ENDING THE JOURNEY

The basic problem not only of therapy but of life, is how to make life liveable for a being whose dominant characteristic is his awareness of himself as a unique individual on the one hand and of his mortality on the other. (L. Perls, 1970: 128)

The ending of any therapeutic journey is an important separation and potentially stirs up all our beliefs or fears about isolation, loss and death. There is always the danger that the client and the counsellor will collude to avoid these issues and not reach proper closure; as Perls reminds us, facing the reality of our mortality (foreshadowed by the ending of therapy) is hugely challenging. There is also the opportunity, however, for the client to end choicefully and appropriately, as he fully accounts for the significance of the event and allows the experience of a complete ending. Some people find that the end of the therapeutic journey can be the most profound part of the whole experience.

PATTERNS OF ENDING

There are various ways that people avoid the pain and anxiety engendered by a loss or an ending. Such patterns will often have echoes of their common ways of modifying contact (see Chapter 11). Some clients avoid the difficulty by ‘leaving early’. They withdraw – psychologically and sometimes even physically as the end approaches. They are the clients who miss the last session or who are there but seem to have disengaged towards the end. Other clients cannot bear to let go and, on the contrary, try to delay the end by discovering new unfinished business or new therapy issues. It is not uncommon for clients to recycle their original issues in the last stages of therapy. They appear to return to a previous level of functioning, producing issues and problems similar to those when they first came. We have found that this can be a way of ‘trying on’ old coping strategies, to check that they will still be available if needed. However, it may also be a way of convincing themselves and their therapist that they are not ready to leave.

It is the therapist’s job not only to help clients leave well, but also to help them learn as much as possible about themselves in the process. Any ending, especially one as significant as the ending of therapy, will resonate with all past experiences of endings
and transitions. The client may put herself back in touch with the unfinished business of previously unexpressed losses. She may also turn to patterns of automatic response, which have developed as compensatory responses to managing painful past endings and separations. Particularly relevant are the earliest relational experiences, those with primary care-takers. These usually establish relational patterns - often called attachment styles - that colour every future close relationship, with its intimacies and its separations.

Suggestion: Take a few minutes to consider the endings in your own history. Consider both significant and small endings (e.g., bereavements, moving to a new job, even how you leave a party). Is there a typical way you tend to end relationships or encounters? For example, leaving quickly, not looking back or, conversely, avoiding acknowledging the actual ending, and saying ‘see you soon!’ Can you identify patterns in your ways of responding?

When you have identified your familiar responses think about what effect that will have on you as a therapist. What avoidance patterns are you likely to collide with? What might you yourself avoid given that it is often hard for the therapist to end with the client they have become close to?

You may need to help the client be aware of all her experiences in relation to this ending and to adjust to their significance. It will be the opportunity for her to connect with fixed points around ending and face the necessary issues of transition.

There are other variables that will influence both the therapist's and the client's experience of ending therapy:

- Transference and counter-transference issues in the therapy relationship that may lead to difficulties if not fully resolved. For example, the therapist may be experienced by the client as the vulnerable mother who can't be abandoned. The client may be seen as a dependent child, unable to manage alone.

- If losses, separations or boundaries were a significant part of the original presenting issues, these will reemerge strongly towards the end.

- The cultural implications of endings, and rituals that may need to be observed.

- The current field conditions that may influence the client. For example, what sort of social support is available after ending? Is the client going through any other stressful changes or transitions at the same time? Are there other resources that can be identified before the ending?

A successful therapy can be seen as a process whereby client (and therapist) have fulfilled the contract and have worked through the old fixed relational patterns to achieve a mutual and congruent relationship. If this has happened, the ending may be sad but will ‘feel right’. Relationships of mutual authenticity are rare and uniquely nourishing.

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**Ending the Journey**

However, there is a way in which this can make the ending even more painful. Both parties may have difficulty in saying goodbye.

