Endings

The ending of the therapeutic relationship can be an evocative event for both client and therapist, echoing back to previous endings in each of their lives. As therapists we need to develop an awareness of our patterns in ending relationships and question how these may influence endings with clients.

Experiential exercise

Sit comfortably and close your eyes noticing any areas of tension in your body. Take your time, breathe regularly out and in, and just notice whether this tension eases or remains. Now scan through a range of past relationships in your life with a focus on the way they ended. Pay attention to any changes in tension that may occur in your body or any thoughts that emerge as you picture these past relationships. What patterns do you notice? Do any of these ways of breaking contact play out in microcosm for you, for example in everyday social contact?

Whether we are working with clients long or short term the ending is part of the relationship from the beginning and needs to be acknowledged. A simple contract around ending may well suffice in the initial stages of therapy, the nature of which will vary depending on the intended length of the therapy. For clients attending short-term therapy (up to around 15 sessions) I request that we devote one complete session to an ending so that we can look at any unfinished business and any issues ending might have brought up for them. It also affords an opportunity to explore any co-transference in our ending and whether there is anything in my reaction that reflects the client’s experience of their field, for instance, if I am irritated with their decision to function independently just as their parents were. With clients engaging in long-term work I make an agreement to negotiate the ending period during the course of therapy. It can be a fine balance in the initial stages of therapy between acknowledging
that there will be an ending and not dampening the excitement of new contact.

If we look at the therapy journey through a phasic lens, the length of the ending phase in comparison to the beginning and middle phases of therapy will depend on a variety of factors. Two major factors are:

- The client’s history of endings – for clients with a history of unsatisfactory, sudden or distressing endings this can be the most important phase of therapy, affording the opportunity for the client to experience a healthy ending process perhaps for the first time.
- The client’s enduring pattern of relating – a major consideration will be the client’s relational style. For a client whose relating is characterized by confluence and dependence or avoidance the ending phase of therapy might be the therapy. Different phases of therapy might hold greater importance for clients with other contacting styles. For example, a client who displays paranoid traits in the earlier phases of therapy is likely to present a greater challenge as they struggle to develop a level of trust.

Factors in the wider field will also impact the way in which we end. Western societal pressures leave us pretty well culturally programmed to avoid satisfaction and a process of withdrawal by rushing on to the next task. Such pressure can be mirrored in therapy training as a need to produce the next assignment can take precedence over feeling satisfaction and gradually withdrawing from the last assignment.

Ending provides the chance for assimilation and to leave the relationship without unfinished business. To help facilitate this process addressing the following areas can be useful:

- **Reminisce** over the time spent together, perhaps sharing your impressions of the client when you first met (grade this appropriately!) compared with how you experience them now. This is an opportunity for reflection on the process of therapy over time and might include changes in the client’s life outside the therapy room.
• **Regrets** – An opportunity for the client to ensure that he leaves without unfinished business, it might also be appropriate for the therapist to share some of their regrets. Sharing even minor regrets, maybe unreasonable hopes or unrealistic expectations in the here and now can be enormously freeing.

• **Remember** specific incidents or change points that stand out over the course of therapy. They might be a memorable experiment that was completed or a seemingly innocuous interaction.

A two-way dialogue covering the above can run over a single session or a series of sessions.

Sometimes, usually in the early stages of therapy, a client may just stop attending sessions. This can leave the therapist with a host of possible feelings and reactions. These should be managed with the support of their supervisor and/or own personal therapy rather than provoking them to make direct contact with the client. In terms of closing the relationship with the absent client, I would suggest a brief letter expressing regret at them missing their appointment and inviting the client to make contact, including a date when you will assume they no longer wish to continue with therapy and wishing them well for the future.

**On-going self**.

As therapists, we are always in relation to their perspective. We are and forms of therapy follows that which supports a changing environment.

As discussed, awareness comes through an incisive situation. During therapy, this spontaneous on-going self-range but function with the novel a new activity, logical challenges present rather than the

Two examples of self-therapy can be environments people we face that suggesting itself.

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