CHAPTER **11**

# Termination

The termination stage may occur at any point in the group's life, often because of service decisions. Inpatient groups deal with termination issues daily. Closed time-limited groups only face it once. Groups operating on a slow-open turnover system will repeatedly encounter termination issues concerning one or more members. Whenever termination does occur, it entails the same set of tasks. These will be more powerful if the group has met together for a long time. But even in quite brief group formats, termination still demands careful attention from the therapist. Just as engagement issues are of central importance to the beginning group, so ending tasks must be addressed at termination. This aspect of group work is frequently neglected.

## Basic Tasks

The task at the end is threefold. The group must be incorporated as a positive and constructive experience. Each member must address issues raised by the theme of loss. Finally, material learned in the group must be applied to outside personal circumstances.

### Boundary Focus

As in stage 1, the focus shifts to the external group boundary, and polarization of issues across this boundary highlights the task. During

engagement, this entailed an emphasis on universality within the group that could be contrasted with outside experiences. At termination, the internal side of the boundary is emphasized by recalling group memories. This contributes to the internalization of the experience. At the same time, efforts are made to apply the therapy experience to outside situations. This assists generalization of learning.

## Managing the End

There is a strong tendency in most of us to avoid the question of termination. Therapists experience this as well as group members. It is not at all uncommon for the last session to come almost as a surprise to a group, even though everyone had factual knowledge about it. The task of working through separation focuses on universal human issues that must be addressed for the therapeutic experience to be encompassed. Mann has written eloquently regarding the question of time as it applies to individual therapy. His 12-session brief psychotherapy approach is predicated on the assumption that termination work constitutes the bedrock of effective psychotherapy. This involves confronting the fact of the essential aloneness of the individual and the need to accept responsibility for self: "The major plague of human beings is a simultaneous wish to merge with another and the absolute necessity of learning to tolerate separation and loss without undue damage to feelings about oneself" (55). Rigid adherence to time boundaries forces the patient to give up unrealistic and childlike beliefs that life is eternal and that, given enough opportunity, somebody will solve all problems.

Termination puts into focus the issue of individual responsibility. By addressing and mastering such issues, the patient is able to enhance a sense of self-efficacy. The human condition entails loss and disappointment. The capacity to endure such situations constitutes a fundamental quality of satisfactory adult coping. All of these themes are present in termination discussions. They form a basis for important psychological work that must not be avoided.

The wish to deny termination is commonly expressed in talk of reunions, of continuing the group without the therapist, or of becoming a group of friends. These events seldom take place and, if they do, are usually found to be hollow and lacking in the expected reinforcement of group camaraderie. The therapist is well advised to benignly but persistently lean against these plans by focusing on their fantasy

wish for ongoing nurturance and support. Although acknowledging the understandable nature of it, the unrealistic nature should also be clarified. Of course, it is not possible to prohibit such activities, but by discussing them seriously, the therapist can at least make sure that termination issues are not avoided.

The impact of termination will be in direct relationship to the degree of group cohesion. Groups that have met for only a few sessions without much personal investment will handle termination issues quickly. Longer-term groups in which learning has been emphasized will gain much from the final working-through process. There are a number of things the therapist can do to facilitate termination.

**Set the date.**   The process of termination must be started well in advance. Themes of impending termination need to be specifically introduced if they have not already been brought up, certainly several sessions before the final date. Not all of the work of the group will be devoted to termination issues during these sessions, but it should be of increasing importance as the final session approaches. A specific termination date should be established. It is best to state this date in terms of an actual day, not in terms of how many sessions. That way there will be no doubt about its relationship to other events. The group must not simply dwindle toward its termination. With advance preparation, it may be possible to select a date on which all members will be present even if this is slightly sooner than would otherwise be the case. Groups often end in the spring or early summer when year-end events or vacations start to pose attendance problems. It is useful to review the calendar specifically with members so that to the fullest extent possible complete attendance can be expected right up to the final session. In many short-term groups, the final date is established at the outset, and such a review begins during the assessment phase. Even if this has been done, it needs to be discussed again well in advance of termination. The termination process should be addressed with the same clarity and attention to detail that was emphasized in planning for the first session.

**Review of group memories.**   On the inside of the group boundary, a systematic review of critical incidents in the group's life and their meaning for the members helps to internalize the group experience. The therapist can assist with encouragement to think of the best memories, the worst, the most meaningful, and so on. Usually this

process has a bittersweet quality to it. Early group memories rekindle the sense of expectation, almost wonder, of starting into therapy. Memories also force recognition of changes that have occurred over time.