**EXAMPLE**

B'Elenna had been in therapy for two and a half years. One day, she arrived at the session with the announcement that she had been hugely helped by the work and she was now ready to leave. It was clear that she intended to leave that day. She was genuinely astonished when her counsellor suggested that they might need a little more time to say goodbye. Exploring her assumption that they would just end without further ado, B'Elenna remembered how her mother would drop her at the railway station each term when she took the train back to boarding school. Her mother's goodbye had been brief and without a backward glance. B'Elenna realized that this was the way she also dealt with separations. As she recalled an actual memory of the school partings, she became aware of how she had suppressed her feelings of distress. She decided to do this ending differently and they agreed on five weeks in which both could make their goodbyes.

**TYPES OF ENDING**

Later in the chapter, we outline the tasks that apply generally to most endings in therapy. However, it is useful to recognize that there are many different types of endings: planned or unplanned, chosen or enforced. Each will bring its particular challenges and opportunities.

**The mutually agreed ending**

**The open-ended contract**

Here the ending naturally arises when the client shows a new confidence or competence about their presenting issues and maintains self-support and energy in the face of life's challenges. With this type of ending, the opportunity for the client is to choosefully end in full awareness. This is offered when she realizes that she is able to continue on her own and can, in effect, be her own therapist. For the counsellor, it is sometimes essential to accept 'good enough' and not expect to complete all possible therapy issues.

**The brief or short-term contract**

Please see Chapter 22 where this is covered in detail.
Unexpected endings

When the therapist needs to end

At times, the end of the therapy is brought about by factors in the therapist's life. He might fall ill, plan to move away to a new location, decide to reduce his workload or retire. In this case, if the client has any issues about abandonment (and which of us does not?) they are more likely to be stirred up. Again, it is important that the therapist help the client to voice her feelings and thoughts. The following pointers may be useful if you have to declare an unexpected and unwelcome closure.

- Give as much notice as possible.
- Allow the client to get irrationally angry or disappointed with you. This can be extremely important to allow unfinished business around other endings to surface (see for example Chapter 19 on working with depression). If the reason is a crisis in your own life, it is quite normal for the client to be concerned and sad for you. Beware of their protecting you from their anger or sadness by being too understanding.
- Disclose enough about the reason to reassure the client that the ending is not in any way connected to them personally or provoked by how 'difficult' they might have been (a common enough fear in clients).
- Give them a choice about the timing of the end, if possible.
- Offer a space in your new practice location, if you are having one, even if it is impractical for them, thereby demonstrating your continuing commitment in principle.
- Be strategically authentic about your own responses (see Chapter 4, section on guidelines for self-disclosure).
- Offer to help them find a new therapist - sometimes it is appropriate for you to actually do the work of finding someone and facilitating the handover.
- Anyone who has had the experience of moving location or closing their practice for any reason, knows how emotionally draining the task is. Make sure you have lots of supervision and support during this time and don't under-estimate how stressful it is.

When the client 'disappears'

Occasionally, a client might leave therapy unexpectedly and precipitately. She simply fails to arrive at her session. Whatever reason she has - be it disappointment in your clinical ability or anxiety about the therapy she has a right to choose. This sort of ending tends to happen at the start of therapy when the client is ambivalent about her commitment. We suggest you do not telephone the client to ask what happened. It may feel like being 'chased' into her own home and as such would seem intrusive. Normally it is appropriate to write a short letter, or email if that is how you normally communicate (in our opinion a text is too informal), expressing regret that she did not come and either confirming her next appointment or inviting her to phone for another. If she does not respond, then you must be able to leave it at that, or write another note saying that you assume she has decided not to pursue therapy at this time, that you wish her well and that you would be happy to hear from her in the future if she changes her mind.

Remember that occasionally a client’s disappearance (especially after few sessions) can mean that she has got what she came for and is feeling better. If she is not from the world of therapy, and it is not, therefore, familiar with the principle of good endings, she may simply feel that she does not need to have more counselling (in the same way as she would not return to her GP after successful treatment). In any event you may need to find the best way to finish for yourself and stop 'holding on', perhaps using supervision to work through any unfinished business or self-criticism.

