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Abstract

Objectives: Literature on termination originates mainly from clinical and theoretical accounts as well as practitioners' autobiographical reports. There is, however, a paucity of psychological research on termination. The purpose of this study is to examine the process of termination of therapy based on therapists' narratives of experiences of endings with patients.

Design: Grounded Theory methodology has been applied in this study in order to conceptualise the process of termination from the therapist's perspective.

Methods: Ten psychoanalytic and psychodynamic therapists were interviewed for this study.

Results: Grounded Theory analysis of the data revealed five central categories: therapist as a person, therapist's awareness of termination, development of therapeutic relationship, working through termination, and the aftermath (post-termination phase).

Conclusions: The results offer a Grounded Theory model of the therapist's journey through termination of therapy with patients. Subcategories and their relationships will be explored. Implications for clinical practice, limitations and suggestions for further research will be discussed.

Introduction

The therapeutic relationship is different from everyday relationships. There is an expectation that it will have a definite ending. Indeed some have said that "ending is what therapy is all about" (Schlesinger, 2005, p.23). The term "termination" was initially introduced in the translation of Freud's paper, "Analysis Terminable and Interminable" (Freud, 1937). Even though termination has long been acknowledged as an important process of therapy (Boyer & Hoffman, 1993; Brady, Guy, Poelstra & Brown, 1996; Gelso & Woodhouse, 2002; Maholick & Turner, 1979; Pearson, 1998; Quintana & Holahan, 1992; Roe, Dekel, Harel, Fennig & Fennig, 2006; Weddington & Cavenar, 1979; Willock, 2007), the topic has not been adequately researched and the existing literature focuses more on theoretical connotations and less on empirical evidence.

Conceptualising Termination

Theoretical literature reveals many attempts to conceptualise termination. Novick (1997) has highlighted some of the difficulties inherent in such efforts, defining termination as a "blind spot in the training that prohibits scientific and clinical growth" (p.147). Schlesinger (2005), in attempting to clarify its definition, addresses the centrality of the therapeutic alliance in termination, stating that the "style of ending corresponds to the relationship" (p.20). Bender and Messner (2003) make a distinction between mature and premature termination. Quintana (1993) offers a different perspective, defining termination-as-loss, with potential for crisis but also opportunity for intrapsychic development, and termination-as-transformation, in which the relationship between therapist and patient is characterised by therapeutic internalisations and the therapist is de-idealised and "de-mystified" (p.431). There would seem to be a consensus, however,

that termination should generally be initiated by the patient (Murdin, 2000) and have a mutually agreed end date (Graybar & Leonard, 2008). Termination remains a complex and multi-faceted phenomenon, influenced by a myriad of factors (Kramer, 1986; O'Donohue & Cucciare, 2008).

Therapists' Experience of Termination

Termination is acknowledged in the theoretical literature as a sad and painful time within which separation histories, defences and difficulties are embedded (Graybar & Leonard, 2008). It can evoke previous losses and separation anxiety for patients, induced by the loss of the attachment figure (Pistole, 1999). Moreover, termination is said to not only entail separation from the therapist but also "from whom the therapist unconsciously represents" (Frank, 1999, p.123). More is demanded of the therapist than the mere application of technique, given these inherent complexities, as well as the fact that they must inevitably work through their own personal "resistances and repressions" in the process (Murdin, 2000, p.33). The therapist may struggle in judging the correct time for termination due to her own countertransference (Kramer, 1986; Ticho, 1971). The ending of the therapeutic relationship may leave the therapist with the "poignant aftertaste of what was and is not any more" (Willock, 2007, p.308). When termination is abrupt the therapist is left with "unanswered questions" (Willock, 2007, p.306). When the therapist initiates termination and "leaves patients she[1] cares about" (Penn, 1990, p.381), feelings of anxiety, sadness and anger may be evoked in her, which can be intensified when her history entails painful losses and separations (Penn, 1990).

[1] In order to ensure consistency, the authors will refer to "therapist" as "she/her" throughout the article.