It is particularly useful to maintain a focus on the personal learning associated with group events. The goal is not just to consolidate group memories, but also to underline coping strategies involved in them. A comparison of old and new approaches helps to highlight the changes. These reviews should not be simply a fast recall of a particular situation. The therapist can help the termination process by slowing down the memories and forcing a detailed review of their importance and the thematic material contained in them.

**Grief and loss.**    If the group has to any extent been a meaningful experience, its termination will reactivate general patterns of reaction to loss. Components of sadness and grief are usually contained in these associations. There will also be themes of anger or abandonment. Working through these in terms of the group itself and its individual members constitutes necessary termination work. This is not a task for the final session. It is typical of grief work that it extends over time and comes in waves. Members will experience these at home as well as in the session. Intrusive thoughts about the group are common and may appear in dreams.

Reactions to the loss of specific relationships within the group should be targeted. Some groups use formal go-arounds for this purpose in which each member addresses every other one about their experience together in the group. The purpose of this is not a maudlin display of affect, but to encourage the resolution of issues still in the air. It also helps to identify defensive use of denial. In the final session, it is useful to review how members will experience the time when the group would normally have next met. Patients may experience components of other past grief situations. Such associations are important to pursue and may be specifically sought by the therapist. The affect contained in them can be a powerful motivator for psychological mastery. The focus may begin with affect, but should also move on to a consideration of coping mechanisms in the face of loss. It is helpful to deal with these in terms of actual individuals from the patient's life, not allowing the intensity to be masked under general comments about people leaving. The task is facilitated by the review of specific memories and specific images of each person.

**Transfer of learning.**    Specific efforts need to be made to apply group learning to outside relationships and circumstances. As in stage 1, this "massages" the external boundary of the group. This might include a review of coping mechanisms that can be used without the physical presence of the group. Many patients find that it is useful to visualize themselves in the group setting and in their imagination to conduct a therapy session around the issue to be addressed. It is to be expected that, during therapy, psychological changes will be taking place both in terms of how individuals see themselves and how they view their relationships with others. Hopefully, these changes will have been enacted in the quality of the relationships within the group and also tried out on important relationships outside of the group. Indeed, the therapist should continuously reinforce the importance of outside application of learning throughout the group's life. During termination, the question of generalization of learning comes specifically into focus.

One particular aspect of this transfer of learning involves a prediction into the future. The members can be asked to think of stressful situations and how they will be addressed. They can work through such events and try to predict the nature of the difficulties they will experience and the sort of reactions they are likely to have. Adaptive coping strategies can be rehearsed. This continues the work of incorporation by reinforcing behaviors that will help to maintain change in the future.

**Final ceremonies.**    Many groups will include some ritualistic element to the final session. At a minimum, this might include a go-around of good-byes by each member to each of the others, including the therapist. These are not intended to be perfunctory statements. Each member should be encouraged to address specific memories about each of the others, events in their relationship in the group, and thoughts about change, future goals, and so on.

Termination rituals may include standing and forming a ring of joined hands for a moment of contemplation. Some groups mimic the funeral ritual of sharing food. Symbolic termination activities are perfectly acceptable and indeed can be quite powerful. The process of planning for such events is as important as what actually takes place. The therapist needs to be sure that such activities come after the termination process has been worked through and signify its end, not an avoidance of the task.

### Social Roles

Members will address the termination task in their customary fashion. The stress of termination will often be revealed in a degree of regression into stereotypic character behavior. This might be noted by the therapist so that it is not interpreted by the members as a sign of lack of progress. It is typically a short-lived phenomenon. Similarly, a recurrence of symptoms is common. Interpretive linkage of these to termination reactions is helpful. It may foster a constructive attitude in which symptoms are seen as resulting from specific situations, not as independent and mysterious phenomena.

The sociable role members will find termination the most difficult. They are likely to be the ones most interested in alumni get-togethers. They can be encouraged to use the good-bye statements to think through the issues, not just react. The divergent role members will also regret leaving, though they may not admit it openly. Special care that they are acknowledged is useful. The structural role members can be counted on to lead the discussion about outside application and personal goals. The cautionary role members are in a position to help the group clarify the importance of individual responsibility for one's life. For these last two roles, termination carries less of a threat, but the therapist should be sure that their reactions are probed beneath the surface acceptance.

## Predictable Problems

**Denial of termination.** The careful review of the termination date mentioned above is not just an exercise in therapeutic compulsivity. By establishing a specific date, it is possible to focus on termination work. This is a task that is frequently avoided. It is not uncommon to encounter therapists reacting with surprise to find that there are only two sessions left and termination has not yet been discussed. Quite simply, this is inadequate.

Therapists have a clear responsibility for polarizing termination issues and must be held accountable if this process does not occur. Group members as well as therapists are often reluctant to address these matters. Pressing group issues often seem to emerge that demand attention but actually serve to avoid dealing with termination matters. As part of this termination focus, the therapist should repeatedly reinforce the expectation that all members will attend all final sessions.

