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**DEPARTMENT OF COUNSELLING AND PSYCHOTHERAPY**

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**AN EXPLORATION OF THE MEANING OF THE END OF THE  
THERAPEUTIC RELATIONSHIP FROM THE THERAPISTS PERSPECTIVE**

**THESIS SUBMITTED AS PARTIAL REQUIREMENTS OF THE BA (HONS)  
COUNSELLING AND PSYCHOTHERAPY**

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## **ABSTRACT**

The purpose of this research was to explore the meaning of the end of the therapeutic relationship from the therapist's perspective. It firstly explored the therapist's view of time limitation and its possible impact on the end of the relationship. Secondly the study looked at the therapist's experience of planned and unplanned endings and the personal processes involved therein. Thirdly the study examined the therapist's experience of recognising cues from the client that the end may be in sight. Finally the study explored the therapist's personal relationship with loss and whether that has an effect on how they manage the ending. A qualitative approach was used in order to explore in depth, the real life experience of the participants. A sample of five psychotherapists, two male and three female, with at least five years post accreditation experience was selected. The research questions (See Appendix 1) were designed to allow open ended responses and the tone of the interviews was informal and conversational in nature. The interviews were transcribed and a thematic analysis approach was used to inductively identify themes in order to report the findings. In general the findings of this research were reflective of the themes in the existing literature. The existing literature is largely from the Psychoanalytical or existential perspective, with very little empirical studies from the Psychodynamic or Integrative paradigms. It was found that the existing literature is mainly focussed on the client's experience and what processes may be evident in the client at the end of the relationship. The literature lacked in the area of the experience of the Therapist. The therapist's countertransference, its impact on the ending was

reflective of the existing literature to some small extent. Also reflective of the existing literature was the importance of the therapist's relationship with personal and universal loss and the impact that may have on the ending. A recommendation was made for training institutes to incorporate the exploration of the meaning of the end of the therapeutic relationship from the therapist's perspective, and the importance of attending to countertransference and the processing of unresolved personal loss for the therapist. Further research was suggested into the meaning of the ending from the Psychodynamic and Integrative therapist's perspective. Specifically, the countertransference issues that may arise in the therapist due to unresolved loss should be highlighted.

## **CHAPTER 1: INTRODUCTION**

### **1.1 Outline**

Once established, the therapeutic relationship has the potential to contain diverse and multiple dimensions. It is by its nature constantly changing and growing. However, the relationship is always working towards the point where the client feels that they can detach and become independent of the therapist. The intimate nature of the therapeutic relationship allows for a deep bond and connection between the therapist and client. According to Bowlby (1988) therapy is working well when the client sees the therapist as an attachment figure, someone they can use as a secure base whilst they explore their inner world. Freud (1963) wrote about the concept of transference and how the patient transfers feelings from an early parental relationship onto the therapist. Parish (2003) discusses how both the concept of transference and the attachment theory promote the idea of a strong emotional bond developing between the client and the therapist, creating an environment from which the client can repeat ways of relating that were learned in childhood. The ending of such an intimate and unique union has the potential to arouse feelings of loss and abandonment in the client and there is an abundance of literature to support this view. The existing literature on endings is mainly from the client's perspective, and what the therapist may expect to encounter in terms of the client's process during a time that is rife with feelings of loss and perhaps the threat of abandonment. The literature on the ending of the relationship from the perspective of the therapist is limited. There is little reference to what the

meaning of the ending of the relationship is for the therapist. There appears to be a gap in the literature in that the therapist's process is not examined in this area.

## **1.2 Aims and Objectives**

This study sought to acquire an understanding of what the therapist experiences during the ending of the therapeutic relationship. It firstly explored the therapist's view of time limitation and its possible impact on the end of the relationship. The therapist's views on time limitation were used to ascertain what their approach to the reality of the ending might be, and whether working in an open ended manner is used to avoid the loss that is an inevitable part of ending. Secondly the study looked at the therapist's experience of planned and unplanned endings and the personal processes involved therein. Thirdly the study examined the therapist's experience of recognising cues from the client that the end may be in sight. The therapist's reactions in the form of thoughts, feelings and behaviours were explored in relation to this. Finally the study explored the therapist's personal relationship with loss and whether it has an effect on how they manage the ending.

## **CHAPTER 2: LITERATURE REVIEW**

### **2.1 Introduction**

The ending of the therapeutic relationship has been identified as a central component of psychotherapy and in itself a complete process. Ekstein (1965) explores the philosophy of termination, and postulates that during the ending phase of therapy it is normal for a recurrence of symptoms and the repeating of the transference neurosis. He compares the ending of therapy to a play, where past dramas are acted out once more before the final curtain comes down. When discussing the re-appearance of symptoms, Ekstein argues that the main characters of the drama are given an encore to re-appear. In other words the main symptoms of the patient may re-appear in an attempt to repeat what remains unresolved. The playing out of this drama can provide insight for the patient as they become aware of recurring themes and symptoms.

In an effort to better understand the significance of the ending of the therapeutic relationship; numerous scholars have undertaken the task of examining the nature of various types of endings and their meaning for the client and therapist. The literature review initially looks at time limitation and the impact that has on the end of the therapeutic relationship. It then goes on to explore the existing literature in terms of what significance the end of therapy has. Finally, the existing literature on the subject of the therapists own sense of loss, and how that may affect how they manage the end of the therapeutic relationship, is explored.

## **2.2 Time limitation and the ending:**

Ferenci (1928) believed that not setting a time frame for analysis, but allowing unlimited time would prove to eventually dissolve the transference neurosis, and that the analysis would simply bring itself to an end. The deliberate avoidance of a time limitation allowed the life of the analysis to extinguish of its own accord, once the repressions had been worked through.