Existing empirical research regarding therapists' experience of termination has been mostly quantitative, where specific termination behaviour inventories and affective scales have been used to investigate how therapists end treatment and how patients feel and react to their techniques (Greene, 1980; Marx & Gelso, 1987; Roe et al., 2006). Holmes (1997) found that therapists' level of empathy and patients' attachment style may impact whether a timely termination occurs. Therapists' history of loss and patients' perceived sensitivity to endings have been shown to be predictive of therapists' affective reactions to termination (Boyer & Hoffman, 1993). Quintana and Holahan (1992) noted that, in cases of unsuccessful endings, there was less discussion about termination, less reviewing, less activity bringing closure and less focus on patients' feelings. Baum (2007) found that abrupt terminations provoked more negative feelings in practitioners whilst positive therapeutic relationships and successful therapy process were associated with positive feelings about self. Frayn (2008) has added to the literature by noting the following classifications of termination: premature, delayed, rapid but appropriate, and planned and appropriate.

Knox, Adrians, Everson, Hess, Hill and Crook – Lyon (2011), in their recent study of patient experience, suggest that positive therapeutic relationships, positive outcome and discussion with the therapist contribute to a positive termination experience, whereas mixed therapeutic relationships and mixed outcome make abrupt termination and negative experience more likely. Other studies of the patient experience have revealed a sense of pride, satisfaction, and increased independence where an effective therapeutic relationship has been established. In contrast, negative experiences of termination have been noted where therapists did not seem to genuinely accept the decision to terminate,

and such experiences have been said to generate a sense of ambivalence, negative affect, and re-experience of loss (Fortune, Pearlingi & Rochelle, 1992; Roe et al. 2006). Fortune et al. (1992) explored practitioners' evaluations of their own as well as clients' reactions to termination. In reflecting upon their own reactions, practitioners spoke of pride and a renewed sense of therapeutic process, but also, sadness and a sense of loss as well as doubt and disappointment in some instances.

While the above studies shed light on the concept of termination, it is a complex phenomenon and cannot be limited to a specific range of factors under investigation. Recent qualitative studies have attempted to address this complexity. Brugnoli's (1990) work reveals the central importance of attachment, loss and the need to resolve loss, with the following themes emerging: ideal (mutual) terminations, abrupt terminations, therapists' displacement of feelings, treatment and termination patterns, effect of pathology, termination with children, therapists' personal history and therapists' individual coping styles. Highlighting the intersubjective nature of the therapeutic process, Brugnoli suggests further investigation of the impact of personal loss upon therapists' experiences of termination. More recently, Firestein (2001), mixing quantitative and qualitative methods of analysis, has focused on techniques therapists utilise in dealing with patients' anxieties around termination. While Firestein provides a rich perspective on what constitutes a "successful" termination phase, it is acknowledged that further research is necessary focusing in depth upon therapists' experience, including not only successes but difficulties as well. Finally, two recent unpublished doctoral dissertations focus on the phenomenon of termination, one examining trainees' experience of termination (Curtis, 2008), the other highlighting the role of experience

rather than training in gaining understanding of termination (Fields, 2011). All point to interest as well as need for future research in this area.

Rationale for the current study

Brugnoli (1990) and Novick (1997) both emphasise that, for therapy to be effective and termination constructive, therapists should not deny or ignore their emotional reactions to it, but rather affirm their humanity in the therapy process. It would seem that, while the above studies serve to elucidate some important factors regarding the topic of termination from a therapist's perspective, there remains much need in the literature for further knowledge around this topic. The present study thus seeks to add to the efforts to gain a better understanding of the experience of termination of therapy, focusing on the experiences of ten psychoanalytic and psychodynamic therapists. By further exploration of the therapist's position in the termination process, it is hoped that more clarity can be gained and that a potential model can be offered of termination and its relation to the therapeutic encounter.