**Premature termination.** Members having difficulty with separation issues may begin to miss sessions or actually terminate early. This allows them to retain some sense of control over termination and in the process avoid dealing with its implications. This may apply particularly to members who have had trouble accommodating to losses in the past, such as the early loss of a parent. Patients who have developed considerable dependency on the group may also try to handle this through premature terminations. The therapist should be alert to such issues and try to forestall them by raising the question of such possibilities for discussion.

**Termination of an individual member.** This book has dealt primarily with time-limited groups that begin and end as a unit. The termination arrangements are built into the package and are thus in one sense easier to address. Inevitably, individual members may for one reason or another be unable to continue. The above guidelines must be addressed in regard to that one member. This not only manages the termination process for that member but also serves as a clear marker of the external boundary. The group must restructure itself without that member. Indeed, a useful theme is to review the role that member has played in the group, what it has meant to the individual, and what it will mean to the group not to have that person performing those role functions.

Not uncommonly, a member indicates the intention to leave the group to the therapist in a private manner or at the end of the session. Should the member be expected to return for a final session and "say good-bye"? If the member is terminating after only a few sessions, as discussed in Chapter 8, such an event is usually neither helpful to the group nor therapeutic for the individual. If the person leaving has been a well-established member of the group, the termination process must not be avoided. The member should be strongly advised to return for at least one final session. This is particularly important if the member's decision to leave has been precipitated by a specific critical incident, as discussed in the next section.

The termination of a member forces the group to reorganize as a system. This inevitably causes at least temporary regression and a drop in group morale. The therapist must be prepared to adjust to the emergence of early group phenomena characteristic of the engagement and differentiation stages. This is usually brief, but may become serious if the group has been having chronic problems with dropouts or poor attendance.

**Negative terminations.**   Most situations of negative termination involve group-level issues. Often these are of a scapegoating nature. Therefore, letting them pass without close examination may be setting the stage for a future repetition with another targeted member. In a final session, it may be possible to reframe the circumstances so that the departing member will have a positive rationale for the process.

The group members also have something to learn by a review of such situations. If the precipitating critical incident involved an attack, criticism, or rejection, members may be harboring guilt about it. An opportunity to explore this may reveal personal issues that contributed to the attack in the first place. The goal of having a member return to terminate is not necessarily to pressure him or her into continuing. Important work can be accomplished for all parties whether or not the decision is reconsidered.

Members leaving a group in a negative frame of mind are at risk of undoing therapeutic work. When people look back on the group experience, they view it through the terminating experience. If this is unpleasant or unresolved, they may be unable to internalize what might have been therapeutic and constructive. Efforts to work through termination issues may therefore be quite therapeutic both to the individual and to the group. The question of negative effects is discussed at more length in Chapter 13.

**Satisfaction with therapy.**   Some patients, though symptomatically improved, may feel dissatisfied with the group experience. They may handle the stress of termination with the idea that they never had the individual attention they had sought. The benefits of group versus individual therapy was one topic in the pretherapy preparation material. The same issues come into focus at the time of termination. Attitudes about having had group therapy, and perhaps time-limited group therapy to boot, should be openly explored. Into this discussion, the therapist can usefully introduce the idea that in fact the members have improved, that no therapy is going to handle all personal issues, and that they have acquired tools to use in their ongoing adjustment. The therapist can reinforce the idea that patients continue to improve in the year or two after therapy as they apply what they have learned. This information is helpful in allowing patients to get a sense of perspective on their situation. It need not be presented apologetically, but rather as a clear statement of therapeutic confidence (56).

**Personal reactions of the therapist.**   The therapist may experience reluctance to deal with termination matters openly. There may be

many reasons for this. Beginning therapists may wonder if they have "done enough" for the patients and feel that any thought of ending the group is tantamount to abandonment. Some therapists become overly involved in assisting patients and find it difficult to relinquish control and allow autonomy. Such issues are brought clearly into focus at the point of termination. Therapists who are overly supportive may fear the negative interpretation they assume patients will give to the idea of stopping. For some therapists, group termination may activate personal experiences of loss.

Therapists need to pay careful attention to the manner in which they approach the time of termination. They may without fully realizing find themselves colluding with patient resistance. The structure provided by the tasks outlined above will help to alleviate such tendencies.

## Summary

The work of termination helps to round off the group experience so that it can be incorporated. The underlying principle to the various strategies outlined in this chapter is that termination must be openly discussed as an important part of the therapeutic process. It is easy for this work to be postponed or avoided. The therapist must be alert to personal reactions that align with patient resistance to this task.