Freud (1937) explored the termination of analysis and the limitations of the therapeutic relationship in his paper, 'Analysis Terminable and Interminable'. He postulated that analysis ends when the ego is altered through the dismantling of the defences leading to the unravelling of repressions. He also alludes to the idea that it is not possible to work through the complete transference neurosis. This would seem to render the treatment interminable. However, Freud does point out that termination is important in allowing the patient to feel that he/she has become well enough again. Termination of the analysis in this respect would seem essential, once the patient has reached an agreeable level of practical functioning in life, according to Freud (1937)

Horowitz & Mardi (2003) distinguished between the 'termination' of psychoanalytical therapy occurring with the resolution of the transference neurosis, and the ending of psychotherapeutic relationship, not depending on thorough resolution of the transference neurosis. According to Horowitz and Mardi (2003) psychotherapy often ends when the client has achieved the life goals set out during the process of therapy, as well as the client attaining a subjective sense of well being.

Kantrowitz (2002) explains how time limitation can trigger personal and universal questions about the meaning of time when faced with the reality of ending. She posits that there may be an illusion that time is unlimited until the subject of termination is raised. The temporality of the relationship can raise existential questions and fears. Kantrowitz (2002) describes how the termination of therapy can mobilize the client and the analyst to explore issues that may have remained hidden during treatment. With the impending end as a catalyst, the limitations of the relationship and what it means to be human may emerge. Ryz (1999) states an unlimited time for therapy inhibits possible personal growth.

Lamont (2012) discusses how time limitation focusses the work and presents opportunity to explore existential dilemmas associated with ending and loss. Glick (1987) agrees with Freud (1937) in the latter's view that therapy is effectively limited, and that it is impossible to resolve all conflicts. According to Glick, the time limit introduced through the possible ending creates the feeling of immediacy where important issues arise as having to be dealt with.

### **2.3 Planned endings**

Wallin (2007) describes the ending of therapy as hugely significant, with enormous processing potential. The attachment relationship that therapy has provided and its impending end provides the client with an opportunity not only to explore and process past losses, but also to say 'good bye' in a holistic way and to grow from this experience. Wallin (2007) emphasises that the possibility for a

client to process what loss means to them and to say goodbye in a state of awareness can be in vast contrast to losses already experienced in the past.

The end of the therapeutic relationship presents new material for exploration and an opportunity to delve into feelings of separation and loss. Ferraro (1995) views the end of analysis as a new trauma, where present day separation anxieties awaken infantile fears. Primal fears are triggered and present themselves in the relationship, when the threat of loss is very much alive and present. So much of life experiences contain elements of loss; every time we begin, we must end, and vice versa. Birth itself is our first experience of separation and loss; the original blue print for all similar events thereafter. Nasio (2004) describes all pain as the pain of love, and separation as, the result of a '*brutal rupture*' from the person or object that we love. (Nasio, 2004, pg. 2)

Ferraro (1995) explains that the feeling of temporality can bring about some important opportunities to explore existential dilemmas. The significance of transience in the therapeutic relationship can trigger fears of the clients own mortality and the limited nature of time. Kantrowitz (2002) describes the separation of the client and therapist as the client gaining independence and individuality, but also suffering separation and loss. Kantrowitz also emphasises that the ending of therapy can bring about existential fears around personal meaning, the transience of time, aging and death.

Ferraro (1995) postulated that the symptoms presented by the client during the ending stage of therapy should always be considered to contain questions about the meaning of their ontological existence. Therapy is focussed on

providing the client with space to voice their concerns and explore existential fears. The gaining of individuality brings with it a new responsibility to stand alone in independence. The thought of independence and personal responsibility may evoke feelings of isolation and loneliness within the client, which result in anxiety around separation and fear of loss. In a planned ending phase special consideration must be placed on the time limit involved and the understanding that there may be a re-appearance of past difficulties brought on by the threat of separation and loss. (Levy, 1987)

Wallin (2007) refers to the separation of the client from the therapist as the possible repeating of an attachment trauma from early development. The feelings evoked or defences put in place against those feelings, during the termination phase, are according to Wallin, directly linked to the attachment history of the client. Wallin (2007) posits that when early development is interrupted by attachment or loss trauma, the experience of threatened separation from the therapist can be triggering and even terrifying. The unresolved loss of the patient's history revisits through the experience of the therapeutic relationship and interferes with the patient being able to differentiate between strong feelings of past abandonment and current feelings around separation from the therapist. Wallin (2007) emphasises that when separation issues arise, progress for the client is gradual, and needs to be attended to. This is facilitated by the therapist allowing for subjective responses to grief and loss, creating the secure base for the client to explore their feelings.

By the therapist responding in an attuned way a window of tolerance for the client's feelings around loss is opened up. A new or different experience to past traumatic separation and loss results and this may hold a beneficial healing effect. This process can help the client to resolve what has been unresolved, experience what has remained in the psyche as unfinished business which is manifested as defensive behaviour. (Wallin, 2007)

Considering the intimate nature of the therapeutic relationship one can understand how it's ending could provoke a strong emotional reaction in the client and in the therapist. Pinsky (2002) says that *'the greater the depth of the therapeutic relationship, the greater the need at parting at an adequate goodbye'*

#### **2.4 Unplanned endings:**

It is idealistic to think that all therapeutic relationships can come to a planned and well managed ending; in fact at times the ending of therapy is forced. Glick (1987) describes various ways that a forced ending can occur. The ending may be forced by the client or by the therapist, it may be mutually agreed upon to end prematurely, or external factors could force the therapy to end. Mann (1937) discusses the view that forced termination can allow the opportunity to work on painful feelings connected to unfulfilled hopes and failed ambitions.

Glick posits that endings are always difficult and the therapist would always hope for a 'good ending'. He also emphasises that when an ending is forced it provides problems, but also opportunity to work through. In a forced ending, the client's feelings of rejection, abandonment and mourning appear more intensely than during a natural ending to therapy. He also discusses the confusion

of choice for the client, having to make a difficult choice around separation and loss, and to give up one's phantasies in relation to this.