Method

Grounded Theory Methodology

Termination of therapy is a complex process, influenced by diverse factors. It is the researchers' goal to define these factors and represent its complexity through the conceptualisation of codes and categories, and, eventually, to construct a theory grounded in the data. Grounded Theory has been chosen as it provides descriptive methods and guidelines for data analysis that help the researcher remain close to the data and represent

diversity of meaning, approaching the material without relying strongly on pre-existing theory (Pidgeon, 1996). Constructivist Grounded Theory (Charmaz, 2006) was applied in order to provide a theoretically sensitive analysis of the participants' experiences while still retaining a clear connection to the data from which it was derived (Mills, Bonner, & Francis, 2006). The aim is not to discover a "guaranteed truth" but to understand better the phenomenon of therapists' experiences of termination through a constant "interplay between data and the researcher's developing conceptualisations" (Pidgeon, 1996, p. 82).

Participants

The sample was criterion-based and therapists with specific theoretical orientation and qualifications were recruited (Patton, 1990). A homogeneous sample was sought in order to ensure that the participants shared a common experience of the process under exploration (Cutcliffe, 1999). Recruitment methods included announcements via professional organisations's journals (Society of Group Analysis, British Association of Counselling and Psychotherapy). Qualified therapists who had concluded their psychotherapeutic training in psychoanalytic and psychodynamic practice, and worked several years post-qualification, were selected in order to enable a deep and reflective level of exploration of the phenomenon of termination. Ten practitioners responded and were interviewed for the study and they subsequently agreed to view the transcripts and attend a second interview *(see Table 1 for demographics of the sample)*.

Table 1. Demographics

Participant	**Age**	**Gender**	**Years of post-qualification professional**	**Theoretical orientation**

			practice	
P1	54	Female	14 ½ years	Jungian – psychoanalytic (independent orientation)
P2	50	Male	22 years	Psychodynamic – group analytic
P3	62	Female	10 years	Psychodynamic
P4	44	Female	17 years	Psychoanalytic (Kleinian, object relations)
P5[2]		Female		Jungian
P6	60	Male	25 years	Jungian
P7	64	Female	30 years	Group analytic – Jungian – Relational
P8	52	Female	28 years	Psychodynamic – psychoanalytic
P9	62	Female	6 years	Jungian
P10	55	Male	16 years	Psychoanalytic (object relations, Kleinian)

Ethics

The participants signed a consent form prior to the recording of the interviews in which they expressed their understanding of the research project and their right to withdraw their participation at any time. Moreover, because of the emotional connotations of the phenomenon explored, a debriefing meeting was offered to all participants, in which their reflections and thoughts could be discussed. This study adhered to the Code of Ethics and Conduct of the British Psychological Society (August, 2009).

Sources of Data

Initial face-to-face semi-structured interviews were conducted (Pidgeon & Henwood, 1996), lasting from sixty to ninety minutes. Participants were asked open-ended questions to facilitate conversation, as well as enable them to elaborate upon their stories and

[2] P5 did not complete the demographics sheet for unknown reasons.

thereby deepen their meanings (Morrow, 2005) *(see Appendix 1 for examples of interview questions).* A set of second interviews (theoretical sampling [Charmaz, 2006]) was arranged with all participants, seeking further data in order to add to the understanding of the categories that had emerged as well as gain clarification regarding participants' transcripts (Cutcliffe, 1999). Two of the participants were not available for second face-to-face interviews, and they were therefore contacted via e-mail and post.

Analysis of Data

The interviews were recorded and transcribed by the researcher (first author) and were reviewed in each stage of analysis by the second author (research supervisor). Line-by-line and phrase-by-phrase open coding was implemented for all transcripts (Charmaz, 2006). A reduction of the codes was recorded separately, initially incorporating the codes within descriptive categories that closely reflected the transcripts and participants' words (Rennie et al., 1988). Through constant comparisons and collection of more data from a set of second interviews with the participants, the relational statements between categories and between data and categories were conceptualised. The researchers then engaged in more interpretative levels, whereby, using selective coding and choosing concepts that appeared more frequently, higher order and more abstract categories were created to subsume the meaning and relationships of the initial descriptive categories (Rennie, 2000). Central categories were then identified, given their "links with many other categories as a result of the multiple categorisation of items" (Rennie et al., 1988, p.144). In order to ensure validity, the second interviews gave the opportunity for the researcher and the participants to engage in further clarifying conversations. Concepts included in the final results were those thought to be most relevant to the research

question and indicated the "range of variability" of the phenomenon of termination (Strauss & Corbin, 1998, p.158).

