she thanked the group and said that she had been helped by them in the expression of their own fears, hopes and aspirations. ' now now that I did the right thing.'

In the handling of the individual life events of the group members, the analytic group does not act simply as a backcloth to the individual's crisis. Rather, it supplies a figure-ground constellation in which at one point the individual stands out as the figure, at one point the group, in an ever-changing dynamic. In a mature group, in which the language of group analysis has been absorbed, this happens without too much intervention by the group analyst. But at times the group may require sensitive steering away from the 'why don't you' and 'it will be all right' games, by eliciting associations from the realms of memory, experience and fantasy prevailing in the group.

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Bringing the rapy to an end



"WELL DEAR , DID YOU TELL THE GROUP YOU WERE LEAVING?

The ultimate aim of the therapeutic process should be to strengthen the self so that the person is willing and able to actively plunge into the rough-and-tumble of everyday life, not without fear, but nevertheless undeterred

Ernest Wolf

The ending of group-analytic therapy is an emotionally charged event. The process of analysis continues relentlessly to the concluding session, with the conductor constantly on the lookout for signs of avoidance of the pain, anger, sadness and anxiety attendant on the leaving process. Each group member will have a model of endings coloured by their life experience in relation to loss through illness, death or separation, and in the convergence of these experiences the group readily elides the symbolism of ending into the metaphor of death.

The ending of a group

The ending of a whole group is a very different affair to the ending of therapy for an individual. If the group has been run as a closed group, the ending will have been planned at its conceptualization and will be in each group members' mind from the beginning, a shared punctuation mark at a clearly defined point in the future. Regardless of the care with which this is addressed, it will be seen as an act of force, imposed by the conductor and under his or her control, like all dynamic administrative activities that belong to the setting. For this reason the conductor should return to it periodically during the life of the group, verbalizing the conflicts which it may evoke, bearing in mind that groups, as well as individual members, avoid the subject almost consciously.

As the group moves closer towards the moment of ending, the conductor becomes more active, highlighting the shared nature of the process by putting greater emphasis on group-as-a-whole observations. This tends to evoke a reflective mode in the group, in which the group members recollect their early group experiences and exchange reminiscences about themselves and one another. Some group analysts structure this phase quite actively, eliciting in sequence a recapitulation of the positive changes that have accrued followed by a recounting of the regrets and unfulfilled wishes associated with the therapeutic experience. This allows for important negative transferential material to emerge and also gives the conductor salutary feedback about the realistic limitations of the therapy.

The conductor takes care to achieve a balance between the creative fantasy that the ending of the group is a death and the constructive reality that it is a new beginning. In order to do this, the conductor may have to invite the group to project itself into the future, through the expressed wishes, hopes and fears of the individual members. This helps the processes of differentiation and separation which attach to the group ending.

The rituals of ending

Ending, in its biological sense, connotes a clearly demarcated process of change from one state to another. It is a process for which human society has evolved a range of organized activities designed

to cope with the emotions stirred up by change. Janus-faced, we look back to the past and forward to the future at moments of change. The group behaviours surrounding change are designed to help us to manage the loss of the previous state, to prepare us for the future state and to ensure some form of continuity between the two. The rituals of mourning and celebration are the group activities which we have evolved for dealing with endings. Geremony is the vehicle by which we convey these rituals, and rehearsal is the method by which we anticipate and prepare for them.

Therapeutic groups are not exempt from the rituals of ending. The penultimate session of a group is generally more productive than its last session, in terms of any final analytic working through. A dilemma nevertheless arises when the urge to express these rituals enters the analytic group in a very concrete fashion. It is not unusual for the ending of a group to be infused with a celebratory mood, marked by displays of affection or appreciation towards the conductor and one another. Typical ways in which groups tax the conductor's analytic propriety during the final session are to exchange cards, gifts or contact details, or to bring food and drink into the group room, often with only a hazy idea of when to perform these exchanges or partake of the offerings.