Cullington-Roberts (1984) said that the temporary absence of the therapist due to illness or life circumstances can leave the client struggling with a loss. The client has the added dilemma of not having the usual support of the therapist in this latest crisis. Observing the client's behaviour to breaks in therapy gives the therapist insight into how they cope with separation and loss.

Glick (1987) posits that during a forced ending that is initiated by the therapist, there is a danger of the therapist denying that they are in reality, abandoning the client, in order to avoid feeling guilty. He emphasises that special consideration must be given to clients with a history of traumatic loss. The client may be unable to integrate ambivalent feelings towards the therapist and regress to paranoid self destructive behaviour. Kaplan (1986) and Tallmer (1989) discuss serious illness and possible death of the therapist. Tallmer (1989) posits that therapists, as preservers of life, often live in denial of the possibility of their own death. Therapists have a responsibility in this respect to form a continuity plan for the client in the event that the therapist becomes suddenly ill or dies.

When a client decides to leave therapy prematurely, Auger (1986) describes how the therapist can be left feeling angered, by the abruptness and sense of incompleteness to the work'. Auger (1986) also points out, that during the course of therapy, there are many endings and beginnings. He says that these occur at milestones of growth and development. Auger considers the ending of therapy to be a vital in order to evaluate the preceding therapy and achieve

completion of the process. There is an important significance in completing the circle.

Roe (2007) explores the timing of the ending of the psychodynamic orientated psychotherapy. He points out that though most therapeutic relationships must end at some stage, the topic has been somewhat neglected in the empirical literature. Roe goes on to say that when there is no objectively set time for termination and that in an ending that is not mutually agreeable, the therapist or the client may feel it has ended too late or too soon. Mann (1937) postulates that long term therapy may be collusion between the therapist and client to avoid painful separation.

## **2.5 Signs that the end may be in sight**

Glick (1937) distinguishes between a client who has genuine external reasons for ending therapy and a client who wishes to leave because of the potential dangers of therapy. The client's possible fear of confronting painful feelings and the phantasies they are based on must be explored as part of the therapeutic process. Glick (1937) also points out that a patient who genuinely has to end therapy may need to work through the guilt associated with leaving the therapist and any phantasies supporting that feeling.

Wallin (2007) says that the therapist must have a deep awareness of their own attachment history, in order to avoid pitfalls during the ending stage of therapy. Holmes (1997) posits that a therapist who is over controlling may end too

early with an avoidant client, and that a therapist who is over empathic may end too late with an ambivalent client.

Ekstein (1965) uses the metaphor of the mother breast feeding the baby to describe the process of analysis and its ending. When the baby is satiated he/she will begin to push the nipple out of the mouth and play with it; letting go and then momentarily, searching for further connection. The baby will eventually exhaust itself with this playing and the mother will sensitively end the feeding. This image of the baby needing reassurance is metaphoric of what the client seeks in the therapeutic relationship. The mother has the responsibility of facilitating the end of the feeding in an empathic way that leaves the baby feeling secure. The therapist has the responsibility in attending to their countertransference and managing the ending, thus providing a secure environment for the patient during a time that is fraught with themes of separation anxiety and fear of loss.

Wallin (2007) on writing about attachment in psychotherapy posits that certain clients who are preoccupied with fear of abandonment, may need help in ending therapy. He goes on to say that the therapist can pace and structure the ending of therapy to facilitate the helplessness that may be evoked in such a client. Wallin also suggests that some clients need the security of an option to return to therapy in order to process the ending of the current relationship.

## **2.6 The therapist relationship with loss and its impact on the ending**

Kantrowitz (2003) takes into consideration that existential issues are triggered for both the analyst and the patient. It is possible for the therapist to

address the meaning of loss, and avoid confronting the anxieties that are related to existential dilemmas such as depleting power and ultimate death. It is therefore important for the analyst to have a firm understanding of their own existential dilemmas and sense of personal meaning. How the therapist is in relation to their own experience of personal loss and mortality has an integral bearing on how loss is dealt with during therapy and the ultimate ending of the therapeutic relationship.

Parish (2003) stated that the therapist's level of self reflection and self awareness is crucial in providing insight into their relationship with loss. When the therapist can recognise their own sense of mortality and what their inevitable death means to them, they can better facilitate the ending of the therapeutic relationship and help clients to articulate their feelings around loss and separation.

Binder et al (1983) posit that the analyst's pathological countertransference is taken very much into consideration as a possible cause of the reappearance of symptoms. This compounds the idea that a deep level of self awareness in the therapist is crucial to avoiding the pit falls of the countertransference. Binder et al (1983) state that by the therapist remaining constantly attuned to what countertransference feelings are being evoked, it is possible to gain a deeper understanding of the client's psychological state.

Parish (2003) also emphasises that it is important for the therapist to acknowledge that they are losing something in the relationship and to communicate this to the client. Ekstein (1965) compares the ending of therapy to a mourning period. The client mourns not just the loss of the therapist but also the

loss of the infantile self. The therapist's acknowledgement that they are losing something also, may help the client to extricate themselves from the phantasies they have around loss and separation.

## **CHAPTER 3: METHODOLOGY**

### **3.1 Introduction**

Most of the existing research that was conducted into the meaning of the ending of the therapeutic relationship is qualitative in nature and based on the subjective experience of the therapist or client. The research is primarily focused on the exploration of subjective experience in order to ascertain personal meaning. This piece of research was also a qualitative study, on the subjective experience of the therapist, in relation to the ending of the therapeutic relationship. The research was qualitative in nature, as this method provided an in depth understanding of the particular subject under investigation. McLeod (2001) describes qualitative research as an investigation into the subjective experiences of people and the personal meaning found through those experiences. The objective of this study was to explore the participant's subjective understanding of the process that is the ending of the therapeutic relationship. The qualitative approach was used in order to explore in depth, the real life experience of the participants. The objective of using this approach was to gather information rich data with a subjective and experiential content. This data was then analysed in order to extract themes that conveyed the participant's subjective meaning of the subject under examination.

