A2). Lives at home with parents. Dropped out of secondary school before her A-levels. During the first summer break, P1 finds a temporary job, enrols on a course and starts a relationship with a girl.
Life circumstances: Ending phase of therapy	In the pre and post break 2, patient lives autonomously and is a successful university student. Therapy ends in Spring 1986.	Patient lives autonomously, has a steady job. Therapy ends in February 1990.
Psychopathology	Patient 1 was diagnosed with anorexia in her pre-adolescence. Depression. A short time after the beginning of analysis, patient attempts suicide.	Had a period of intense depression with possible nearly psychotic symptoms when around 15 years of age. Addictive personality traits. Depression, anxiety, risk taking behaviour.
Risk: Beginning of therapy	Possible sexual promiscuity, alcohol abuse, struggle sleeping.	Self-harm; drug abuse.
Risk: Ending phase of therapy	Low risk	Low risk

APPENDIX 2
OVERVIEW OF THE VARIATIONS OF THE ANALYTIC TIME-FRAME PRE-BREAK 1

	DYAD 1	DYAD 2
Week 1	Monday: A cancels session Tuesdays: no variations Thursday: no variations Followed by 10 days break until the Monday of week 2	Monday: no variations Tuesday: no variations Wednesday: no variations Thursday: no variations Friday: no variations
Week 2	Monday: still part of A1's break Tuesday: P cancels session Thursday: no variations	Monday: P is 10 minutes late Tuesday: no variations Wednesday: no variations Thursday: no variations Friday: no variations
Week 3	Monday: P1 is late (sleeping when A1 arrives) Tuesday: no variations Thursday: no variations	Monday: no variations Tuesday: no variations Wednesday: no variations Thursday: no variations Friday: no variations
Week 4	Monday: no variations Tuesday: no variations Thursday: A1 is late for appointment/P1 walks out 5 minutes early.	Monday: no variations Tuesday: no variations Wednesday: no variations Thursday: no variations Friday: A cancels sessions with large notice
Week 5	Monday: no variations Tuesday: no variations Thursday: no variations	Monday: A2's short break Tuesday: A2's short break Wednesday: no variations Thursday: no variations Friday: P cancels session
Week 6	Monday: no variations Tuesday: no variations Thursday: no variations	Monday: no variations Tuesday: no variations Wednesday: no variations Thursday: no variations Friday: no variations
Week 7	Monday: no variations Tuesday: no variations Thursday: no variations	Monday: no variations Tuesday: P is ten minutes late Wednesday: no variations Thursday: P2 is late Friday: no variations
Week 8	Monday: last day of therapy before the summer break.	Monday: P1 cancels session Tuesday: P is 5 minutes late. A has changed the time of the session to allow P not to miss it.

APPENDIX 3
OVERVIEW OF THE VARIATIONS OF THE ANALYTIC TIME-FRAME POST BREAK 1

	DYAD 1	DYAD 2
Week 1	Monday: still part of the summer break Tuesday: P1 cancels Thursday: no variations	Monday: P2 is 4 minutes late. Tuesday: no variations Wednesday: P2 cancels Thursday: no variations Friday: no variations
Week 2	Monday: no variations Tuesday: no variations Thursday: P1 is with a boy	Monday: no variations Tuesday: no variations Wednesday: no variations Thursday: no variations Friday: no variations
Week 3	Monday: no variations Tuesday: P1 is a few minutes late. Thursday: no variations	Monday: no variations Tuesday: no variations Wednesday: P2 cancels session Thursday: no variations Friday: no variations
Week 4	Monday: both P1 and A1 are late (P1 later than A1). Tuesday: A1 is late again Thursday: P1 is 20 minutes late	Monday: no variations Tuesday: P2 DNA Wednesday: no variations Thursday: no variations Friday: A2 changes the time of the session, reminds P2 but P2 turns up at the usual time.
Week 5	Monday: P1 is sleeping when A arrives Tuesday: no variations Thursday: no variations	Monday: no variations Tuesday: no variations Wednesday: no variations Thursday: no variations Friday: P2 is a little late
Week 6	Monday: no variations Tuesday: A1 is over 20 minutes late Thursday: session is missing	Monday: no variations Tuesday: no variations Wednesday: no variations Thursday: P2 is 15 minutes late. Friday: no variations
Week 7	Monday: A1 has to look for P1 Tuesday: no variations Thursday: A1 is late	Monday: P2 8 minutes late Tuesday: no variations Wednesday: no variations Thursday: no variations Friday: no variations
Week 8	Monday: no variations Tuesday: A1 is late Thursday: A1 is late	Monday: no variations Tuesday: no variations Wednesday: no variations Thursday: no variations Friday: no variations