The Researchers

The first author, who conducted the interviews and analysed the data, was at the time a trainee of the Professional Doctorate programme in Counselling Psychology at City University London. She has seven years' experience in research and clinical practice, in both the UK and Greece, her country of origin. The second author was the supervisor of the study.

Standards of Validity

As a trainee therapist interacting with experienced practitioners in the field, the researcher felt she learned much about practice and herself as a practitioner. The interviews became interactions between two practitioners, and cooperative relationships were developed (Rennie, 2000). In order to develop trust and demonstrate caring, the researcher used empathy, affirmation and self-disclosure during interviews (Hall & Callery, 2001). The interaction would appear odd and unusual should the first author have denied answering any questions and applying a more objective and distanced position during the interviews (Potter & Wetherell, 1995). She engaged in the relationship with the therapists as an unaware and unknowing participant in the dyad and the participants were viewed as the experts. Therefore, there was a more "shared relational power" (Hall & Callery, 2001, p.268).

The researcher made an effort to limit and manage her subjectivity but also embraced it as a co-constructor of the meaning and interpretation of the data (Morrow, 2005). She kept a personal record of her self-reflections, focusing on biases, thoughts and emotions,

as they appeared during the interviews and analysis of data (Morrow, 2005). Analysed transcripts with initial codes were sent to participants, not merely as a check for accuracy but also as an opportunity for the researcher to learn how well her interpretations and codes reflected the meaning participants gave to their experience of termination (Morrow, 2005). In order to ensure transparency, the notes that drove the researcher to the hypotheses and generation of theory were audited and discussed continuously with the research supervisor as well as within a grounded theory research group. Further feedback was received following a formal presentation of the data for programme colleagues. Finally, presentation of preliminary findings at a professional conference allowed for further discussion and input (Fragkiadaki & Strauss, 2008).

Results

Five central categories emerged from the data. The Model of Therapists' Journey Through the Ending of the Therapeutic Relationship with Patients is presented in **Figure 1** the therapist enters the relationship *as a person*, she is *aware of the ending* from the beginning, the *therapeutic relationship evolves* and various factors that influence termination emerge at this stage, therapist and patient *work through the termination*, and finally in the *aftermath* the therapist is left with various feelings.

Figure 1 to be placed here.

Therapist as a Person

The therapist brings to any therapeutic relationship her personal history and life experience. She brings personal attitudes, training guidelines, previous experiences and

assumptions to the therapy process. Seven therapists in this study distinguished history of loss as an important influence upon termination.

> "I am…perhaps more cautious about termination than other people…because I know my childhood trauma has just showed me how painful it might be." (P8, 127-132)[3]

> "I don't end easily…I do hold on a long time…I don't like farewells and endings and I hold on to people but I suppose I let them fade over a long time, a period of time." (P3, 225-228).

Seven therapists associated the term "termination" with the termination of their own personal therapy, believing their patients might feel similarly at the termination of their therapy. The ending of their own treatment would thus appear to serve as a model for them of how termination with patients should be conducted.

> "It is completely coloured by our own experience of termination…the experience is not necessarily mine, but of course I draw on my own experience to imagine and feel what it is like from their point of view." (P1, 13-18)

[3] Each quote is followed by the participant code and page numbers the quote is placed in the transcripts of the interviews.

Therapist's Awareness of Termination

Six participants highlighted their continual anticipation of termination. Results suggested that therapists and patients work towards the ending from the onset of the therapy process.

> "It is inevitable. At the beginning you always know there is going to be an end. And it always stirs up huge feelings. On both sides I think." (P1, 6-8)

> "Well I guess it is whenever you start to see somebody you know that it is going to end." (P7, 183-184)

All therapists emphasised that patients should take the initiative in regard to termination. Four therapists in this study mentioned that they would, however, instigate the ending when they felt the patients needed to conclude therapy.

> "The sort of basic principle is that the patients should have control of the ending." (P6, 201)

> "Therapists are pretty bad judges of when termination is appropriate…they often feel that more work can be done…But… it can be quite helpful to stop so that the person can…continue that work or…develop it in a more autonomous way." (P4, 168-172)

In the case of fixed-term therapy, therapists noted the importance of reminding the patient regularly of the agreed duration.