The research project had a number of objectives set out to achieve in order to gather a broad range of data for analysis and thematic extraction. One objective of the research was to establish whether or not the participating therapist uses a time limitation as part of the therapeutic contract put in place with clients, and his or her reasons for this. Data was also gathered to explore the participant's

experience of (i), a planned ending, and (ii) an unplanned ending in the therapeutic relationship. Special attention was given to the exploration of the participant's personal relationship with loss. The participant's awareness of their own process in relation to loss and its possible effect on their subjective approach to the ending of the therapeutic relationship was taken into account.

### **3.2 Sampling**

The sample of participants was selected taking into consideration the compatibility of their experience to the research topic (McLeod, 2001). A sample of five psychotherapists, two male and three female, with at least five years post graduate experience was selected. A range of therapists with different counselling orientations, age and gender was specifically chosen in order to gather a broad range of data, that was representative of a cross sectional sample of experience.

### **3.3 Recruitment**

Five therapists who were contacted initially by telephone and had agreed to participate in the study were sourced through a Psychotherapy center and private practice. Each was contacted by email prior to the interview which explained the nature of the research, the length and structure of the interview, and that the interview would be recorded. It was explained that the identities of the participants would be protected at all times and pseudonyms would replace their names in all transcripts. It was also clearly explained that participation was voluntary and the participant had the right to withdraw participation at any stage of the project. The participants were also made aware that the researcher would

alone have access to the research data and this would be stored on the researcher's personal computer and be password protected.

### **3.4 Data Collection Method**

Semi-structured interviewing with eight open ended questions was used in order to gain detailed and rich descriptions of the participant's experience. The research questions (See Appendix 1) were designed to allow open ended responses and the tone of the interview was informal and conversational in nature. The reason for choosing semi-structured interviewing was that the method allows a personal approach and freedom for the participant to give a detailed and subjective response. The flexible nature of the semi structured interview allowed for the adjusting and restructuring of questions where appropriate during the process of the interview. Further questions could be added to explore specific details in a more in depth way where the researcher saw fit. The benefits of the semi structured interviewing technique are highlighted by Wildemuth (2009), who emphasises that the interviewer has a certain amount of room to manoeuvre with the way the questions are structured. This affords the interviewer the opportunity to explore areas that they deem to be significant, to maintain the natural flow of the conversational tone, and to avoid rigidity and the possible loss of relevant material.

### **3.5 Materials Used**

The materials used to carry out the semi-structured interview included a predetermined list of eight open ended questions (See Appendix 1), a recording device and a quiet private room. A brief typed outline of the interview was

provided for the participants before the interview took place. The participants consent (see Appendix 2) for the researcher to record the interview was signed before the interview commencement.

### **3.6 Data Analysis Method**

In order to identify, analyse and report themes within the gathered data, a thematic analysis approach was used. (Braun & Clarke, 2006) The research inductively identified themes that were prevalent in the data collected. A thematic map was used to highlight themes. Extracts were collected to identify key themes from the data analysis. This approach allowed the researcher to dig deeper into the semi structured interview data, and to identify a range of themes that were significant to the context of the research. The extraction of such themes provided the researcher with possible subjective meanings for the participants within the data collected. Once subjective meaning was identified the researcher could investigate the data more broadly for a more universal meaning. (Van Manen, 1990) The semi structured interview technique proved to be a good choice of method for data collection. It allowed for the researcher to ascertain the subjective meaning of the end of therapy for the participants; and the subjective processes involved.

### **3.7 Ethical issues**

All participants were given information about the research topic, the methodological design and their rights as a sample participant. Each participant was made aware that the research is voluntary, that it was their right to choose what to disclose during the interview, and that they had the right to withdraw from

the research study at any time. The rights of the participant as well as the nature of the research study were emailed to the participants prior to interview. The identities of the participants were protected at all times and pseudonyms replaced their names in all transcripts. The researcher alone had access to the research data and this was stored on the researcher's personal computer and password protected.

## **CHAPTER 4: DATA ANALYSIS**

### **4.1 Introduction**

This chapter focuses on the results of interviews that were carried out with five practising psychotherapists. The interviews explored the meaning of the ending of the therapeutic relationship from the therapist's perspective. The participants have a range of training backgrounds and practice out of various different perspectives; Psychodynamic, CBT, Humanistic, Integrative and Gestalt. All therapists have a minimum of five years post accreditation experience. Four of the therapists work in an institutional setting, one works in private practice only. The results of the interviews were examined and using thematic analysis, themes and sub-themes were extracted in order to report the findings. Pseudonyms were used to protect the identity of the therapists and took the form of P1, P2, P3, P4, & P5.

### **4.2 Time Limitation and the Ending**

The first question that was posed to the participants focused on time limitation, in an effort to understand its impact on the end of the therapeutic relationship from the therapist's perspective. In essence the question was used to gain an understanding of how the therapist feels, in relation to the time limited aspect of the therapeutic relationship, and whether in their opinion, time limitation has a bearing on how endings are managed. The question was also used to ascertain whether the use of time limitation allows for the therapist to be more mindful that the ending of the relationship is inevitable, or whether by working in

an open ended way, the therapist is somehow avoiding the reality of the ending and the loss therein.