These acts beg for interpretation, especially when they are accompanied by interesting unconscious slips, such as bringing of a bottle of wine into the session, with not enough glasses to go round. The conflict between social convention and analytic austerity is further accentuated if the conductor, at odds with the spirit of the group, chooses to unloose a salvo of interpretations designed to quell the display. These drop into the group with some impact, but with no opportunity for working them through subsequently, and the conductor runs the risk of embarrassing gift bearers, triggering discomfort and being seen as churlish. It is best, therefore, to accommodate to such manifestations. If the group has orchestrated a farewell involving drinks or food, it is a good idea to encourage the ritual pleasantries to take place at the beginning of the session. This clears the way for the latter part of the session to address concluding issues in an analytic vein. In another contravention of the abstinent analytic culture, group members often hug one another and the conductor at the moment of parting. There is little to be gained from discouraging such spontaneous expressions of farewell.

Ending therapy in a slow-open group

Some people need to anticipate the ending by stipulating their own time limit at the time of joining the group. The conductor may have to accept this, knowing that this is likely to be discarded once the fear of group therapy is overcome. Further down the line, the fear of being abandoned often impels group members to try and retain mastery over the leaving process: 'to leave before one is left'. A person vulnerable in this respect might panic at the thought of the ending and engineer a premature departure, a row being a typical pretext for leaving.

Group members who have injected colour and energy into the group may well encounter a drag on their departure through reasoned arguments against their decision to leave. Partly to compensate for this, the group is likely to accord them a generous and grateful farewell when the time comes. Departing group members who have been more withholding and isolated during their time in the group are likely to be acknowledged with more token farewells. It is the less integrated members of the group who leave the group with less fanfare, supporting the adage that those who are best known are best grieved. For some, the emotionality of the ending is too much to face. It is easier to avoid this by absenting oneself from the group. This becomes labelled as 'dropping out', an unfortunate term with connotations of vagrancy, or, for those of us who have lived through the 1950s and 60s, the beat generation and the hippie culture.

The timing of departure from an ongoing group

A good ending needs plenty of time and preparation. A three-month period of working through a departure from a once-weekly group is probably optimal, although many group analysts settle for a contractual obligation to remain in the group for one month after making the decision to leave. The prospective group member will have been told before joining the group that the intention to leave should be voiced in the group when it first arises in one's mind, and that sudden departures are detrimental in that one can wish to leave for the wrong reasons – one of which is to avoid having to face frightening or unwanted feelings, thoughts or impulses.

Since every exit from the group constitutes loss and disturbance, the conductor must be on guard against pre-judging the announcement to leave as an avoidance of the emergence of painful conflict, or made under the influence of the repetition compulsion or any other anti-therapeutic impulse. But even when the conductor has avoided these pitfalls, he or she may still disagree with the patient's decision to leave. Here the group's judgement is helpful as ever, and often clarifies the multiple influences on the decision. Ultimately, the treatment aim of the conductor and the group member may not be the same, in which case the decision of the group member may well be the more realistic and must be the determining one. This has been pictured by Foulkes as being on a winding staircase with a number of exits. One may take any one of them, but if one chooses to continue the next one will be at a higher, or, if you like, deeper, level and will take more time to reach.

Defences against ending

One of the classic ways of avoiding an emotionally charged ending is to go away quietly and unexpectedly. Another way, frequently resorted to by group members for whom the fear of being abandoned is uppermost, is to provoke an angry confrontation, which, however difficult, is experienced as less painful than the passivity and terror associated with abandonment. Group members predisposed to this fear are often impelled to try and retain mastery over the leaving process.

The group member who storms out in the middle of a row and never returns is likely to be protecting himself or herself from the dreaded feeling of sadness and grief dating from an earlier time in life. Premonitory signs of this have to be swiftly picked up and analysed. Another characteristic way out of the sadness of ending is seen with the group member who takes refuge in jocularity and frivolity. This is a form of manic defence which denies the gravity of loss. Avoidance of the emotional impact of leaving also expresses itself at times through scattered absences or latecomings.

The return of the symptom

The stress of an impending end to therapy often reproduces the original symptom with which the person came into the group. This

is especially the case with those group members whose presenting symptoms were obsessional, phobic or psychosomatic in character. The intensity of the symptom may well have weakened into an obsessional indecisiveness, phobic separation anxiety or milder forms of somatization, but even these diluted manifestations can alarm the conductor and the group into thinking of postponing the termination of therapy. It is probably a mistake to encourage group members who have regressed in this way on the eve of their departure to stay on in the group. What is required is an analysis of the meaning of the re-emergence of the symptom, so that the mourning process can be faced and worked through.

