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Articles

The Termination Phase in the Group Process

Dina Wardi

Some years ago, when I described the group termination process in detail (Wardi, 1979), I concentrated on two types of groups: 1) a long-term therapeutic group (lasting four years), and 2) a short-term study group (lasting three days). I tried to examine the universal and specific characteristics of the termination process, to understand its variability as being possibly connected with structure, duration and intervention techniques of the group process, and to analyse the quantitative and qualitative dimensions of these differences.

Since then new clinical material from a variety of long-term therapy groups has attracted my attention to other dimensions of the termination process. The new dimensions that are at the centre of this article are: 1) the recurrent adherence to universal laws in the termination process; 2) the idiosyncrasy of each group, including the experiences and traumatic events, together with its specific socio-cultural background; and 3) the phenomenon of constructive termination regression, which is also a new major dimension.

I first describe briefly the nature of the groups and the types of termination to which I refer. Each long-term group contains on average ten members, men and women, aged from twenty-five to thirty-five. Some suffer from character disorders, others are neurotic, narcissistic and borderline personalities. Group members are mostly middle class, Israeli-born, with academic education, mainly of East European ancestry and more than half with parents who survived the Holocaust. Recruitment involved a meticulous selection process in order to achieve a high degree of homogeneity. The groups are conducted in a private setting by two therapists, one male and one female. While undergoing group therapy, patients are also seen individually by one of the therapists. The groups are of the

closed type, beginning and ending with the same composition. During the first year, if patients leave, new patients are added, so as to preserve the original number and the balance between the sexes. The group continues after that with no more changes for a period of four to five years, with one two-hour session per week, supplemented by three marathon sessions lasting two to three days. The patients know from the start that the group course is expected to last about four to five years, depending on the developmental rate both of intra- and extra-group levels of functioning.

The subject of termination is brought up for the first time, as a real issue, either by group members or by the therapists, several months before the end. From that point on, the termination phase is in process. As a result, group members have a chance to deal with and work through the separation as a group. After the dispersion of the group, patients continue to be seen individually by the therapists, usually for several months, until the whole process of therapy is completed.

One follow-up marathon meeting lasting two days takes place for each group six months after termination. This allows both patients and therapists to reassess and evaluate in perspective the new emotional capacities manifested in multi-dimensional growth.

Main Aspects of the Termination Process

The first aspect is related to manifestations universal to all groups at the termination phase, which embodies the two basic elements fundamental to human life. These are the symbols of death and birth, appearing, not by chance, in this order, for in the wake of the death of the group the new life which began in its womb now comes to realization. As against this universal phenomenon, there is a second specific phenomenon which explains what makes each and every group unique and different from another.

The First (Universal) Aspect

Mills (1964) points out that one must always bear in mind that groups will eventually terminate. The relatively few investigators, such as Bennis and Shepard (1956), Babad and Amir (1977), Farrell (1976) and Yalom (1970), who have written about this phase, continually emphasize the relationship to termination as one of a duality of experience — of death and birth interwoven as one. We must think of the parallelism with the act of birth, which is itself the termination of the embryonic stage. The foetus, nurtured and

grown in the well-protected womb, bursts forth into the world, and death is symbolized by the retraction of the womb. At this point, according to Mahler (1968), mothers experience a duality of emotions, on the one hand, joy at the advent of the newborn infant, and on the other, sorrow as losing what, through the symbiosis with the foetus, was part of herself.

There is a parallel between therapists and patients in the feelings of ambivalence and duality occasioned by the separation from the group. The group, in this context, is seen as a symbolic womb where they were nurtured and grown and which, on termination, is destroyed, ejecting them into the world. Nevertheless, at the end of the treatment there are elements both of continuity and also of the beginnings of a new phase (Mann, 1967). The question is: Are the differences between the various group types merely quantitative or are they also qualitative?

In my previous research (Wardi, 1979), support was found for the assumption that there are universal and established sub-stages in termination. These are denial, dependence and anger, open confrontation, and finally, acceptance. They are found in groups with different goals, different ranges of existence and different treatment models; thus they are universal. Although the differences I found were quantitative, I also noticed that every sub-stage in the termination process not only receives different emphasis in each group, but has its own unique form and content as a result of the specific character of the group and the experiences shared during its life, which were uniquely its own.