APPENDIX 4

OVERVIEW OF THE VARIATIONS OF THE ANALYTIC TIME-FRAME PRE-BREAK 2

	Dyad 1	Dyad 2
Week 1	Monday: P1 is 5 minutes late Tuesday: no variations Wednesday: no variations Thursday: no variations Friday: P1 is 20 minutes late	Monday: no variations Tuesday: no variations Wednesday: no variations Thursday: no variations Friday: A2 cancels session (after the previous week was half-term)
Week 2	Monday: no variations Tuesday: no variations Wednesday: no variations Thursday: no variations Friday: P1 is a little late	Monday: no variations Tuesday: no variations Wednesday: no variations Thursday: P2 is 25 min late. Friday: P2 cancels session (because of strike)
Week 3	Monday: P1 is 10 or 25 minutes late every day Tuesday: P1 is 10 or 25 minutes late every day Wednesday: P1 is 10 or 25 minutes late every day Thursday: P1 is 10 or 25 minutes late every day Friday: P1 is 10 or 25 minutes late every day	Monday: no variations Tuesday: no variations Wednesday: P2 cancels for general strike. Thursday: P2 is 30 minutes late Friday: P2 is 10 minutes late
Week 4	Monday: P1 is 5 minutes late. Tuesday: P1 is 5 minutes late. Wednesday: P1 is early Thursday: P1 is early Friday: no variations	Monday: no variations Tuesday: no variations Wednesday: P2 cancels because of strike. Thursday: P2 cancels half-way through the session Friday: no variations
Week 5	Monday: P1 is 5 minutes late Tuesday: no variations Wednesday: P1 is early Thursday: P1 is early Friday: P1 arrives on time but goes to the toilet.	Monday: no variations Tuesday: no variations Wednesday: P2 DNA Thursday: no variations Friday: P2 is 15 minutes late
Week 6	Monday: P1 is 4 or 5 minutes late Tuesday: P1 is 4 or 5 minutes late Wednesday: P1 is 4 or 5 minutes late Thursday: P1 is early Friday: P1 over 20 minutes late	Monday: P2 is late Tuesday: P2 is 5 minutes late Wednesday: P2 does not come. Thursday: P2 is 25 minutes late. Friday: P2 10 minutes late and silent.
Week 7	Monday: P1 is 7 minutes late Tuesday: P1 is early Wednesday: on time but silent Thursday: no variations Friday: P1 is 20 min late	Monday: P2 cancels session. Tuesday: no variations Wednesday: no variations Thursday: P2 10 minutes late and silent Friday: no variations
Week 8	Monday: P1 is a few minutes late Tuesday: P1 cancels session Wednesday: P1 arrives early Thursday: P1 is on time but A1 is 10 minutes late Friday: no variations	Monday: no variations Tuesday: no variations Wednesday: no variations Thursday: P2 is late. Friday: P2 cancels session.

APPENDIX 5
OVERVIEW OF THE VARIATIONS OF THE ANALYTIC TIME-FRAME POST-BREAK 2

	Dyad 1	Dyad 2
Week 1	Monday: no variations Tuesday: no variations Wednesday: 10 minutes late Thursday: P1 10 minutes late Friday: P1 is 20 minutes late	Monday: no variations Tuesday: no variations Wednesday: no variations Thursday: P cancels session Friday: no variations
Week 2	Monday: P1 arrives 15 min early (new time) Tuesday: P1 is 5 minutes late Wednesday: no variations Thursday: no variations Friday: P1 is a few minutes late	Monday: no variations Tuesday: no variations Wednesday: no variations Thursday: no variations Friday: no variations
Week 3	Monday: no variations Tuesday: no variations Wednesday: P1 is 20 minutes late Thursday: P1 is 10 minutes late Friday: P1 is10 minutes late	Monday: no variations Tuesday: no variations Wednesday: no variations Thursday: P2 is late Friday: no variations
Week 4	Monday: no variations Tuesday: no variations Wednesday: no variations Thursday: no variations Friday: no variations	Monday: P2 is 10 minutes late Tuesday: no variations Wednesday: no variations Thursday: P2 is 25 minutes late Friday: P2 is 10 minutes late
Week 5	Monday: P1 is 20 min late Tuesday: no variations Wednesday: no variations Thursday: P1 is 15 minutes late Friday: no variations	Monday: no variations Tuesday: no variations Wednesday: no variations Thursday: no variations Friday: no variations
Week 6	Monday: P1 arrives early. Tuesday: P1 is 20 minutes late Wednesday: P1 is 5 minutes late Thursday: P1 is 25 minutes late Friday: P1 is 20 minutes late	Monday: no variations Tuesday: no variations Wednesday: no variations Thursday: no variations Friday: no variations
Week 7	Monday: no variations Tuesday: A1 is unwell and cancels session. Wednesday: P1 is 7 minutes late. Thursday: no variations Friday: no variations	Monday: no variations Tuesday: P2 is 10 minutes late. Wednesday: no variations Thursday: A2 half-term break Friday: A2 half-term break
Week 8	Monday: P1 is 10 minutes late Tuesday: no variations Wednesday: P1 arrives early Thursday: P1 is a few minutes late. Friday: no variations	Monday: no variations Tuesday: no variations Wednesday: no variations Thursday: no variations Friday: P2 is a little late

APPENDIX 6

EXAMPLE OF FIRST CODING, PATIENT 1 PRE-BREAK 2

w/e 20.6.86			
Brief intro	P1 was obviously making a great effort to come on time which she managed every day excepting Friday when she was just a few minutes late.	P: making an effort to be ON TIME.	
Monday	P1 began the session on Monday buy saying she didn't want to waste time. She's feeling weird and crazy and it's hot and she'd like to punch or strangle someone. She thought it must be me, and she feels I'm not doing something properly. She needs someone to stop her feeling crazy.	P: does not want to WASTE TIME P: feels crazy and aggressive P: thinks it is the A's fault.	
	She spoke about Saturday when she'd gone to a jazz concert having invited P, the chap whose party she'd gone to. With O she'd invited R the second, that's from B road and C, also from B road both young man who fancied her, M who stayed in the flat with her, and another two friends of H's and R the second's girlfriend B. It seemed to me that she'd set out to prove to P that she didn't mean anything by asking him, and it seemed as though both for them got their wire crossed and he was utterly confused and eventually got drunk. She was very tearful in this session and in-between talking about what happened on Saturday there were tearful remarks about her analysis coming to an end and that the she won't be able to make a	P: thinks about the previous weekend.	