Four out of five participants (P1, P2, P3 and P5) use time limitation as part of the way in which they practice therapy, whilst one therapist (P4) begins therapy by suggesting six sessions with the client, and in the event of further therapy the time is left unlimited. The four therapists that use time limitation work in an institution, where there is a condition that therapy is to be limited to twenty sessions per client. The general consensus from these four therapists is that the immediacy of the time limitation allows structure and focus of the therapy as well as a preparation period for a planned ending. P3 reported that 'it can be useful in that it defines the period, very much focusses the work, and the sessions become tighter and solution focused'. P2 explained the impact of time limitation as, 'for me I suppose it's really about staying focused and managing the period of sessions' and went on to say, 'it also prepares me for the ending'. The unanimous reporting of the four therapists that use time limitation is that they very rarely experience an unplanned ending. P5 advocated the time limitation by saying, 'it gives the person some idea that they have mastery in their own lives', and went on to say that part of counselling is to 'teach people about life transitions'.

P4 offers a six week review period at the start of therapy, where she and the client will decide if they want to engage in more therapy. In the case of further therapy the relationship is left open ended. P4 also puts a request into her contract that an effort should be made to have a final meeting in the case of the end of

therapy. In P4's experience unplanned endings do occur and with significant impact on her as the therapist.

Time limitation as seen in an institutional setting from the recordings, seems to concrete the idea that the ending is inevitable, and something the relationship is constantly moving towards. This affords the process an opportunity to prepare and plan for the end of the relationship and all that's involved in that process for the client and the therapist. In the above example of private practice where the relationship is more open ended and perhaps experiences greater longevity and intimacy, the ending is vaguer and less likely to come about as a planned process, leaving the relationship more open to the event of an unplanned ending.

### **4.3 The Therapists Experience of a Planned Ending**

The participants were asked a number of questions in an open ended way, in order to invite the exploration of their experience of a planned ending. The questions were used to explore the process of thoughts, feelings and behaviours that the therapist experiences during the planned ending of the therapeutic relationship.

When asked about the experience of a planned ending P3 replied, 'Positive. You know when they're planned, it's positive...there's a readiness and I love it when the client is really ready. Sometimes there isn't, or I don't see such a big shift, but, the person feels ready, and I just have to respect that.' P2 reported, 'I suppose endings are difficult because quite often you are thinking they could still do a little work on this, a little work on that. So it's about really focusing on,

well, that's my stuff. They are ready to finish so I need to back up and take my stuff to supervision. It's very difficult not to be fond of your clients and have an interest in them, so there is a loss.' P1 responded, 'Most of the time I'm happy for the client, particularly if I have experienced change', and went on to say, 'there can be relief sometimes when the client takes the autonomy or the decision making about endings, instead of waiting on me as the expert'. P5 described the gestalt idea of the beginning, the middle and the end, about completing the circle and allowing for feedback. She also added that planned endings are an opportunity to reflect on other challenging losses in her life. P4 who works in an open ended way reported 'well, it's very difficult for me as a therapist because my own experience is that my therapy never ends'. P4 also went on to describe that a client may come back for a maintenance session and with regards to the ending said, 'So this needn't be an adieu so much as an auvoir situation'

#### **4.4 The Therapist Experience of an Unplanned Ending**

The participants were asked a number of questions in an attempt to explore what significant processes they experience as a result of an unplanned ending of the therapeutic relationship.

When asked about the experience of an unplanned ending, P1, P2, P3 & P5 reported the experience to be rare but occasional. P3, recalling an example stated, 'I'm thinking of one person in particular...she just disappeared' When asked about her own processes in that unplanned ending, P3 replied, ' I was just really looking at myself in how I was, anything I could have said, re-tracking steps' When asked if there is an element of self doubt involved for the therapist,

P3 replied, 'I don't know if I'd call it self-doubt, I just think it's enquiry, and professional to do that', and continued, 'I am a fallible human being; I always have to stay open that I can make mistakes'. P2 explored an unplanned ending that he had experienced and said initially, 'It's frustrating, it's difficult because you are left with lots of questions...did I do enough? Is it me? As a human being first and foremost and a therapist second, you do have that loss and that sense of wondering why?' P1 on unplanned endings explained, 'I feel there is sadness ... concern for the client, the wonder as to why they made that decision. The wonder if it was something I said in the last session that prompted that decision ... there's a difficulty in it. You are left holding that ... it could be a sense of self-doubt'. P5 answered that unplanned endings are 'difficult because they are abrupt'; she went on to say that she 'tries to normalize the occurrence' as part of the client's life and process. P4 reported strong feelings with regard to a client who ended abruptly. She went on to say, 'I was, annoyed, I do not often get annoyed. I'm usually quite accommodating, but really it was a moment of realisation that there was something wrong with our boundaries.' P4 then added, 'now this is very important for me, this piece, about having a session just to finish and not to let financial considerations get in the way of that....And just talking about it makes me realise how important endings are. The impact they had on me in the early part of my career was quite big. Feelings of failure, did I do it right?' P4 later said, 'Now, as a result of my own therapy I feel, well I am good enough and I learn from my mistakes and it does not affect me as much. Back then endings were more emotional for me. There was self doubt. But with understanding of yourself,

you gain more acceptances and it has less of an impact. She then went on to say; 'some people cannot face endings, and you can put it in the contract and you can ring them but they just cannot come, which is why now in my heart, there is no such thing as an ending. It is more like, we have had an experience together, it was good...you chose to end it the way you want to end it and I respect that'.

#### **4.5 The Therapist's Experience of Recognising Cues that the End may be in Sight**

The participants were asked a number of open ended questions, and invited to explore their experience of their reactions to cues that the client may be approaching the end of therapy.