If you have been seeing the client for some time, this changes the scenario somewhat. It might then be appropriate to say more in your letter. However, it is important for you to be cautious about what you say outside the consulting room. Even if you have a good idea why she has not come, it is a symbolic breach of boundaries to refer explicitly in a letter to the content of the session; your therapeutic interventions should only take place in the consulting room. It is also potentially a real breach, because the message could be seen by someone else. Choose your words carefully. It is possible to say, for example, that something has clearly happened between you, and you hope that she will come and talk it over.

When the client wants to leave 'prematurely'

We believe wholeheartedly in the client's right to decide. What is more, she might easily be right. It may be that you both need to trust her process. However, it is also true that you have the right to fight for the 'potential client' - the vision of the growthful possibility that you see in her. Your commitment to the dialogic relationship enables you to challenge her desire to leave if you think she is avoiding a difficulty. Some clients will of course end, or threaten to end, when they are angry or feel misled by you but are unable to articulate this; some - perhaps especially men - feel unsettled by how important you have become to them and 'run away'. Open a discussion about what brought the client to her decision. Some of the following questions may be useful.

- What has been happening recently; in her life and therapy?
- What sense has she been making about this?
- Is there anything about you or the therapy that she is dissatisfied with or has been bothering her?
- How has she decided in the past when it is right to end a relationship, or leave a situation?
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- How would she recognize if she were, in fact, avoiding an ending?
- You may also disclose your own polarities about her decision: 'One part of me is supportive of your decision to end; it is your right to choose. Another part of me wants to fight for you to stay and continue our work.'

It is almost always inappropriate and disrespectful (and even unethical) to say, or imply, to a client who clearly wants to leave, that she has not done enough therapy. It is appropriate to say something like, 'I will support your choice to leave, but I'm aware of how sudden your decision has been. I wonder if you'd be willing to explore it.'

THE TASKS OF ENDING

In our experience, the following tasks are common to most therapeutic endings as they are for any loss or transition. The familiar journey following loss is well known to all of us (even if of a small but important loss, such as a favourite coat or wallet). It starts with disbelief and even denial, and moves through the gradual recognition of reality and the strong waves of feeling which accompany that, to the eventual acceptance and letting go. In this chapter, however, we stay with the ending of therapy. The process of leaving will involve shuffling back and forth between the tasks of the end approaches. If the work has been long-term, it may take several weeks or even months. You may need to raise these topics yourself in the sessions if the client seems to be avoiding them, ideally several sessions before the end.

Raise awareness of the ending

This might seem like an obvious task, but it is surprisingly important. There is evidence that one of the most important factors in working through a bereavement is for someone to be able to describe the significance and meaning of the death. The same is true of any significant ending, including therapy. We believe that the client needs to have a meaningful narrative about how the ending of therapy fits with their journey. You can encourage this by inviting them to reflect on what brought them to you in the beginning, what unfolded for them and how they are now.

We all potentially deny the existence of endings in many ways. Sometimes, we agree with clients that they can return for follow-ups if they feel the need. This can be a valid offer. However, it can also be avoidance. It is hard saying goodbye to someone with whom we have been in a significant and intimate relationship. Yet this deprives our clients, not only of the opportunity to terminate 'cleanly' but also of the true experience of the final and important stage of therapy – discovering that they can manage on their own. If you have both agreed that an ending is appropriate and a date for an ending has been set, it should usually be kept despite any emergence of new (or old) symptoms. The client can be invited to explore what these symptoms might mean for her in relation to the ending.

Ending the Journey

Be aware of the significance and implications of the ending

Both counsellor and client need to account for the many ways that the therapy has been significant in the client’s life. 'This is the place I have come every Tuesday at 3:00 p.m. for the last two years.'

"You are the first person I ever told about my mother's madness. It has felt as if I have let you know all about me, not just the surface parts."

"I have got used to being able to come and discuss it here when problems come up in my life. I will now have to find a way to do that without you."

On both sides, there may be a simple acknowledgement of:

'I like you. I shall miss having you in my life.'