	mess and run to me, and anyway I didn't seem to be any good.	P: is very tearful and THINKING ABOUT THE END OF THERAPY. P: is feeling that she won't be able anymore to run to A if she makes a mess. P: is angry with A who is anyway no good.	
	She spoke about when she was younger how she used to jump off the highest diving board at the swimming pool, and that now she feel she wants to jump off a balcony. She feels so tense and angry, she doesn't know what to do with it., There was also an incident where R from B road had cheated a pub on F's behalf. P1 had asked if they could change £10 and the girl had handed over £9 change to R who'd taken it, even though P1 had not handed over the £10. F was furious when he gave it to her and sent it back next day by post. She'd felt that R and the others were blaming her and telling her that she was messing P around and she felt very upset because it seemed that they were saying that she was doing the same to him as she'd done to them.	P: is feeling SUICIDAL (wants to jump off a balcony)	
	I took this up in terms of her feeling guilty because somewhere she knew that perhaps R and the others knew that she would denigrate P if he seemed to like her. The other thing I took up was in terms of the termination and her fears, even at the beginning of the analysis and with other	A: take up something in rel to the termination and P's fears. A: makes a link with the BEGINNING OF ANALYSIS.	This is a quite convoluted sentence. Are the "fears of an ending"?

	people, of an ending so that she can't enjoy what there is.	A: feels that P is worried about the ending as so she can't enjoy what is available.	
Tuesday 20 min silence	On Tuesday there was a 20 minutes silence although she was on time. P1 said that she wants to close her eyes, she is very tired and perhaps it will all go away.	A: seems that latenss and silence are connected in the A's mind. P: is on time but silent for 20 min.	
	She again complained that she's feeling weird and angry, and that it's her last exam on Wednesday, and that it's difficult to learn this period of history, it's contemporary from 1945 onwards. She felt she'd done badly in it in the first year when she'd freaked out and she wants to do well.	P: last exam, struggling with contemporary history	Is P also saying here she is struggling with the present?
	She said that she'd been feeling remote since her third exam, like there was an excitant before and it was like something went, and she wondered if she should come on Wednesday morning or revise, and she was all muddled up in her hostility to me and to the world and she felt naughty.	P: feeling remote P: thinking about missing the following session.	
	She was worried that P would phone and she didn't really want him to come with her that night. She and college friends were going out and he wouldn't really fit in. he'd said something about it the Saturday before. She felt that I was pushing her out to find a boy and spoke about P clinging.	P: feeling pushed by A to find a boy. P: her friend P is clingy	Is now P opposing the coupling up of the beginning and feeling pushed by A to find someone?
	I interpreted this as a projection of her own feelings about herself clinging to me, and unwanted piece of faeces that I was trying to expel which I didn't want for myself which was now only fit for disgusting dirty men. She felt that I or her	A: interprets feeling of being expelled. P: feels she has a tricky body, PREMATURELY OLD.	

	mother somehow had given her a tricky body, that it feels middle-aged and deteriorating.		
	It feels, she said, funny underneath and she feels it's a dirty trick. She said that her body took after her dad's family and it's hereditary and there's nothing to do about it. She feels like her body's exploding and she feels different the way she is dressed on top and how she is when she is undressed, and even if she thinks that her face looks ok outwardly, she's so full of inward turmoil that she ends by hating herself all over again.	P: her body is a DIRTY TRICK P: feels like her body is exploding. P: feeling different outwardly and inwardly.	This makes me think about the TRICK at the pub and her refusal of being involved with it. Is she feeling tricked by the A to finish her analysis?
	She spoke about her mother and her funny attitude to boys which somehow P1 seems stuck with and stuck to her mother, and that it's a joke for her to try to change of for me to think that she can. All she knows to do is to cling.	P: it's a joke to think that she can change. P: all she can do is to cling.	
Wednesday	On Wednesday she came and said that she's been feeling alienated for 3 weeks now while she's been studying. She feels she's given up and that she 's in a nightmare. She was tidying up yesterday for afterwards, after her exam. She felt it had gone on too long and all she wants is to sleep and sleep. She went on to talk in a desultory fashion at times quite contradictory, and then she was silent for 15 minutes, and I commented on the deep sighs that came from her and thought that perhaps she didn't want me to stir things up just before her exam which she agreed with. She felt a bit ill and tired and her eyes were puffy and she felt she 'd spent so many years wanting to do well and not	P: feeling alienated for the past three weeks. P: feeling she has given up P: feeling she is a nightmare P: only wanting to sleep. P: talking in a contradictory and desultory way. P: SILENT for 15 minutes	What does it mean that she was tidying for afterwards? (sense of doing something in the present that is going to have a meaning in the future?)