Attachment and separation in relation to endings

A good deal of the analytic work which takes place in a group is concentrated on issues of attachment and separation. The approach of an ending often heralds an intensification of separation anxiety, especially on the part of individuals who have experienced disruptive or traumatic separations in the past, and those who have not managed to negotiate the developmental separation which comes out of the mother–infant state of fusion and consequently fail to make anything other than an anxious attachment to the group.

Separation has the attribute of non-permanence. It can be undone, and the separated individuals can remain in a relationship with each other. Parting, on the other hand, constitutes a real ending. It is permanent, although we often like to deny that. The fantasy of reunion offers protection against the pain of loss. Some group members protect themselves from this pain by not identifying with the group at the outset. The conductor listens to rationalized explanations to the effect that the group has nothing to offer them, for example: 'I don't have anything in common with these people', 'No one here can understand my problems', 'Everyone here is too disturbed to help me'.

If no attachment has been made, or if the attachment is only to the conductor, it is easier to drop out of the group or leave painlessly when the time comes, but the therapeutic experience will have been threadbare. The group members who are most prone to this are those who enter a group reluctantly in order to please the therapist. It is the therapist, to whom they are attached, and to whom they anxiously cling while in the group. This has to be acknowledged and worked through if a satisfactory ending to the therapy is to be achieved. A split transference between the therapist and the rest of the group can also manifest itself as anger towards the therapist, putting the therapy in jeopardy if it goes undetected.

Vignette

In a group which had been working for some time with nothing but a high degree of friendly candour and collegiate warmth, a woman who was the most recent entrant into the group began to show discomfort, and withdrew from the exchanges. This was noticed and remarked on by the group and repeated attempts were made to find a reason for her behaviour. Eventually she told the group that she had got a lot from the group and was most grateful for it, that everyone had been so nice to her and helpful, and that it was time to leave.

The conductor had noticed for some time how much this woman had been enjoying the sessions. At the same time she felt that something was missing and was being glossed over. She had noticed that in the woman's vote of thanks she, the group conductor, had been left out both verbally and visually. After staying with her uncomfortable feelings for a while, the conductor turned to the woman and said that she had been wondering whether, apart from the good feelings and gratitude, there were other feelings coming up in her which might be threatening the good ones. She added that these unwelcome feelings might be difficult to express at any time and place, but especially in this group, where all seemed to be lightness and warmth. Perhaps it was better to leave in time, the conductor observed, before they could become too bothersome and threatening.

There was a shocked silence in the group. The woman who had announced her intention to leave burst into tears and for the first time attacked the conductor; 'You destroy everything with your so-called understanding! All was well before.' Her rage with the conductor now broke out like a tropical storm. First one and then another in the group agreed with her, bringing up previous occasions when the conductor had intervened and 'sown discord' in the group.

From then on, aggressive feelings came up more often in the group. The range of feelings, some agreeable and civilized, others less so, widened and deepened. The sessions became less comfortable for the therapist, but more real and alive. The woman stayed on and was able to bring out the aggressive emotions which she had learnt to repress from early childhood onwards.

The group as a transitional object

Some group members show a pattern of sporadic attendance governed more by their emotional needs of the day than by a sense of altruism towards the group. They have only a dim awareness of the impact which their absence has on the group, and they express surprise when the group tells them that they were missed in their absence, and that their presence is valued. This mirroring response of the group in these cases provides a corrective emotional experience to what may well have been an unconfirming or rejecting childhood experience. Their to-ing and fro-ing from the group can be understood and analysed as a developmental phase in therapy analogous to the child's use of a transitional object, with the group taking on the aspect of a transitional object, to be picked up as a source of comfort at moments of anxious attachment and discarded when alternative sources of gratification present themselves in the outside world. This style of attendance may be resented by the group, and the therapist's objective is to pre-empt the group member's premature departure actuated by such resentment. By interpreting the group member's use of the group as a transitional object and at the same time addressing the altruistic obligation to attend, the conductor may succeed in transforming a pattern of acting-out behaviour into one of interaction which is contained entirely within the group.