When I speak of 'special emphasis' we refer to the conflicts and rising passions specific to each sub-stage and the movement to the next sub-stage, until the last — breaking away and individuation.

Kauff (1977), drawing on Mahler's (1968) model, sees a parallel between the development of each member of the group and of the group as a whole, and the process of a child's growth. The process begins with a state of normal autism, passing on to symbiosis, through the trust phase, to the final stage of the separation-individuation process. During this stage a solution to the central conflicts surfaces — a solution which, until this point, had been suppressed.

The Second (Specific) Aspect

The termination phase contains several sub-stages, and the shades of emphasis within these vary from one group to another. The

character of the termination process will be shaped by the following factors:

1. The extent to which earlier conflicts in the group have been satisfactorily resolved. The entire group process is reconstructed in the course of the termination stage, and its various phases are once again experienced in a condensed form. For example, the denial or the dependence sub-stage at termination will be strongly influenced by the way the group handled the main conflicts during the first phase in group formation dependency.

2. The socio-cultural background of the members of the group. This will often influence the special climate prevailing in the group, and still express itself in the content of a given sub-stage in the separation phase. For example, a treatment group made up mainly of second-generation Holocaust survivors will focus particularly on the denial and dependence phase. The members will react to termination with anxiety and denial of the termination and death of the group, making massive use of defence mechanisms. A strong similarity can be seen here to the typical behaviour of many families of Holocaust survivors. They often have great difficulty in uncovering and emotionally coping with the traumatic subjects of loss and of death (Krystal and Niederland, 1968; Klein, 1971; Davidson, 1980). On the other hand, in a group whose members have actually had first-hand experience of death, for example, war widows (Aleksandrowicz, 1978; Eloul, 1978) and orphans, we find a stronger emphasis on anger. Here the situation of termination and the death of the group recalls to each individual and to the group as a whole the traumatic experiences connected with their past. Later on I present an example of a group which consisted of a mixture of these two types of member.

3. The group's structure and culture (Foulkes, 1948, 1964; Pines, 1983). Here, three things will determine the final nature of the group termination: the fixations of each individual in the various stages of the process; their relative numerical strength in the group; and the status and the extent of their influence on the group.

At the end of one of our groups we witnessed the emergence of a very active 'leading' sub-group, whose members were engaged in the building and fulfilment of their own personal lives, such as through marriage, completion of studies, pregnancy, purchasing a home, and so forth. Polarity developed between this leading sub-group and the rest of the group, which remained passive and regressive, and was thus always the underdog in intra-group rivalry. By contrast, in

another of our groups, the leadership was more uniformly spread out among the members, showing lack of polarity and less active coping with separation.

In the first group, therefore, there was a more evident struggle between the passive members, who stressed their silent anger and dependence, and the active ones, who emphasized an open struggle and acceptance. The balance, resulting from the struggle between these two sub-groups, determined the tone which coloured the end of the treatment in the given group. In the second group, the dominant tone at the end stage was more uniform and does not originate from such clear and polarized competition.

The two main aspects of the termination process relate to two other manifestations, intensification of the affect and acceleration of the work processes, and constructive regression at group termination.

Intensification of Affect

At the beginning of the termination phase we witness a greater increase in affect. The principal feelings so sharply aroused are, among others, confusion, despair, tension, anger and jealousy.

The terror of death symbolized by the breaking-up of the home/group, can be especially strong when connected with feelings of loss. Each individual in the group loses at one and the same time the therapist, his or her comrades in the group and the group itself, with its almost womb-like holding capacity. These feelings are very clearly and directly expressed, sometimes for the very first time. At the end of the termination stage the emotional level reaches a peak, either in expressions of anger and sorrow or expressions of joy, warmth and closeness. This emotional intensification also embodies a measure of balance and maturity previously lacking. 'Exaggerated' emotions of euphoria, due to the sense of togetherness, which in the past had been unrealistic in dimension and defensive in nature, are now moderated and balanced. The members of the group now generally express a wish to give to one another, by opening themselves to each other more than ever before.

In the termination of a group which lasted for four years a twenty-nine-year-old woman, who had been very passive throughout most of the group process and rarely dared to open-up, brought some enlarged photographs, which she herself had taken, of the plants she was growing at home. Excitedly she gave a photograph to each group member, and described her feelings toward every one, associating them with what she felt for the various plants. She related how she cared for each plant (member) to make it grow differentially. In spite of needing, as it were, a transitional object (the plant), she herself communicated her feelings directly to the members of the group, together with a degree of self-exposure unmatched throughout the entire group process.