EXAMPLE

B’Elanna was surprised at first when her counsellor asked her about previous endings in her life. Had there been any major, difficult ones? She did not think so. Gently the counsellor expressed his puzzlement, 'None at all? What about your marriage? B’Elanna shook her head emphatically. 'That was just a relief – it had all been so awful.' 'What about leaving your home and country? Again a denial: 'On it was bad there. I was glad to get away. As the counsellor named many endings that B’Elanna had experienced, each one was met with a dismissal. In each case she said the loss or situation was not worth grieving. As they explored the subject further, however, B’Elanna began to recognize the pattern. She had grown up needing to be independent and strong. When war had come to her country she had been forced prematurely to put children needs of grief behind her. She had then followed this way of coping with loss all her life. This awareness led her to re-examine how she would leave her counsellor and how she would deal with the sadness.

For some clients, the relationship with the therapist will be one of the most significant and intense of their life. Leaving this relationship will therefore be enormously important. It may also highlight the apparent strangeness of the therapeutic boundary. Having been so close, you will probably never meet again. This is hard for the therapist too, and has sometimes led to damaging boundary violations (agreeing to meet socially, becoming friends, etc.). In our opinion, ending cleanly is very often a necessary conclusion to seal and contains the therapy and preserve the relationship as an internal resource for the client. It also allows an uncontaminated reconnection for therapy should the need arise in the future.
Encourage full expression of feelings

Expression of feeling could include sadness, anger, fear, relief, excitement or a mixture of all of these. You can encourage this with questions such as, 'What has this relationship meant for you?', 'What are you aware of now, as you contemplate ending with me?', 'What feelings are arising? This is a time when you might choose to disclose some of your own responses, where you believe that would be therapeutically useful.

It might also include the client's familiar, negative, habitual feelings such as depression, bitterness, self-pity, guilt and so on, old relational patterns that can be brought to awareness and worked through. They can include versions of familiar scripts or beliefs like: 'Everything important is always taken away from me', or, 'If you had been a better therapist, I would be happier than I am.' Sometimes, the ending evokes a very early loss, in which the child most certainly felt as if the world was disintegrating. It is not uncommon for clients (or indeed anyone experiencing a major loss) to feel unsure of themselves and the world—as if everything they thought they knew is in question. All this can be given a voice. Naming what is certain in her life (this much I know), and especially what support she has, can be helpful.

**EXAMPLE**

B'Elanna had been deeply moved by the discoveries she had made about herself in relation to endings and had spent much time in deep grief for her past. She had set her ending date for July but in early June she arrived in an irritable mood complaining about the parking arrangements. There should, she said, be a better system for telling clients where to park. Her therapist sympathized with her about the inconvenience and apologized for the lack of clarity, but she began to talk about how bad the traffic had been on the route to the session. She very gently teased her, 'It's a real nuisance coming here, isn't it?' B'Elanna stared at him and then became upset and withdrawn. The therapist realized he had made a mistake and apologized. B'Elanna received this and relaxed visibly; she started to cry, saying, 'I don't know how I'll manage without you.' The therapist felt both warm towards her and aware of his own sadness. He said so. They both sat for a moment in silence acknowledging their mutual sadness.

Acknowledge and celebrate what has been achieved and acknowledge what is still unfinished

Look back on the journey you have made together—the difficulties and successes, the changes made or not made. You can ask the client to review the turning points in the journey, what was most important or most transformative, as well as times when there was little movement or they felt stuck. It can be useful to share your insight about how you have seen their client's journey and the important moments. Remember that we all tend to minimize or forget our achievements and may need to be reminded. Your validation and recognition can be supportive and comforting. Also ask if there is feedback the client wants from you and any she wants to give you.

**EXAMPLE**

B'Elanna felt shaky as July arrived. Yet she was also excited at the idea of 'doing it properly,' as she put it. In the penultimate session, they spent the time looking over their work together. B'Elanna said, 'You know, the day I really started to trust you was when I was telling you how I got upset at work and you remembered what I had said about my grandfather a whole year before.' As the therapist asked her to recognize how she had changed since she came, she realized how much was different, how she felt much more alive and optimistic about her life.