	able to work hard enough and she's going to be so angry with herself that she's done it again when she sees just an average mark. She feels so angry that she can't value what she has, what has been and that she's been able to work and write all if she thinks about the past, and the beginning of her analysis. She feels that by the third exams she just threw it away and that she was stamping on her chances.	A: tells P that maybe she does not want to stir things up before the exam. P: spending so much time wanting to do well but not being able to. P: feeling unable to value what she has (the present) and what has been (the past) P: thinking about the BEGINNING OF ANALYSIS P: stamping on her chances, (not valuing the present and damaging her future).	Here there is again some temporal confusion. It feels as if the exams still has to happen, but then P says that she knows she has passed but does not want an average mark… (Incongruous and contradictory, a bit like A describes P here). It is interesting the idea of the third exams, and the three weeks that seems to return…
Thursday	On Thursday she was silent for about 10 minutes at first and said she was tired and dizzy, and she was drifting off. She felt let her exams go, her results are in 3 weeks time and at the end of term. She heard just before her exam that next Tuesday she has an interview for the MA course and she doesn't feel that she's ready, she hasn't even made up her mind if she's going to do it. All she wants, she feels today, is to go out of London right away and start again.	P: silent for 10 minutes P: feeling tired and dizzy, drifting off. P: results are in three weeks time. P: found out that following Tuesday she has an interview for MA, but does not know what to do. P: just wanting to leave and start over.	A bit like the drifting off, the patient want to leave and start over.
	I took up her feeling of feeling pushed out again, people rushing her to make decisions about her next steps in adulthood, and she always feels that	A: taking up the feeling of being pushed out and rushed.	

	people expect it of her before she's ready to take the next step or to leave.	A: saying that P feels that people are wanting things from her before she is ready.	
	She said that there are quite a lot of applying and she hates competition and the fear that she may be rejected. She linked this to bumping into other patients of mine and how this makes her feel not at all special anymore. This was followed by silence.	P: says she hates competition P: talks about A's other patients and not feeling special anymore. P: is the silent.	
	I made some sort of verbalisation I think. And she went on to her body, that she had a sticky body, her bath won't wash away the dirt, she's sweaty and dischargey, never right at any given moment, her body's a wreck, etc. She said that after RS it was almost as though she raped herself, she used herself, and like she was taking her anger out on her body. I pointed out that she was telling me without saying what it was that she was doing to her body, along with the fantasy and I assumed that she was talking about masturbation and how it makes her feel crazy, dirty, disgusting, and that she acts out her fantasy on her body, her fantasy perhaps in relation to me. She agreed and said "and in relation to others". I spoke about her hatred of me and how this allows her to have her body raped, either by herself or like in Washington, and picked up on her mentioning other patients and that last week she'd actually been in the small waiting room with another patient and had not said anything about it.	A: is unsure about what she might have said. P: disgust for her body/raping herself. A: talks about the hatred towards her from P and links this with P mentioning other patients, but not having said anything about being in the waiting room with another patient the previous week.	CONFUSION

	She said that in the morning it was like she'd slept with the wrong person, that is she'd raped herself, which was more than being tired. She also spoke at some time about a conflict in her mind about her exams with why take me into the exam with her, why tell me about it, nothing to do with me. I think she was also referring to the other patient.		This part seems again a bit confusing…
Friday	On Friday she complained about being whacked from the intensive study for a month, and that there'd been no room for her to be aware of her unconscious fantasies, but that now they're scratching at her. P1 spoke about trying to remember her vaginismus when she was a teenager and the violent fantasies which were almost rape. She felt that like incest the child can feel that it has nothing to do with it, so she feels that she's had unconscious fantasies of vaginal rape but somewhere there had been fantasies of anal rape which she'd only become conscious of in the last month of her analysis, and she supposes that her trouble in her anus has been because of her unconscious fantasies. She wanted me to know that the excitement is in the idea and not physically. I put it that the fantasy of the rape as a teenager was exciting and was hers, but the vaginismus negated all responsibility. She felt that as a teenager she was physically vulnerable and that she was open and wanting sexual invasion, but then would have no feeling. We spoke about being so close to these fantasies which she cant's	P: having been too busy studying to be aware of her unconscious fantasies.	

	quite get and that she felt that her parents debt was mixed up in it, the whole atmosphere at home, and she went back to when she was between 10 and 12.		
	She told me that when she was waiting for the tube there was a drunk Irishman who talked to her, when she didn't answer he told her that she should wash and she felt that she was looking a fright and that he was seeing her as unkempt as she had been when she was squatting. She said that she had been in the middle of her fantasies when she got up to come and she was feeling dirty. She said that she was feeling impatient and that there was something nagging at her, she felt trapped, which eventually I verbalised as her unconscious fantasy of waiting for me to rape her. It was also linked to her way of using food, which I said also made her feel crazy, dirty, and disgusting and abnormal, and like her masturbation she doesn't want it taken away from her. We spoke of her desire making her feel monstruous and that she's too fat and in limbo and undefined.	P: when she got up for coming to her session, she was in the middle of her fantasies. P: feeling impatient A: interprets as P waiting to be raped by A. P: feeling too fat and in limbo and undefined	It is interesting here how the psychical feeling of being in limbo corresponds to a feeling of being fat and undefined (shapeless? Unboundaried?)
	I suggested that being undefined protected her masturbation from me, and that being undefined kept her in limbo so that she could be both male and female. She said she feels too dirty and said that she had an image of the luminous behind of some monkeys and how she'd seen them on heat when they looked as though their feelings were almost too much for them and that they were	A: being undefined keeps her in a limbo so that P can be both female and male.	

	almost in pain and that's how she feels now, and how she felt in puberty, and that she knows that somewhere there's a wish to be humiliated and hurt. She spoke of feeling tired and yet not being able to sleep, going to bed in the day time, feeling dirty. I say that again she's telling me that she masturbates and that it's the masturbation or the fantasies that make her feel so tired and dirty and crazy.	P: feeling tired but not being able to sleep, going to bed in the day time.	