P2 reported her reaction to the client's cues that an ending may be in sight as, 'Just trying to name and invite exploration of that...try to open it up', and went on to say 'ultimately I come out and talk to myself and say, I have to accept. I only have so much impetuous and control in these situations, but, yea, that is hard and that process has been difficult, definitely.' P2 relayed that 'For me counselling is about independence and fostering independence. I get concerned if a client is coming in all the time and when you address a possible ending they might take a flight into 'unhealth'.' He went on to say, 'I always think that the therapeutic relationship is akin to parenting, you have to give a little space, and you have to give a little more freedom, and you have to give a little more trust, and eventually you have to let go' and then added, 'It's difficult because you have to put yourself second all the time and you know, you never forget them.' P1 said, 'It is basically back to respecting that this is the client's decision, it may not be

what I would decide, but it is their decision. I keep a boundary in relation to, 'I am here, and they are there'. There may be a gap that is bridged by empathy and congruence but the boundary is still there for me to be able to recognise their decision'. P4, when asked about her reaction if she feels the client is coming to therapy out of a false sense of duty, replied, 'Yes, I would give them 'an out' but it is awfully important the way you put it. You see there is this problem that you always know someone should continue with therapy'. She went on to say, 'I do not like the flight to health. When I recognise that I do try to point it out and I have kept a few people on and had the agenda in my head'.

#### **4.6 The Therapist's Relationship with Loss and its Impact on the Ending**

The participants were invited to explore the impact that their sense of personal loss may have during the end of the therapeutic relationship. When asked if their relationship with loss impacts on the end of the therapeutic relationship, the results were unanimous, in that the two are directly linked.

P3 reported, 'as far as my own relationship to loss, I have done many years of therapy myself but also spiritual practice is huge for me ... I have the insight that everything changes ... I have a lot of acceptance, I am not afraid of death. I feel I have a healthy relationship to it'. P2 explained, 'For me I am not afraid of it [loss], that is what I bring to the work, I bring in empathy and a sense of familiarity about loss, an experience, an experience that has been worked through. I think the compassionate heart that we as therapists bring to the work informs the work and reassures the client that endings do happen. It is part of the life that we live and it is part of being human, we are not beings in isolation, we

are beings in relationship, and relationships do end. It is the core and one of the fundamentals of the work that I do. I see counselling as a life skill and I see endings as a life skill.' P1 replied, 'It brings up sadness. For me it is acknowledging that sadness in me, using supervision to explore that more and to explore it to the degree of 'Does this warrant me getting personal therapy?' Because if the client is coming to me with bereavement and I'm carrying my own losses, how do I separate them when I am with the client?' P5, whilst acknowledging the loss in the end of the relationship, also emphasised that the ending is a transitional opportunity for a new beginning. P4 gave an example of having a personal bereavement and at the same time experiencing an unplanned ending with a client. She describes the experience of her client not coming back being like a 'punch in the stomach.' She went on to recognise, 'I was not with the client ... something in me was coming out and not engaging with the client ... I was not engaging with me ... I was in a bad place ... it is all about loss, which is why it is all about endings ... which is why I try to keep them open ended ... and that may be a defence mechanism for me.' P4 later added 'Empathy trickles down through, and if I don't have it because I am so wrapped up in my stuff then a parallel process can be underway.' P4 then described how she realised she hadn't had enough therapy for her bereavement. She went on to say, 'in some places they [the client] may be ending with you because you are in a bad place and they cannot see love in your eyes' P2 described how he never forgets his clients and thinks about them regularly. When asked if this was a way to keep a connection and combat the ultimate loss of the relationship, he agreed that it was. He went on

to describe how he places the client somewhere else in his life in order to find closure. Asked if this was like the symbolic re-positioning of a deceased loved one, he agreed that it was and said that 'any ending involves a grieving process because it involves loss.'

## **CHAPTER 5: DISCUSSION**

### **5.1 Introduction**

The purpose of this section is to critically evaluate the findings from the semi structured interviews in relation to the exiting literature regarding the therapist's experience of the end of the therapeutic relationship. Whilst the therapists were more than willing to explore the ending of the therapeutic relationship from the client's perspective, it required further questioning in order for them to bring their own processes into the dialogue and to explore what the ending means to them. The exploration was used to highlight significant processes that are experienced by the therapist in an ending, and also the possible countertransference that may occur when the therapist's sense of loss is triggered.

### **5.2 The Use of Time Limitation**

P1, P2, P3 and P5 all use time limitation as part of the way they practice therapy. It was unanimously agreed by these four therapists that time limitation structures the therapy and is always working towards the agreed ending. Lamont (2012) discusses how time limitation focusses the work. P2 emphasised that time limitation allows him to prepare for the ending. These four therapists reported that unplanned endings are rare and most endings experienced are planned and worked through. P4 who does not use time limitation as part of her approach expressed uncertainty as to whether therapy ever really ends. Kantrowitz (2002) posits that there may be an illusion that time is unlimited until the subject of termination is

raised. P4 reported that unplanned endings are a part of therapy and with some impact on her as the therapist. The time limitation boundary would seem to work towards an ending that is understood by both the client and therapist and to normalise the process of saying goodbye.

### **5.3 The Therapist's Experience of a Planned Ending**

P3 expressed feeling positive when an ending is planned and there is a readiness in the client to end. She also reported that even when an ending is planned she might feel that there isn't a readiness but that she has to respect the client's decision. It was also apparent from P2's experience of a planned ending that countertransference does play a part especially if he as the therapist does not feel the client is ready to end. In this respect unattended countertransference could be impeding to the client's process. Wallin (2007) emphasises that the possibility for a client to process what loss means to them and to say goodbye in a state of awareness can be in vast contrast to losses already experienced in the past. In respect to this the ending of the therapeutic relationship can be a vital part of the client and therapist's process and afford personal growth in their relationship with loss. P4 who sees her own therapy as never ending describes how the client may come back for maintenance sessions. Whilst this idea of continued support is in keeping with any therapeutic relationship it does not focus attention on the significance of ending and the processing potential therein. Ferraro (1995) views the end of analysis as a new trauma, where present day separation anxieties

awaken infantile fears; something that is omitted if the ending is not approached with the view that it is an important process in itself.