> "You end from the beginning; you count down, you are very consciously aware and you are saying "it's session 10, it's session 15." (P5, 86-89)

Development of the Therapeutic Relationship as it Defines Termination

The development of the therapeutic relationship and the termination phase would appear to be inseparable processes, according to all participants. The therapeutic relationship was described as odd, unusual and "bizarre", with both parties knowing from the beginning that it is going to end. This topic will be explored under two subcategories: *Bonding Relationship and Proper Termination, Unsettled Relationship and Erratic Termination.*

Bonding Relationship – Proper Termination

All ten participants described experiences of proper endings in the context of bonding relationships in which they have been intensely involved. Four therapists spoke of their admiration for and connection with their patients. These feelings of closeness and empathic understanding are important in order for the therapist to work with the patient.

> "And when you are being through these deeply regressed places with people, there is a very, very strong connection with them." (P6, 162-164)

> "I can't work at that level of intimacy and not have things to respect and like about a person" (P4, 115-119)

Four therapists shared their experience of being in a parental role.

> "I think that I probably feel, probably a bit of maternal, my transference is…a bit maternal." (P7, 106-108)

> "But I suppose very often we are…sort of maternal or paternal to the patients...they use us in a way a child might use a parent." (P9, 203-205)

Frequency and duration would appear to affect both the relationship and the ending, as high frequency of sessions in long-term therapy can help the relationship to become more intense.

> "Seeing people twice a week you get very involved in their story so when you see people three times a week you really are there…there is more of an involvement with the whole process." (P5, 335-339)

Eight participants described bonding relationships where terminations had been planned. Seven spoke of a sense of mutuality in these teminations, as well as their experience of mixed feelings of intense sadness and pleasure.

> "The good ending, the really good ending is one where it's definitely about two people." (P7, 287-288)

> "It can be lots of strong feelings about sadness and loss and feeling that you miss that person and all the feelings that come with major separation." (P1, 76-78)

> "It is a loss. It is a real loss. And I enjoyed him, I liked him…But there was sadness…he left me, he left me in a personal way. Which was right…which was right and healthy for him but sad for me." (P3, 50-56)

Five therapists described their own self-disclosure at the time of termination, whereby they aimed to reduce the effect of transference and enhance the reality of the relationship.

> "When we are finishing, we are meeting as grown ups, if we are doing a proper ending, we meet as two people who have done some work together. And I will disclose something about my own daughter or my own therapy, or whatever something, I will give them consciously something. Because I am no longer this mysterious (…) My intention is to give them back the transference. I am a person, I have a car, I have a dog." (P5, 185-189, 193-194)

> "Probably quite consciously and deliberately…towards the end, I say the occasional thing about myself…for me, it's part of the good ending, that somebody is not only released from therapy but released from the kind of transference where I know and they don't, where I am the expert and they are not" (P7, 304-308)

Unsettled Relationship - Erratic Termination

All therapists shared experiences of erratic endings with patients when the relationship has been characterised by patients' lack of commitment to the process, fluctuations, negative transference, lack of engagement or negative outcome.

> "…a kind of very aggrieved dynamic to their difficulties and there is something about having to constantly live with that sense of grievance, living with the sense that nothing is ever good enough." (P4, 26-29)

> "With specific people, there are times where it is almost impossible to stay in contact, in close contact." (P6, 74-76)

> "And during that time, when she was less well, maybe there was a sense that something broke down, I wasn't always quite sure. Anyway, finally, finally, finally she became even more unwell, but at the same time, and our relationship felt as if it had broken down." (P7, 45-48)

Participants expressed feelings of defeat and doubt about their competence at termination of these unsettled relationships.

> "I couldn't do anything with it. So she had me. And I don't like feeling useless." (P5, 102)

Eight therapists in this study discussed explicitly their sense of relief when ending a treatment which was hard to endure and provoked distress and anxiety in them.