Holiday breaks as a rehearsal for endings

Announcements to leave often come after long breaks, or after the absence of the conductor. This is another example of the wish to retain mastery over the leaving process, to leave before one is left. Group timetables should have carefully planned holiday breaks built

into them to provide opportunities for experiencing separation, anticipating the ultimate leaving process and analysing the angry, powerless responses which accompany an imposed absence. The register of group attendances is an important diagnostic tool in identifying group members who are especially vulnerable in this respect. Attendance which fizzles out as a break approaches, and absence from the group on its resumption after a break, deserve analysis.

The conductor should also be prepared for blithe denial on the part of the group that there is about to be a break, angry reproaches when the subject of the break is introduced, and the presentation by group members of vexing problems, recurring symptoms and gloomy prognostications on the eve of the break, as a parting reminder to the conductor that he or she is abandoning the group. The successful negotiation of a holiday break is often greeted with relief, although anger towards the conductor may show itself indirectly in accounts of bad experiences during the break.

Contact after the end of therapy

There is often a curious unwillingness on the part of therapists to anticipate the patient's future after the conclusion of therapy, or more specifically to contemplate the possibility of contact with the patient after a declared end point. This is in contrast to assiduous (and deserved) attention given to the relationship with the patient at the beginning of therapy. Yet therapy is a bell-shaped curve. Attachment and detachment, engagement and disengagement, hellos and goodbyes, beginnings and endings, have a symmetry which is often injured at the departure pole. Disappearance into the world, the breaking off of contact with the patient, is often considered a healthy and therefore correct way of ending therapy. This may be so for many, but there are some who will need the possibility of sporadic contact with the group analyst after they have left the group. At the very least, this is a possibility which should be offered, and left to the individual.

'Group analysis interminable'?

What about the problem of 'group analysis interminable', an echo of the criticism sometimes levelled at psychoanalysis? This thought can arise when a person has been in a group for a long time (usually a great many years). Psychodynamic therapists are increasingly self-conscious about the accusation of not letting go of their patients. The problem is more acute in a climate of economic pressure, but also in the light of successful advances in brief, short-term therapies. The long-term therapies are also being harried by a model of health-care which sees a state of health as a baseline from which the patient departs when ill and to which he or she returns when cured. By contrast, group analysis calls for a model of reconstruction and change which can sometimes be achieved in short-term therapy but more often requires a considerable time.

There is some validity to the charge of prolonging therapy indefinitely, and some responsibility to be owned for this by group analysts who come from an earlier tradition of psychoanalysis in which chronos, the objective monitoring of the passage of time, did not matter in the determination of treatment duration, and the only true marker for the process of analysis was kairos, time as experienced in the world of the unconscious. But the risk now is that the baby will be thrown out with the bath water, that premature endings will be engineered to satisfy managerial and societal attitudes, at the expense of therapeutically judged needs by patients themselves.

A timely ending

It is notoriously difficult to discern progress in therapy, and it is often only in retrospect, in a kind of looking over one's shoulder, that change is recognized. This is particularly so when thinking of bringing therapy to an end. Dreams can provide the internal evidence of deep-rooted change, a sign that the ending of therapy is timely. One woman expressed the imminent loss of the group by dreaming of a well-lit, warm room, full of friends, from which she walked out alone into a dark street, not knowing where it would lead. In another group dream, a man expressed his anxiety about his inadequacy by dreaming that he had arrived at an airport without a ticket or passport. He managed to get past the official at the gate (the conductor?), on to the plane, and wondered what would happen when he reached his destination.

Vignette

Early in her group analysis, a woman told the group that she had been living with a fear, amounting to a conviction, that her house was full of dry rot and was slowly disintegrating. At the same time she knew that there was no evidence for this. She had had the house looked over and pronounced free of dry rot. Later in the therapy this dread disappeared from her daytime thinking but turned up in recurring nightmares, in which the house was collapsing around her.

Three years into her therapy the group remarked on the drastic change for the better in her life circumstances. She listened to this assessment of her progress with an air of detachment. Soon after this she told the group of a dream she had had the previous night: 'I dreamt that something in my house is collapsing ... I think it was in the back wall and part of the roof. I'm not frightened, just curious. I go round to see. I can see that the roof is holding, and there is a hole in the wall and I go through it. It leads out into a lovely park where people are walking and laughing and enjoying themselves. The sun is shining and I join them.' She added with a smile directed to the group: 'Perhaps it was you who were there.'