APPENDIX 7

EXAMPLE OF FIRST CODING, PATIENT 2 PRE-BREAK 1

<u>WEEK 4</u> **w/e 29.6.84** **Monday**	P2 began by saying that he'd had quite a shock this weekend. He had seen a friend of his, the one who had stayed with him over the week when his parents were away. This friend had a breakdown just recently. That friend had been on a lot of drugs and then he'd attacked his father quite severely and the Police had had to intervene. His father had been away for some while, in C, and I believe that the parents are divorced. Father then recently came back for a while and it was this return that had provoked the attack. P2 saw a number of his own problems reflected in his friend's behaviour, at the same time P2 said that he was greatly relieved to be in analysis where he would have a chance to deal with his anxieties. I picked up on the friend's anger with the father and I linked this to P2's possible anger with me for going off on the holiday break and also for the brief break that I'm having at the end of this week and at the beginning of the next week, which I had warned him of some while ago. P2 thought there may be some sense in this, in fact he feels quite annoyed by my small break at the end of the week. He said that he is feeling tempted to take LSD and has been looking for	P: had a shock over the weekend, his friend attacked his father violently. P: friend's father had been away for a while, and just come back. P: recognise himself in his friend's difficulties. P: is relieved to be in analysis, analysis as a protective factor. A: interprets friend's anger an links it with P's possible anger for summer break and small break at the end of this week. P: agrees and says he is quite annoyed about the small break.	This seems quite ab incredible coincidence… the absent father gets attacked… It is interesting what happens in this firt session. At the beginning there is a father who is attacked, at the end, a dead mother who is greatly missed. Is it a shift towards some more depressive kind of anxieties?

	it although without success. I interpreted that it sounded to me as if what he was being tempted to do is to take some retaliatory action against me for going off on holiday. This made sense to him.	P: feeling tempted to take LSD (act out). A: int. retaliatory action against him. P: agrees	
	Another piece of information that came up towards the end of the session I thought rather interesting; this was that his mother had said to him that she wished to have her own mother alive. In fact I had not realised, and P2 reminded me, that his mother's mother had died when his mother was aged seventeen of an illness. His mother's father had died only a couple of years ago. P2 described how apparently his mother had to look after a younger sister and I think there was a baby in the family as well. This would seem like a major fact in the family and might account for a number of difficulties P2's mother has. It is significant perhaps that P2's severe breakdown also began when he was aged seventeen.	P: his mother told him she wishes her own mother was still alive. A: P's breakdown happened when he was the same age as the mother when her own mother died.	
Tuesday	P2 spent most of the session talking about his friend, this friend had taken in fact an overdose of eighty paracetamol and was in hospital at the XX. He had recovered consciousness but, of course, there was the whole question of whether or not he had damaged his liver. P2 took some time talking		Are these two friends two different version of what P might worry could happen to him during the A's absence?

	about his friend and how much he worries about him and how much he saw many of his own problems reflected in his friend. P2 also talked a lot about the program on television last night on heroin addiction. He sympathised with the young people and knows his parents are not concerned.		
Wednesday	P2 spent most of the session talking about his friend, A, who was in hospital after his severe overdose. In fact A sounds like if he is possibly going to die from liver damage. P2 had just come from seeing him at the hospital and he was most upset. He talked for a lot of the time about how A was a victim of circumstances and social problems, like so many young people. I tried to steer it a little to A's own contribution to what had happened and that this might be relevant to P2. P2 is terrified of what happened to A and is saying that he now realises the last thing he wants to do is to take an overdose. However, I wondered to myself whether in fact he was being quite attracted to the idea, at the same time somewhere. As an example, he talked about A looking innocent and child-like and beautiful, while he was sleeping. P2 also talked about now that he feels that a suicide attempt is not possible he feels forced with me to have to face unbearable realities. He also talked about how A's suicide attempt had reminded P2 of his	P: one of his friends attempted suicide. P: is upset. P: his friend being a victim of circumstances and social problems. P: does not want to take an overdose. A: thinks P might actually be ambivalent about the idea of the overdose. P: a suicide attempt is not possible and feels forced to face unbearable realities in his analysis.	It is interesting that he is saying here he does not want to take an overdose, not to kill himself.

	own period of breakdown when he went into hospital. At the time he felt there was a barrier between him and other people as if everything had broken down between him and them. He had also felt overwhelmed by irrational impulses and things over which he had no control. He ended the session talking in a way about homosexual love and./or brotherly love. […] My last comment was to make an interpretation that perhaps O wished to be protected from his own suicidal feelings. This seemed to make some sense.	P: is also reminded of his own period of breakdown and when he went to hospital. P: at the time, felt a barrier between himself and other people and overwhelmed by irrational impulses. P: talks about homosexual love and once being kissed by A and feeling protected by him. A: int. P's wish to be protected from his own suicidal feelings. P: agrees	At the end of the session, O seems to be talking about the love for his analyst and the wish to be protected by him.
Thursday **Last session of the week because of A's short break.**	P2 spent much of the session distraught, upset and also angry. This was mainly centred around his friend, A. P2 continued to barrage of fury about everybody in the world, myself, Dr W, society, policemen all who were to blame for people like A and also himself. It went on at some length. It was somewhat difficult to get anywhere. I tried to get round his fury and try to see where he may be trying to disown something in himself as well as how he may ne wishing to identify with his friend. I also tried to make a link with this coming short break and the ensuing summer break and his fury about that, and being left and feeling helpless. Really any attempt at interpretation	P: is distraught, upset and also angry. P: is angry with A, previous therapist, society, policemen etc. A: difficult to get anywhere. A: tries to make a link with the this coming short break and the ensuing summer break and his fury about that, and being left and feeling helpless. P: seems to be calmer at the end of the session.	It seems that despite the fact that P might have rejected the interpretations, in the end there

	seemed to be like water off a duck's back. However, by the end of the session P2 seemed to have calmed down somewhat.		was some relief and he was calmer.