Constructive Regression at Group Termination

Before we deal with the possible uniqueness of the phenomenon of regression in the termination group phase, I will try to clarify this complex concept. Durkin (1964) and Scheidlinger (1980) say that the concept of regression, while basic to general psychoanalytic theory, needs clarification regarding the special forms in which it take place in therapy groups. Scheidlinger (1980: 238) emphasizes that regression has increasingly been viewed as a broad universal process characteristic of personality functioning; thus, moving 'from secondary-process . . . to primary-process . . . with its push for immediate drive gratification, no longer necessarily connotes pathology'. Arlow and Brenner (1964: 71) suggest that regression is the 're-emergence of modes of mental functioning which were characteristic of the psychic activity of the individual during earlier periods of development'. As a psychological theory which emphasized autonomous, non-conflictual and adaptive aspects of functioning gained in popularity, the ideas of regression changed accordingly. Not only did regression lose its earlier predominantly pathological trait, but in addition a new kind of 'regression in the service of the ego' (Kris, 1952) was postulated, with the promotion of healthy adaptation as its primary aim (Schafer, 1958).

Now, going back to termination, the anxiety once more manifested in this phase awakens emotions connected with other situations of parting as experienced in the lives of every member of the group and often taken for abandonment. Feelings of helplessness, together with uncertainty at what the future holds, result from the disintegration of the group (the 'family'), which until now was a secure environment. This condition of dependence and helplessness appears in different forms and degrees in all types of groups. Scheidlinger (1980: 239) concludes that 'the motivations for any regression can be varied, ranging from serving as a defence against intolerable threat from within the psyche . . . or fears of external objects to opening gateways for creative expression . . . with others'. Judging in a somewhat superficial manner, we might get the impression that the group is temporarily back to the primary dependency phase. Bion (1959) defined this as 'Dependency Basic Assumption', which is characterized by magical wish fulfilment, splitting projection mechanisms, persecutory anxieties and condensation. At termination, even an experienced therapist is liable to feel confused and perhaps helpless in the face of this massive regression, when each member of the group suddenly addresses the

therapist again with extreme dependency demands. Transference and counter-transference once more reach a peak in their intensity.

It seems to me, after analysis of the manifestations of regression at this phase, that they are not pathological. As Kris (1952) and Arlow and Brenner (1964) noted, whether regression is pathological in a given instance depends less on its depth than on its 'persistent, irrevocable nature, the degree of conflict which it generates, and its effect on adaptation'.

I summarize briefly some of the major phenomena taking place at the regressive stage during termination, which in my opinion explain its special importance and constructive implications: 1. the duration of the symptoms is relatively short, lasting days — or a few weeks at most; 2. the degree of conflict is moderate and local and does not engulf the total personality. Parallel to the regression, we can observe ego functioning in other areas; 3. a relatively independent constructive struggle with the symptoms of regression — such as depression, passivity, anxieties, and so on — takes place in each group member, who, this time, is not totally dependent on the therapist (and the group) to resolve this regressive state. The therapist and the group give positive reassurance and feedback, but they need not rescue the member from his regressive state.

The renewed significance of regression at termination is that this is the 'moment of truth' for the whole growth process in the treatment. Every person in the group is about to put him or herself to the final test before accepting full independence after the group has terminated. Such a test will be real only if comparison is made with the state of extreme helplessness and dependence expressed in the earliest conflicts of each individual. The members have returned to the content of the original conflicts, but this time they are able to use new ego strengths: insight, basic trust, a more whole body-image, and more ego strength. Also, a clearer sense of identity and new capacities for open and spontaneous interpersonal relations and communication seem to exist.

The pressure on the therapist by the group's intensified emotions and regressive demands, together with the problems of counter-transference, is liable to lead the therapist to a condition of feeling paralysed and helpless. Such feelings can easily be transmitted back to the group. This is a vicious circle and if allowed to run unchecked, it could block the process and result in considerably endangering some of the achievements of the therapy. A therapist who is aware of these important aspects of constructive regression at termination

will assist and accompany it, while accepting the crucial implications of how a group lives through and resolves this sensitive stage. The group, also not so threatened by now and encouraged by the therapist's positive assistance, will not block this process. Using the strengths amassed during the therapy and the new 'tools' which are at the disposal of each member, will bring about an independent solution for the group, and separation from it by the individual who can now build his own personal world.