> "It was the most intriguing experience although extremely difficult. So finishing with her, it was a kind of relief because it was so hard to know what to say to make a connection with her." (P1, 237-239)

> "I have ambivalent feelings about termination because in some way there is kind of relief. Because some…are just not easy people to deal with. And they suffer because of they use other people and try to use therapists. So in some it's a big relief to terminate." (P8, 50-55)

Five participants highlighted their worry about patients leaving in an unresolved manner during these erratic terminations, and also their own sense of confusion in this lack of resolution.

> "And I thought I worked hard and properly for her. And, it is funny, because I was left with very unfinished business and also wonder with what impact I helped her." (P5, 70-72)

> "So there wasn't the same involvement or if there was, it was unconscious and therefore not resolved. Perhaps that is so, that I, I think he and I are not quite resolved." (P3, 144-146)

Working through the Termination

The time of termination appeared to be a crucial part of the therapy process for eight therapists in this study. Whether the therapist or the patient had initiated it, therapists spoke of a particular period of time when the ending is discussed and worked through. Whether a "bonding" or "unsettled" relationship, they spoke specifically about how they conceptualise that period of ending.

> "And we talk about it over months and prepare for it, not all the times, every week, but regularly, in a preparative sort of way." (P7, 198-199)

Seven therapists noted the importance of being able to talk to someone about their experience of termination. Supervision was considered to be quite significant as well as colleagues' groups or group supervision.

> "I am going to take them *(difficulties)* to my supervision group…most of them…have been in the group for a number of years…it is useful; they are trustworthy and direct." (P6, 288-293)

Five participants described termination as a phase of review, considering issues worked through as well as those needing more work. Termination was perceived as having the same impact as a personal bereavement or loss, as well as being a reminder of our own mortality.

> "It is a time of particularly searching for mistakes, things I got wrong, things I didn't understand, areas of the person's life that we might not have covered or we might not have covered adequately enough." (P6, 1-4)

> "There will be a death but throughout life there are going to be lots of terminations. They are sort of givens in human existence really; where they will be managed at the moment. So I suppose it kind of reinforced that awareness and my own passing and so on ultimately. Puts things in perspective." (P2, 345-348)

<u>The Aftermath</u>

The therapist's journey through termination of therapy with patients appeared to continue after the actual termination of therapy. Nine participants acknowledged their desire to know what happens to their patients, including fantasies of contacting them.

> "You mind what happens to this person…it can be lots of strong feelings about sadness and loss and feeling that you miss that person and all the feelings that come with major separation…Well of course I think it is a perfectly human, natural …People are usually anxious about ending. (P1, 73-78, 87)

Nine therapists spoke of a sense of incomplete termination, with certain patients whom they thought of intensely and remembered vividly. There was a general consensus among participants that the therapy process is never finished. All therapists in this study agreed that therapy does not entail a definite closure, and many indicated that they too would continue to feel a connection with the patient.

> *"*Just because we are not meeting any more doesn't mean that I am going to let you go. Perhaps there is something about it for me." (P3, 229-233)

> "But if they call for something very deep from you, I think it would be hard to forget them because something so profound has happened. (…) I think that's what happens in the unconscious" (P9, 301-302)

> "And some people stay in mind in much more particular ways, either because there was something very moving about the work or there was something you identified with." (P4, 113-115)

When they think retrospectively about patients with whom they have ended therapy, they talk about what they learned from their experience.

> "So in this way, this material is always in with you and it's really, it enriches your life, my life, and even with very difficult clients, you still have things, it's not just work, to learn from them, to be almost grateful to them" (P8, 31-34)

In spite of the challenges expressed above, therapists stated that, over the years, they develop familiarity with endings and with the feelings that each ending stirs up in them.