APPENDIX 8

EXAMPLE OF SECOND LEVEL CODING FOR SUBTHEMES

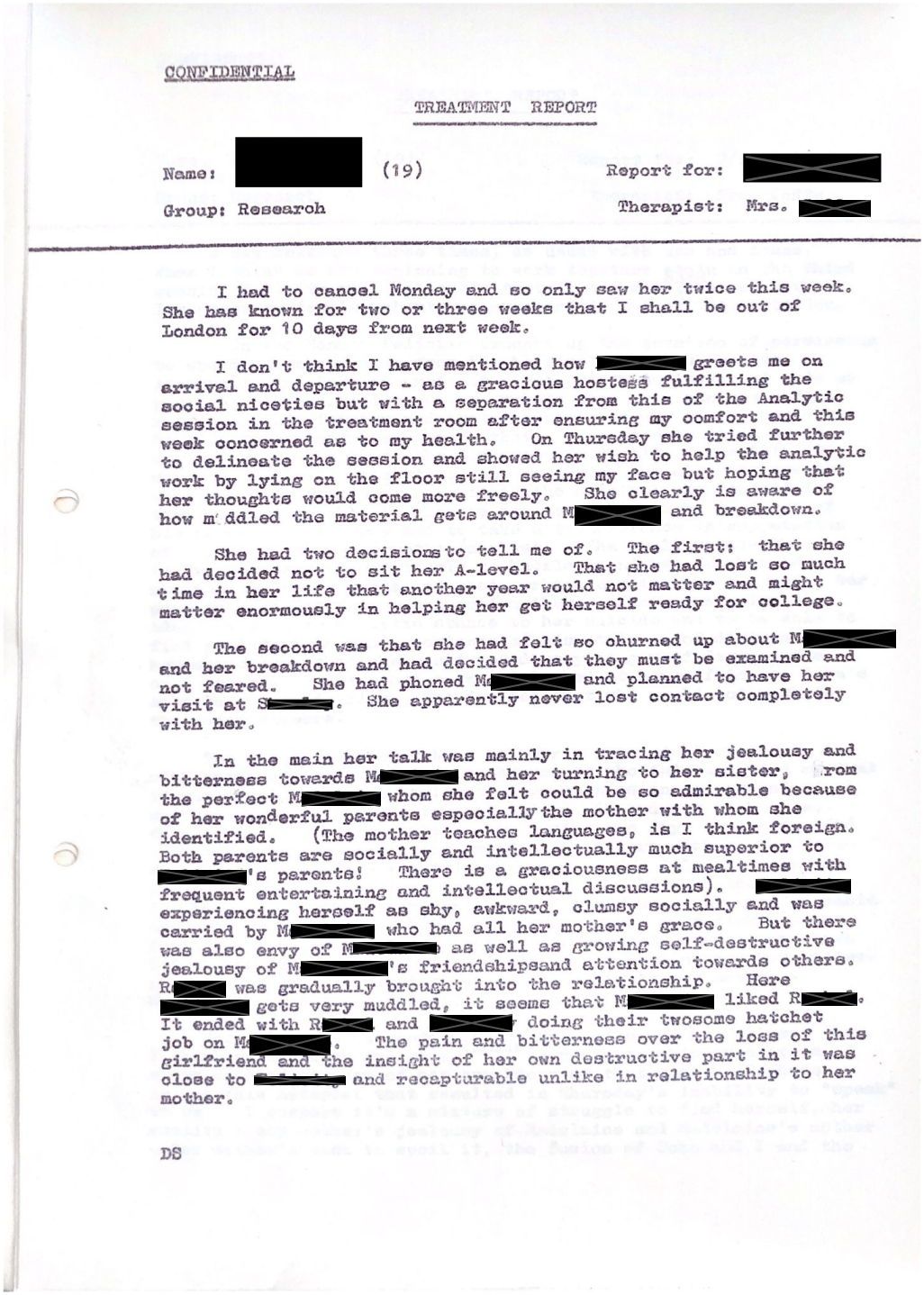
	P1	A1	P2	A2	
WEEK 1 POST-BREAK 1 **Both had 6 weeks off**	Phones A1 to let he know she will not be able to attend the first session back, but then comes back on Monday evening, so on time to see A1. Not sleeping and drinking P describes holidays to A1 Being with her Godmother (COUPLING UP IN A'S ABSENCE), but things were not ideal P thinks about the breakdown	A phones hospital to let them know she is not coming and hear that P did came back. A starts to describe the session but it is unclear of she saw the patient on Tuesday or Thursday Absence of a space between the intro and the beginning of the session.	(Monday) Is 4 minutes late Had a fairly good holiday First 2 weeks were difficult, drunk and felt lost and depressed Felt better above all in the last two weeks He did not cut Took drugs once Found a girlfriend a few days before starting analysis again. Going to enrol to a course	Begins by saying that this is the first day after the summer break General feeling that thinks are ok (P is reasonably neat)	It is interesting the difference in which the two write ups start, one with a lot of confusion (A1), the other with a very clear statement about this being the first week back after the summer (the TEMPORAL FRAME IS BROUGHT IN VERY CLEARLY) P1 Tuesday becomes the silent session D1. There is here an abrupt movement with P1 from the disappointing