Two different examples (out of many) illustrate group reactions to termination. Both episodes took place two months prior to separation, after five years of working through as closed groups. The two groups differed a great deal in their composition, as in the socio-cultural background of the members. The impact of these two crucial factors resulted in the character and the intensity of the regressive state and other reactions to termination. We can also observe different modes of working through in each group.

Because of the socio-cultural background of the first group, the themes of death and loss were definitely a major focus. Five of the nine members of the group were second-generation Holocaust survivors. In addition, four members had first-hand experience of death — three had lost their mothers as a result of cancer, and the remaining member had lost an only sibling in adolescence, also as a result of cancer. It is only natural that, faced with separation, strong feelings of anxiety, anger and pain re-emerged — feelings which had partially been denied and covered-up. Prior to this, open expressions of sadness and anger were consistently avoided.

P., a thirty-three-year-old woman who held a central rôle in the group, was sitting in complete silence again, while others were quite excitedly sharing very positive feelings about each other. Group members who had been avoiding P.'s regressive passivity for several weeks, now turned to her saying that it reminded them of her extreme passivity and silence for months in a row during the first year of the group's existence. P., looking agitated, responded by shrugging, saying that nothing was the matter with her except that the emotions which were being shared, disgusted her and she did not trust them to be real. Other members also turned to P. but she refused to respond to them as well. At this point, the male therapist said to her: 'You are probably having a very hard time, like other group members, facing the pain of the final dissolution of the group'. P. just shrugged and still did not answer, while the other members were obviously touched and lapsed into silence.

The other (female) therapist turned to P. saying that it was probably especially painful for her to face the termination of the group, which no doubt aroused recollections of her mother's death years ago. A few seconds of unbroken silence followed, then P. burst out in rage, attacking the therapists, doubting the whole group experience and questioning what she was left with now that it was ending. Breaking into tears she painfully described the last days at her mother's side in the hospital. Her rage towards the deserting mother, which had been bottled-up till

then, was finally expressed — an action which was impossible during her mother's lifetime. The mother, who had survived the Holocaust as a young adolescent, had always been very infirm and fragile.

From this example we can elicit several points typical of termination in the group process:

1. P., who is a leading member in the group is, at this point, reaching a breakthrough out of her acute regressive state. Meanwhile, the other members, overtly, remain mostly in the background, though, in fact, P.'s acute regression is quite in harmony with the rest of the group. P. unconsciously accepted the rôle that the group had assigned to her. By openly expressing strong pain and anger she enabled other members to voice their own pain more openly.

2. P. was in a regressive state during the last period (returning to her typical 'embryonic' stage), but in termination it lasted only a few weeks and not months, as compared to earlier regressions.

3. Primarily, P. used her own strengths to break through the regressive state, scarcely depending on group members and therapists.

4. The therapists accepted P.'s regressive state, as they did that of the other members. They did not try to accelerate the process by breaking P.'s silence prematurely, nor did they function out of anxiety — either theirs or the group's. This definitely paid-off, as the constructive solution came when both the group members and P. were ready to work out these threatening feelings.

In the second example, I describe briefly part of a group session that took place two months prior to separation. Members were sharing their reactions to a two-day marathon meeting that had taken place a week previously.

R. (a leading female member): After the marathon last week, I felt very calm; it's like I finished a long war. During the last two months I kept myself so distant from all of you. All these weeks I was closed-up in myself and did not connect with any of you. You have probably noticed that I have hardly spoken all this time. I felt a lot of sadness which at times turned into depression, swinging swiftly.

A. (an active male member): I feel this see-saw too; at times I'm in touch with these feelings and at others I detach myself. I don't know what to do with all these emotions.

M. (another male): When I'm alone at home I feel that I miss you, A., and also others of the group. Perhaps I am practising what it will be like after the group ends. When longing becomes too intense, I close-off, but it comes back again.

R. (again): You know, I recognize this feeling of longing too. It keeps creeping into me. The longing, in addition to the sadness, is so strong that at times it is really threatening. I was very bothered and became nervous. I connected it with the separation from all of you . . . I feel some sadness even now, while talking. You know, this sadness and nervousness reminds me of many situations at home, years after my mother died, sitting at the table with my brothers; I used to attack the food.