> "Sometimes, it *(feeling)* just has to wander around inside me. What does one do with these feelings? In a sense you do get used to it." (P1, 313-314)

> "You know, acceptance is a huge part of psychotherapy, of life…the reality is that I am moving on and maybe there will be other things useful for them in many ways." (P2, 123-127)

> "So in a way you have to have your own private ending with them or your own like a private funeral. Just letting it go; the good things, the bad things, the hope for the future, the worry for the future. But you can't, if they have left you, you can't stay in, you can't keep them in mind." (P9, 187-191)

Discussion

Therapists in this study have elaborated upon their intimate experiences of endings with patients. The therapist enters every therapeutic relationship as a person, influenced by her history of personal losses. It was emphasised by all therapists in this study that the development of the therapeutic relationship determines the experience of termination; the therapy and termination processes are inseparable and the former will influence the latter unavoidably. In general, termination is a process that needs to be worked through in time but also offers an opportunity for the therapist to review her practice. Therapists expressed their desire to find out about their patients' lives after termination, and also tend to believe that they stay alive in their patients' minds and that work continues after the ending of therapy. On the whole they conveyed a sense of termination stirring up considerable intensity and range of emotion, not only for the patient but also for the therapist.

Process of termination

Ticho (1971) differentiates amongst the various stages of termination, focusing on the patient, beginning with the pre-therapy period (expectations, wishes, fantasies and transference phenomena before the patient meets the therapist) followed by the beginning of therapy, the middle phase, the termination phase, and the post-therapy phase (p.323). Results of this study would suggest that the same stages may apply to the therapist's experience of termination. There is a process in place before the actual beginning of therapy. The subsequent development of the therapeutic relationship is unique for every

patient and will determine the experience of termination. The therapy process and the termination stage would thus appear to be intertwined and inseparable.

Termination as loss and transformation

Like Brugnoli's (1990) participants, therapists in this study conveyed how their intense involvement in the therapeutic relationship can be followed by their own mixed feelings regarding separation. The therapist forms a bond (Bordin, 1979) with her patients and she invests time, energy and emotions. The therapist and the patient develop a relationship that is instrumental in its basis (Schlesinger, 2005) but at the same time personal for both parties, in agreement with Firestein's (2001) results. The current study suggests the importance for therapists of exploring and making sense of the intensity of emotion that termination can generate for not only their patients but also themselves.

Wiseman and Sheffer (2001) distinguish between the personal and professional self in psychotherapy. Results of the present study highlight the interrelationship between the two during the process of termination. The therapist's professional self maintains the boundaries, whilst the personal self experiences a genuine separation from a person they have come to know very well and for whom they have developed feelings. At termination, it is typically the professional self that is revealed to the patient, which may only serve to heighten the feelings that have been evoked in the therapist.

Termination is perceived as a time of transformation. (Quintana, 1993). The therapist may deliberately self-disclose something to her patients at this time in order to present herself as a real person in the relationship. Results of the current study suggest that this transformation may more likely take place when the working alliance has been a positive one. When the relationship has been unsettled, the patient has not improved, or there has

not been adequate chronological time to work through termination, the therapist may not self-disclose and the therapeutic relationship may thus remain transferential/ countertransferential (Clarkson, 2003).

Post-termination phase

The emotional experience of termination does not end at the last session (Firestein, 2001; Greenberg, 2002). At the same time, good therapy outcome is characterised by the patient's capacity for "self-analysis" after termination (Graybar & Leonard, 2008, p.227), and a positive termination is said to have 'long-lasting influence of ongoing internalisation" (Bellows, 2007). The therapist must respect the patient's autonomy and trust that they can manage after the ending (Kramer, 1986; Ticho, 1971). This supports Greenberg's (2002) argument that "termination is therefore seen as a choice point rather than as the attainment of an absolute end point" (p.358). Moreover, it would seem that, for many participants in the current study, the patient inevitably becomes internalised within the therapist to a degree as well.

Implications for training

The current study would suggest that termination may bring up much emotion for not only the patient but also the therapist. In the case of the therapist, it would seem that these feelings may remain unexpressed. What happens to emotions that therapists feel they cannot communicate? How can therapists be helped with repeated "private endings" in everyday practice? In the same way that therapists advocate for their patients, it would seem important that they accept and embrace their personal feelings when terminating with patients. Personal therapy would certainly be an avenue for this, although it will itself have an ending. Therapists may need to turn to other resources as well, including

colleagues or other significant people in their lives, or, hopefully, future research addressing this issue. Potentially this study will add to the efforts of offering therapists an opportunity to find meaning through other professionals' narratives, thus helping to normalise their own emotions.