#### **5.4 The Therapist's Experience of an Unplanned Ending**

Auger considers the ending of therapy to be vital in order to evaluate the preceding therapy and achieve completion of the process. The participant's experience of unplanned endings unanimously supports Auger's view. The idea of the gestalt beginning, middle and end, referred to by P5 demonstrates that there is an important significance in completing the circle. The experience of the five participants report feelings of self doubt and questioning their role as therapist when faced with the unknown factor in an unplanned ending. The unfinished business in an unplanned ending according to P1 is experienced as a difficulty that the therapist is left holding. The role of supervision and personal therapy is vital in working through what feelings the therapist is left with. This is something that is not emphasised in the empirical literature.

When a client decides to leave therapy prematurely, Auger (1986) describes how the therapist can be left feeling angered, by the abruptness and sense of incompleteness to the work. P2 reported that incompleteness as frustrating and leaving him with questions about his role in the relationship. He went on to describe a sense of loss and confusion as to why the client ended abruptly. P4 described feelings of failure, and further self-doubt. Her description

of a client not returning as being like a punch to the stomach was poignant in describing the pain she experienced.

There was a common theme of having to accept that unplanned endings are a part of what to expect as a therapist. The responsibility of the therapist is to attend to their countertransference, to gain a deeper self awareness in relation to how they deal with loss. Acceptance is a word that featured strongly in the reporting and this would seem to develop with the therapists own process and acceptance of themselves, their relationship with personal and universal loss. P4 explained, that with a deeper understanding of yourself, you gain acceptance that some people can't face the ending because of the difficulty of the feelings that are triggered by the threat of loss.

### **5.5 The Therapist's Experience of cues that the client may be approaching the ending.**

Glick (1937) distinguishes between a client who has genuine external reasons for ending therapy and a client who wishes to leave because of the potential dangers of therapy. P4 talked about recognising the difference between the client being ready to end, and the flight into health in order to avoid uncomfortable feelings. The general feeling from the participants was that cues from the client should be named and explored in the session. P1 explained the client's decision to end as an autonomous act that should be respected as part of the client's independence.

Wallin (2007) says that the therapist must have a deep awareness of their own attachment history, in order to avoid pitfalls during the ending stage of therapy. P2 and P3 both described attending to the countertransference when a client broaches the subject of ending. Both participants explained that their feelings of apprehension need to be processed in supervision to be understood as part of their personal reaction to the relationship dynamic.

Ekstein (1965) uses the metaphor of the mother breast feeding the baby to describe the process of analysis and its ending. P2 uses the parenting metaphor to describe the relationship and how the therapist needs to trust the client, give them a little more space and freedom, and to eventually, let go.

Wallin (2007) on writing about attachment in psychotherapy posits that certain clients who are preoccupied with fear of abandonment, may need help in ending therapy. P4 explained that some people may need to be given help to extricate themselves but that it is very important to be sensitive around this process in order to avoid leaving the client feeling rejected or abandoned.

### **5.6 The Therapist's Relationship with Loss its Impact that has on the Ending**

Parish (2003) explained that the therapist's level of self reflection denotes the depth of insight into their relationship with loss. P4 described her experience of endings as being very difficult at the start of her career but explained that with self reflection through therapy they have come to have less of an impact. P2 and P3 described how they are not afraid of loss and have worked through the

experience of their own loss and feel that this facilitates the end of the relationship. P4 four explored an ending that happened when she herself was grieving a personal loss and how she believes she lacked the capacity to hold the client due to her own process. She went on to explain that she hadn't had enough therapy for her own bereavement and that the relationship was being affected by her struggle with her own personal loss.

The therapist's acknowledgement that they are losing something also, may help the client to extricate themselves from the phantasies they have around loss and separation. P2 described endings as a life skill that informs the client that relationships do end. He also emphasised the importance of the ending and that the client may learn to normalise separation and loss as a part of life, and something that does not have to be avoided. Parish (2003) discussed that when the therapist can recognise their own sense of mortality and what their inevitable death means to them, they can better facilitate the ending of the therapeutic relationship and help clients to articulate their feelings around loss and separation. P3 described her spiritual practice and how that has given her the insight that everything changes. She stressed that she has a healthy relationship with loss and is not afraid of death due to the depth of her own process.

Parish (2003) emphasised that it is important for the therapist to acknowledge that they are losing something in the relationship, and to communicate this to the client. P2 described his feelings of loss and the end of the relationship and how he sees it as very important for him as a therapist to

recognise that. P4 explored how keeping the relationship open ended may be a defence mechanism to the ultimate loss involved.

Wallin (2007) suggested that some clients need the security of an option to return to therapy in order to process the ending of the current relationship. P4 described how the client has the option of returning for maintenance sessions and this is in keeping with her view that for some clients the ending is too difficult and not possible for them to broach. This is an important observation, to take into consideration; that the client may not be able to end. It is the responsibility of the therapist to process what is left as a result of an abrupt ending. The processing of such an ending would seem to depend on the level of the therapist's self-reflection and understanding of their own relationship with loss. Another aspect that emerged to be important was the therapist's level of self-care and awareness of any difficulties they are experiencing in their personal lives. P4 explored her own experience of personal bereavement and how this affected the relationship in a negative way. P2 described how he never forgets his clients and thinks about them regularly. When asked if this was a way to keep a connection and combat the ultimate loss of the relationship, he agreed that it was. Ekstein (1965) compares the ending of therapy to a mourning period. P2 talked about how he places the client somewhere else in his life in order to find closure. Asked if this was like the symbolic re-positioning of a deceased loved one, he agreed that it was and that all endings involve grieving because there is loss involved. The ability of the therapist to mourn the end of the therapeutic relationship and to facilitate the client through the process depends on their own relationship with loss.