	Needing to drink to be able to get back into hospital (after the break? So geeting back to analysis) P feeling stuck, she should be ready to leave but is not ready to leave. Putting distance between herself and analyst/talking at a superficial level Absence of vitriolic obsessiveness towards her parents Feeling sad that her relationship with her	Passage between one theme and the other as if A made no intepretations A1 does not pick up ambivalence in cancelling the session and the coming back on time (setting analyst up). Does not link drinking with the difficulty of coming back to the analyst	But the potentially not being able to come on Wednesday. Otherwise going back to school to do one A level Failed the exam, spoke with parents but did not tell them he did not take them. Feeling more direct towards A2, feeling that he has matured, feeling less fearful and reticent (Wednesday) CANCELLED SESSION Feeling "a bit" suicidal after girlfriend stood him up Feeling tempted to use drugs.		coupling up with godmother to the thinking about the "walking nightmare" of the breakdown (link to the wandering the streets?). Is P1 communicating the feeling of complete disintegration face an absent or not perfect object?

	parents is not close and always will be	A1 does not take this into the transference and talk about the keeping A1 at bay and sadness for the distant relationship with parents. NO DISCUSSION OF THE BREAK AT ALL.	Feeling weak in his body and insecure Having met with girlfriend and decided to go slow Thinking about the course in more realistic way		

APPENDIX 9

A1 EXAMPLE OF SESSIONS PROCESS NOTES



CONFIDENTIAL

TREATMENT REPORT

Name: [redacted] (19) Report for: [redacted]

Group: Research Therapist: Mrs. [redacted]

I had to cancel Monday and so only saw her twice this week. She has known for two or three weeks that I shall be out of London for 10 days from next week.

I don't think I have mentioned how [redacted] greets me on arrival and departure - as a gracious hostess fulfilling the social niceties but with a separation from this of the Analytic session in the treatment room after ensuring my comfort and this week concerned as to my health. On Thursday she tried further to delineate the session and showed her wish to help the analytic work by lying on the floor still seeing my face but hoping that her thoughts would come more freely. She clearly is aware of how muddled the material gets around M[redacted] and breakdown.

She had two decisions to tell me of. The first: that she had decided not to sit her A-level. That she had lost so much time in her life that another year would not matter and might matter enormously in helping her get herself ready for college.

The second was that she had felt so churned up about M[redacted] and her breakdown and had decided that they must be examined and not feared. She had phoned M[redacted] and planned to have her visit at S[redacted]. She apparently never lost contact completely with her.

In the main her talk was mainly in tracing her jealousy and bitterness towards M[redacted] and her turning to her sister, [redacted]rom the perfect M[redacted] whom she felt could be so admirable because of her wonderful parents especially the mother with whom she identified. (The mother teaches languages, is I think foreign. Both parents are socially and intellectually much superior to [redacted]'s parents! There is a graciousness at mealtimes with frequent entertaining and intellectual discussions). [redacted] experiencing herself as shy, awkward, clumsy socially and was carried by M[redacted] who had all her mother's grace. But there was also envy of M[redacted] as well as growing self-destructive jealousy of M[redacted]'s friendships and attention towards others. R[redacted] was gradually brought into the relationship. Here [redacted] gets very muddled, it seems that M[redacted] liked R[redacted]. It ended with R[redacted] and [redacted] doing their twosome hatchet job on M[redacted]. The pain and bitterness over the loss of this girlfriend and the insight of her own destructive part in it was close to [redacted] and recapturable unlike in relationship to her mother.

DS

CONFIDENTIAL

TREATMENT REPORT

Name: [redacted] (19) Reports for: [redacted]

Group: Research Therapist: Mrs. [redacted]

I only saw [redacted] on Thursday this week as I was away on Monday and Tuesday morning she rang me just as I was leaving to cancel saying that she had not slept at the hospital. She told me on the Thursday that she had gone out on Monday to meet a boy whom she used to know, who had taken a friend of hers out and with whom she played in a band. She said that they were having quite a nice time and she forgot the time of the buses and she guessed that she had been wanting to tempt fate and stay out. She hadn't yet been hauled over the coals by Dr. S[redacted] and clearly this will happen. The staff seemed to think that she had spent the night with another patient. She told me about her state, her sort of feelings of not quite cathecting things, not worrying when her parents were there or enjoying it in a distant kind of way. However although she told me in an abstract way about her state of mind I felt there was a lot missing which was referred to external things. I tried a couple of times to interpret her staying out on the Monday night, the very night that she knew I was coming back from my holidays, in terms of her anger with me for going away and she accused me of trying oto put these feelings into her but she had no anger for me whatsoever. She could however speak about her irritation and wish to cross Dr. [redacted] and to relate it to her feelings about her parents.

She is sleeping hardly at all and I guess I felt a lot was going on that I am not understanding.

DS

APPENDIX 10

A2 EXAMPLE OF SESSIONS PROCESS NOTES

CONFIDENTIAL UNCHECKED

TREATMENT REPORT

Name: [redacted] Report for: w/e [redacted]

Group: Research Analyst: Dr [redacted]

Monday - [redacted]

He was 10 minutes late and there was a 10 minute silence. He said he did something at work on the computer, it went blank and he couldn't work out why and he forgot to press the command button which allows the money to go up. He wasted 25 minutes before he realised that he'd done this which I thought to myself at this point, was very much what he does here at the moment. He thought then this was symbolic, he can make too many small mistakes, and I then wondered about how much he did something here similar which he agreed. He then went on to say it was something about not allowing something to change here, even when all the work has been done, he would go blank and it would all disappear.