Therapists' emotional responses at the time of termination would not appear to be a distinct area of study in psychotherapy training (Schlesinger, 2005). It is suggested here that termination be explicitly explored in training courses. Although there is a "huge complexity" in every therapy process and it is difficult to reduce it to specific guidelines (Kramer, 1986), it would seem that trainees of all disciplines could benefit from the opportunity to reflect further on this process and learn more about it so that they might become more effective in practice.

Limitations and suggestions for further research and practice

This research project focused on a specific theoretical orientation and practice of psychotherapy. Further research is recommended on other theoretical models and therapy contexts. A comparative study would offer broader insights into therapists' experiences of termination from different disciplines and models.

The present study offers one perspective of the phenomenon of termination of psychotherapy, shifting the focus to the practitioners of this challenging work that entails inevitable separations in everyday practice. The results of this study should be considered as a conceptualisation of the stories of the participants of this study, without claiming to have implications for psychoanalytic and psychodynamic therapists in general. The goal of this research is to expand knowledge of this under-researched subject. In regard to therapeutic practice, potentially this study will add to therapists' intersubjective

awareness and understanding in a way that might help to enhance the therapeutic process from the start, and the patient experience and therefore the outcome of therapy. The results would also seem to indicate how crucial it is that supervision includes specific attention to the therapeutic relationship. Hopefully these findings will stimulate both researchers' and practitioners' interests, thus adding to the conceptualisation of this significant phase of therapy.

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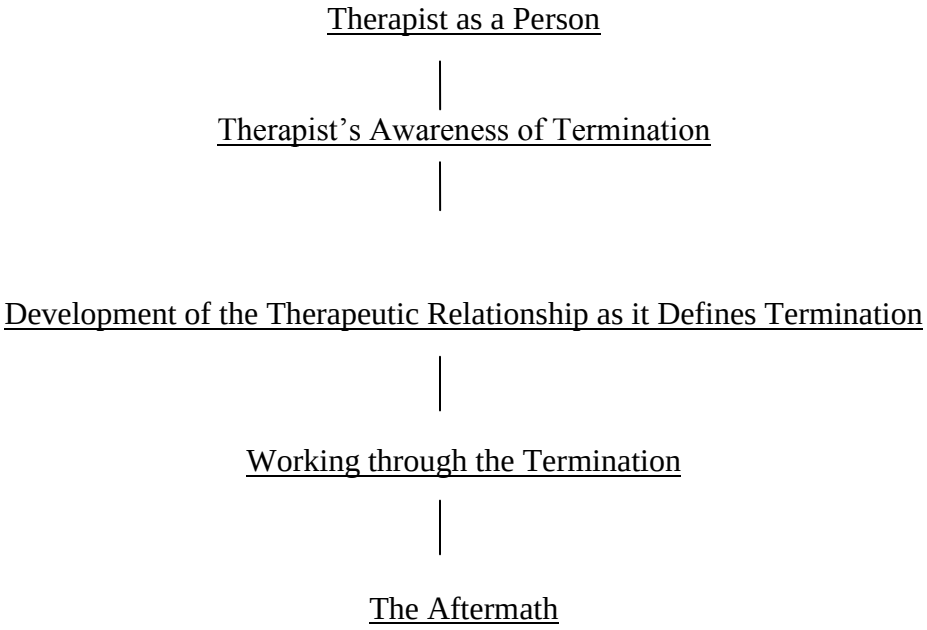
Figure 1: Model of Therapists' Journey through the Ending of the Therapeutic Relationship with Patients



Appendix 1: Examples of interview questions

What sort of feelings do you experience in the termination phase of psychotherapy with clients?

What aspects of personal history do you think influence these experiences?

How does personality influence this phase of therapy?

Do you allow yourself to become subjective in the termination phase of psychotherapy with the client?

How does this happen? How would you describe the experience?

How do you deal with these feelings?

Do therapists continue the contact with the patient?

How does unpleasant material affect the termination discussions?

How does pleasant material affect the termination discussion?

How much do you disclose to patients?

How does the nature of the clients' presenting issues affect your feelings towards termination?

How did you utilise supervision or colleagues' groups?