J. (a female member): I also felt like you. After the last meeting, the following day I felt very very good. I don't remember many times in my life when I felt so good. But then, the longing started. It was wonderful being together, it frightened me a bit. What will happen after the separation? This week it became clearer to me that I now really accept each one of you, seeing you much more clearly, far less critically. I think I see you as whole persons, with all your parts, not just one part of you, M., and another of you, A. At one point I wanted to come over and give you, R., a big hug, but I disappointed myself again in that I was too embarrassed to do it. It is similar to what has been happening lately with my mother. I am definitely much closer to her than ever before — I feel it inside, but don't always have the capacity to show this and express it openly.

1. In this group the socio-cultural background of the members was very varied and less loaded with traumatic events connected with death. Only three members were second-generation Holocaust survivors and only one lost her mother, as a result of cancer at an early age. This afforded a greater possibility for openly confronting their feelings regarding the termination.

2. The regressive state of most members of this group was less intense and acute than in the first group. We can observe a flowing and open sharing of the whole battery of emotions that are so often characteristic of termination in groups — intense warmth and love, passing to sadness, depression and longing. Acceptance of these, at times, threatening emotions, and the group members' empathy towards each other were two major factors that facilitated a constructive termination.

3. The composition of this group consisted of two major sub-groups, an active, by now more independent, and a more passive, dependent one. We see that the leading active sub-group started the session and was involved in an open dialogue, resulting in free expression for the more dependent and passive members.

4. In some of the reactions described above, especially J.'s, we can see another facet of successful termination — the ability to conceive objects in their entirety. The members of the group and the therapists were previously perceived as partial objects which, in Klein's (1948) account are characterized by pregenital strivings and perceptions pertaining to part-object relationships. Here rigidity

and fragmentation are notably reduced and the new capacity for perceiving whole objects is clearly pronounced.

We witness too a parallel process regarding the integration of the inner and outer object worlds. Perception of and attachment to more than one object at a time — something which was previously experienced as threatening and therefore impossible — is now attained through perception of and attachment to the group as a whole.

Concluding Remarks

In conclusion I would like to stress that regression at termination may bring the group and the inexperienced therapist alike to a state of heightened anxiety and actual dependence. This may cause great difficulties in efficiently and constructively completing this phase of separation, for both the group and the therapist.

Therapists' awareness and understanding of the positive and constructive aspects of the regressive phenomena in the termination stage allow these phenomena to occur, to find acceptance and reach a solution, even when they seem overwhelming. Therapists' awareness and acceptance of the constructive and transient character of these phenomena will enable the group to overcome and outgrow them by accepting separation and achieving independence. This attitude on the part of the therapist will also prevent the negative and destructive aspects of termination regression, where separation is not completed and symptoms reappear in various forms and degrees in the post-therapy period. I have touched only the tip of the iceberg of the many aspects of the complex and sensitive phase of termination in groups, and I hope that further research will follow.

Notes

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Attempts at Grasping the Self during the Termination Phase of Group-analytic Psychotherapy

Vivi Maar

This is a description of the development that took place in clients and in therapists during the process of forced termination of a group-analytic group.

Termination is an essential and complex part of the therapeutic process. Often it is also one of the most anxiety-provoking, as it may arouse feelings related to loss and separation and thus lead to experiences of dependency, inadequacy, abandonment, anger and disappointment. At the same time, however, it may be a means for the client to try to attain greater autonomy, and a more articulated self-definition. Therapists may become overwhelmed by the intensity and special quality of resistance, regression and transference during the termination phase, and may find themselves in a situation where counter-transference creates difficulties in recognizing the strengths and resources of the group, during the turmoil of termination.

The group that I use as an example is a group-analytic group that was run for six years by two female co-therapists at a university department. At the time of termination the group consisted of eight members, four women and four men, who had participated from one and a half to three years. The group met once a week for one and a half hours and had for some time been a well-functioning group. When one of the therapists reached the age of seventy, and had to retire it became clear that, as a result of university cuts, she would not be replaced. The department consequently could not accept a continuation of the group, since the efforts of the other therapist were now needed in other areas.

In the group there seemed to develop a shared set of phantasies and feelings, which according to Kauff (1977) appear regularly in therapists and clients regardless of terminal circumstances. How-