## **CHAPTER 6: CONCLUSION**

### **6.1 Research Conclusion**

The general thematic findings of this research were in keeping with the existing literature. However, the study highlighted that although the client's process in the ending is empirically recorded in depth, the meaning of the ending of the relationship for the therapist is covered to a lesser extent. The existing literature is largely from a Psychoanalytic and Existential perspective with very little available on the Psychodynamic or Integrative therapist's experience.

The countertransference of the therapist at the end of the relationship has been directly linked with their relationship with loss. This is reflective of the existing literature and the thematic findings of the research. Unresolved issues around loss were shown to have a negative impact on the relationship and its ending. It was also highlighted that the therapist's relationship with personal loss determines how they manage the ending.

### **6.2 Strengths and Limitations**

A limitation of this study would be a lack of empirical data from the Psychodynamic or Integrative perspective. Most of the existing literature was Psychoanalytical or Existential in nature and not directly reflective of the Psychodynamic or Integrative experience.

The data collection method of semi structured interviewing technique allowed the researcher to collect information rich data. The participants were encouraged to explore the subject through their own experience in order to collect themes for the findings. The therapist's experience of the ending of the relationship was recorded as a result.

### **6.3 Recommendation for Training Institutes**

The findings that have emerged as a result of this research is that training institutes should incorporate the importance of the ending of the relationship, what that means to the therapist and to their subjective relationship with loss. Specifically the therapist's countertransference as a result of their own struggle with loss should be highlighted as a possible negative interference with the therapeutic process.

### **6.4 Further Research**

There was found to be a lack of existing literature from the Psychodynamic and Integrative schools of thought. Further research from these perspectives is recommended in the area of; (i) the meaning of the end of the therapeutic relationship for the therapist, and (ii) The therapists relationship with loss and its impact on the end of the relationship.

## **6.5 Overall Conclusion**

The overall conclusion of this research is that time limitation focusses therapy and works towards an agreed ending. The therapist's sense of loss is triggered in the ending of the therapeutic relationship and is open to countertransference that may impede the process. The therapist is given an opportunity to explore their relationship with loss as a result of what is triggered by the end of the relationship and can achieve personal growth in this process. What was also made apparent was that the therapist's worked through experience of loss can facilitate the client to process the ending. Through this experience the client and therapist are afforded the opportunity to work through feelings of separation and loss and to say goodbye in a way which is empathically managed, fully felt and therapeutic.

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## **APPENDIX 1: INTERVIEW QUESTIONS**

### **The use of Time Limitation and its Impact on the Ending**

1. Do you use time limitation as part of the way you practice therapy?
2. What is your view of using time limitation in the therapeutic relationship?

### **The Therapist's Experience of a Planned Ending**

1. What has been your experience of a planned ending?
2. What significant personal processes were you aware of during the planned ending in the therapeutic relationship?

### **The Therapist's Experience of an Unplanned Ending**

1. What has been your experience of an unplanned ending?
2. What significant personal processes were you aware of during the unplanned ending of the therapeutic relationship?

### **The Therapist's Experience of Recognising Cues that the Client may be Approaching the Ending**

1. What has been your experience with recognising cues that the client may be signalling the approach of the end of therapy?
2. What was your instinctive reaction in the form of thoughts, feelings and behaviours?

### **The Therapist relationship with Loss and its Impact on the Ending**

1. How have your experience of personal loss and your own process around that loss impacted on you as a therapist, when experiencing the end of the therapeutic relationship?

## APPENDIX 2: INTERVIEW CONSENT FORM



### INFORMATION FORM

My name is Martina Murphy and I am currently undertaking a BA in Psychotherapy at Dublin Business School. I am inviting you to take part in my research project which is concerned with '*Endings in the Therapeutic Relationship*'. I will be exploring the views of people like yourself who are currently practicing as psychotherapists.

#### What is Involved?

You are invited to participate in this research along with a number of other people because you have been identified as being suitable, being a practicing Psychotherapist. If you agree to participate in this research, you will be invited to attend an interview with myself in a setting of your convenience, which should take no longer than forty minutes to complete. During this I will ask you a series of questions relating to the research question and your own work. After completion of the interview, I may request to contact you by telephone or email if I have any follow-up questions.

#### Anonymity

All information obtained from you during the research will be kept confidential. Notes about the research and any form you may fill in will be coded and stored in a locked file. The key to the code numbers will be kept in a separate locked file. This means that all data kept on you will be de-identified. All data that has been collected will be kept in this confidential manner and in the event that it is used for future research, will be handled in the same way. Audio recordings and transcripts will be made of the interview but again these will be coded by number and kept in a secure location. Your participation in this research is voluntary. You are free to withdraw at any point of the study without any disadvantage.

If you would like to take part in this study or require further information about any aspect of it, please contact me by telephone at (086) 2411583 or by email at [martinamurphy23@gmail.com](mailto:martinamurphy23@gmail.com)

Thank you for your kind consideration

Martina Murphy

**DECLARATION**

**I have read this consent form and have had time to consider whether to take part in this study. I understand that my participation is voluntary (it is my choice) and that I am free to withdraw from the research at any time without disadvantage. I agree to take part in this research.**

**I understand that, as part of this research project, notes of my participation in the research will be made. I understand that my name will not be identified in any use of these records. I am voluntarily agreeing that any notes may be studied by the researcher for use in the research project and used in scientific publications.**

**Name of Participant (in block letters)** \_\_\_\_\_

**Signature** \_\_\_\_\_<sup>2</sup>\_\_\_\_\_

**Date**    /    /

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<sup>2</sup> If you have questions regarding your rights as a participant in this research, please contact Dr. Gráinne Donohue, Research Co-ordinator, Dept. of Psychotherapy, School of Arts, Dublin Business School [grainne.donohue@dbs.ie](mailto:grainne.donohue@dbs.ie)