Tuesday - [redacted]

There was a dream; he was on holiday, there was a submerged submarine. It was in dry dock and there was some sailors working on it. Then he was in an enormous pub in [redacted] near where he used work for B[redacted] council. His parents and sister were there somewhere, he was waiting to go to the Labour party conference in B[redacted]h, dreading the long roundabout route with his parents. He was in the toilet, he urinated. His mother came in and saw his penis and he walked out. He talked then about penis and masculinity. Early on in the dream he was enjoying the masculine atmosphere of the sailors working on a penis, but he has anxiety about it, will others see it? And I also wondered about how a woman will respond to his penis and see it. His concern about this and how he might reveal his maleness. He talked about his anxiety about being safe with a woman. I took up somewhere about me repairing him in the dry dock, but how independent was he from me, and somewhere this led to him talking about how self-made and in control he might be.

Wednesday - [redacted]

He was thinking in the tube how his mother used to talk about his female friends when he was a teenager, as girlfriends, and how she used to talk was as if he were incredibly attractive to girls, which was far from the case. He compared this to her wanting to keep him as a little child, so in her eyes he was a sexual being, but it was untrue and only in fantasy. Perhaps now he keeps seeing things through her eyes. I took up the problem about how much he knows what he is, as he has seen so much through her eyes, and I wondered about his fantasy of how I see him. He generally talked in rather vague terms about his sexuality, how much was it his wholly or not. He was curious

about why his mother did that about the girls, and then he wondered how controlled was he. I took up how much he tries to control himself and what he does feel. He thought not recently, for example in masturbation, he has this fear of his mother's image cutting into him and he tends to make masturbation purely physical without anything in his mind if possible.

Thursday - [redacted]

He was 25 minutes late. He said he had been on time but he got off at the wrong stop and then the wrong train. When he left last night he felt excited, he seemed to be getting somewhere, then today he tried not to come. There was a pause. What he was talking about yesterday was using sexuality as a tool, like eating, it was like a discharge in masturbation. It was a bit like being here, he still sees analysis as a mechanical process. I took up how he then came here to talk a lot to discharge, but not necessarily leading anywhere. He said it can lead somewhere but only from one problem to the next problem. There is improvement but he's still not happy as such, which he supposes is the aim of analysis. He agreed that masturbation was apt, a solitary discharge. So it was not the meaning of sex or any real emotional value, part of him wants analysis to be like that. Yesterday he was close to something, it was about self-love which is why he did not want to come. Having had several goods sessions in a row analysis becomes more human and close to himself and he is close to me, then the relationship to me has meaning and he's happy with himself. But today he then tries to rob himself of this. Analysis is a chance to throw away the positive and negative and then dumping with me, with which I agreed, so that he hasn't really dealt with things. He said it was important not to feel close to me so he can dispose of things in the gap between us, like a rubbish dump. If he's a bit closer he may throw things at me but not dump. He could share with me.

Friday - [redacted]

He was 10 minutes late because of the tubes. He had a dream; he was back with C[redacted] together again. He was about to have sex, both were naked and he hit her. He started kissing her but she pushed him away as she was worried about being hit. Next day she would not sleep with him until he got himself sorted out. He was walking around a room frustrated and angry about not being able to have sex as he had hit her. He talked about C[redacted]'s body in the dream as very shapely and obviously sexual. It was about control of sex. The room was opportunities to do things in different spaces. Then he added something to the dream, he was running around a floodlit football pitch. This was finally male companionship. I took up about the violence in the dream. He said going back to his parents' violence, or the fear that C[redacted] was trying to control him so he hits her, punishes her, although it was more like a cuff. It's wrong to be seductive was the feeling.

[redacted]

[redacted]

I said she has no pleasure then, the sex is just for him. He said no, it was more fear of being close, sex being just a discharge, which I said was what I meant, sex is just for him not for her at all. Which in a way is what I experience with him. He then said well when he sees me, like being close to me makes him feel as if it's a seduction. I then said, so he deadens things. He then mentioned something very important that he'd never really played with his parents who had hardly given him any toys to play with, so he got quite angry in the session as he recalled this and felt the absense of physical care early on and obviously the psychological and emotional care. Then he said he feels that I don't care if I don't say so much, as if I'm not picking him up and comnforting him, or playing with him.

[redacted]

APPENDIX 11
ETHICAL APPROVAL

The Tavistock and Portman NHS
NHS Foundation Trust

Quality Assurance & Enhancement
Directorate of Education & Training
Tavistock Centre
120 Belsize Lane
London
NW3 5BA

Tel: 020 8938 2699
https://tavistockandportman.nhs.uk/

Maria Barbuscia

By Email

8 August 2020

Dear Maria

Re: Trust Research Ethics Application

Title: Waiting on the threshold: an exploration of the experience of adolescent patients of breaks or holidays in the treatment and its possible modifications along the course of intensive, long-term psychoanalytic psychotherapy.

Thank you for submitting your updated Research Ethics documentation. I am pleased to inform you that subject to formal ratification by the Trust Research Ethics Committee your application has been approved. This means you can proceed with your research.

Please be advised that any changes to the project design including changes to methodology/data collection etc, must be referred to TREC as failure to do so, may result in a report of academic and/or research misconduct.

If you have any further questions or require any clarification do not hesitate to contact me.

I am copying this communication to your supervisor.

May I take this opportunity of wishing you every success with your research.

Yours sincerely,

Paru Jeram
Secretary to the Trust Research Degrees Subcommittee
T: 020 938 2699
E: academicquality@tavi-Port.nhs.uk

cc. Course Lead, Administrator

APPENDIX 12
TUNITIN RECEIPT

Digital Receipt

This receipt acknowledges that Turnitin received your paper. Below you will find the receipt information regarding your submission.

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