Suggestion: A visualization that can be useful at this time is to ask your client to imagine that she is three months into the future. How do you feel about having left therapy, what regrets do you have, if any? Is there anything you wish you had said or done or expressed?

It is perfectly appropriate for there to be matters that are unresolved. Melchick and Roos (2007) question Gestalt's emphasis on the completion of unfinished business and believe that we can combine withdrawing energy with staying internally attached to the lost person. They speak of 'hanging on and letting go' (page 102) and suggest that there is much learning and growing that comes from living with the internal attachment to a lost significant other.

Plan for the future

Towards the end of your mutual review, identify future issues. What issues or situations can she expect to arise in the coming months and how will she manage future crises or difficulties, especially those like those that brought her into therapy in the first place? If you have had a long relationship with her, you will have been internalized as a resource. Your modelling, your voice, your care and attention will be part of her inner landscape. What other resources are in her life that she could call on, now that therapy is ending? What new social networks or activities might she develop?
**EXAMPLE**

B'Elanna took seriously the therapist's suggestion to consider how she would face the future. Carefully she thought about what sort of challenges she might have to meet and how she might cope with them. The therapist was relieved to hear her thinking in this way, as in her past she had shown a marked lack of desire or ability to plan for herself or ensure her security. As she shared this with her, she recognized how she used to believe that she didn't have any worthwhile future for herself. As they linked this deep sense of insecurity to her early childhood in a war-torn country, both therapist and client felt deeply moved—both at what she had been through and also that she had regained her self-support to the extent of caring for her future life.

Of course, it would be impossible (and missing the point!) to try to anticipate too much. The client is going on with her own journey and part of the anxiety and excitement of it is the unknown.

**Say goodbye**

Deciding how to end should be a shared decision. Together you can work out what is important or needs to be marked. Sometimes, clients like to work out a special ritual, for example offering some small gift or token to remember them by.

**EXAMPLE**

B'Elanna did not want to create any particular ritual. She said that it was important to her to simply stay in relationship right up until the moment of goodbye. She predicted that in the last session she would cry and just be inconsolable, but in the event they laughed together as well—remembering times they had shared and celebrating the journey they had made. Tears welled B'Elanna's eyes as she faced the therapist to say goodbye. The therapist felt moved also and showed it. As she walked down the path from the consulting room B'Elanna turned and stood still for the moment. They smiled warmly at each other. Then B'Elanna turned and walked away while the therapist closed the door. The therapist knew she would probably never see her again; he felt satisfied but melancholy and reflected on how hard it was to let go of such intense relationships.

**Withdraw energy**

The final task is the withdrawal of energy from the therapy relationship in order to be available to re-invest in new relationships and emerging figures. This is a task that

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**ENDING THE JOURNEY***

both counsellor and client will carry out alone in the days and weeks following the final session.

A caveat: Bereavement is often called 'grief work' and, in our opinion, fully addressing and being with a parting of this nature is certainly 'work'. As well as being potentially satisfying and transformative, it can be exhausting, and both the client and the therapist need to make sure that they are well supported during this time.

**THE THERAPIST'S LOSS**

We have, of course, been focusing on helping clients identify their patterns around endings. But inevitably, the therapist has her own patterns. We therapists also struggle with issues of attachment and loss; we also react to the echoes of death in every ending. It is crucial for our clients' sake and also our own that we get to know our own responses in this regard.

The running example above was of B'Elanna, a client who fully addressed her ending. It could as easily have been written about a therapist, who at each stage or task had to confront herself about the significance and importance of the loss of this client relationship.

We invite you to do some more exploring about your own patterns, in order to make sure that your endings are as clean as possible.

**Suggestion:** See if you can recall your first day of school. Can you remember how you felt before you went? How much were you helped to prepare for it?

Often people find that this experience of separation marked a pattern of their response to future changes and adjustments. (If you have no early memories, recall instead your first day at secondary school or at your psychotherapy or counselling training institute.)

How might this experience influence your attitude to endings and new beginnings, how will it affect your work as a therapist? What have you learned since then—both in theory and in your experience—that has helped you with good endings?

**RECOMMENDED READING**


(Continued)