

Endings

THEORETICAL REFLECTIONS

Nick Barwick

The impact of ending

On her deathbed, Helene Deutsch, eminent psychoanalyst and one of Freud's analysands, when asked whether she had any regrets, replied:

I wish I could have finished my analysis with Dr Freud. One day he came in and said, 'This is our last day', and he made room for the Wolf Man.

(A personal communication with Anne Alonso, 7 December 2000, cited by Shapiro & Ginsberg, 2002: 319)

For therapists today, such an ending seems shocking. Could it really have happened like this? Whether it did or not, this was how Deutsch remembered it. And the memory, with what one might reasonably surmise as a myriad of affective associations – rejection, inadequacy (in the face of a more interesting subject), disappointment, dissatisfaction – stayed with her until *her* very end.

Deutsch's remembered experience appears not to have undermined the remembered experience of the year-long therapy that preceded it. With a more vulnerable, less independent-minded person, one could imagine how it might have done. The psychologist Daniel Kahneman (2011/2012) offers just such a story, though the context is a long way from the consulting room. Following a lecture, a member of the audience approached him with a story of 'listening raptly to a long symphony on a disc that was scratched near the end . . . the bad ending "ruined the whole experience"'. Kahneman notes that:

Confusing experience with the memory of it is a compelling cognitive illusion – and it is the substitution that makes us believe a past experience can be ruined. The experiencing self does not have a voice. The remembering self is sometimes wrong, but it is the one that keeps score and governs what we learn from living.

(p. 381)

He goes on to argue that two principles guide the remembering self's reconstruction of experience: the 'peak-end rule' and the principle of 'duration neglect'. This means memory is shaped disproportionately by the most intense part of an experience and its ending (particularly when they come together) rather than its duration. And the shape memory takes hugely influences our decision-making process, leading Kahneman to refer to 'the tyranny of the remembering self'.¹

Kahneman's principles of the remembering self have attracted considerable interest over recent years. Usefully, they have prompted greater focus on the significance of endings beyond the therapeutic field as well as within it. Unfortunately, based on the simplified premise that 'all's well that ends well', they have also prompted a great deal of advice on how to orchestrate, by dint of ritual, celebration and shared positive acknowledgements, a happy ending for all. In such heavily manufactured endings, there is no challenge to the tyranny of the remembering self, only collusion.

In contrast, an analytic approach does not accede to the primacy of the remembering self but challenges it, interrogating its veracity. This is coupled with a sustained curiosity about the experiencing self. What might otherwise be essentially fleeting is *slowed down*,² brought into focus and subjected to reflective processes. In this way, it grows ever more articulate, gathering a voice. This double scrutiny – of the remembering and experiencing selves – helps develop a greater congruence between them.

The meaning of ending and the ending of meaning

In analytic therapy, whether individual or group, the significance of ending has long been recognised, not only because of the impact the affective intensity that tends to accompany it can have (Wardi, 1989) but also because of its meaning. Such meaning is likely to be both particular to the individual experiencing it as well as fundamentally universal.

From an analytic perspective, the meaning of ending arises from an understanding that each end signals a separation and a loss. This is so, even if the separation has, for all intents and purposes, been willingly entered into. As Marris (1986) notes:

Even the bridegroom, by convention, holds a wake for his bachelor days on the eve of his marriage.

(p. 42)

Further, every loss is understood to resonate with every other loss we have experienced. This is what gives the experience of ending its psychological depth. Such depth can, however, prove problematic. For example, if the earlier losses evoked have been insufficiently metabolised (i.e. meaningfully integrated into an adaptive and coherent view of self and world) then rather than enriching the harmonic texture of our experience, they may create such unbearable dissonance

that our capacity to process what we feel, that is, to think, is overwhelmed. Of course, what may prove problematic in everyday life, may, in therapy, provide live material with which we may creatively work.

The myriad losses all of us encounter in our everyday lives – disappointments, failures, betrayals, the loss of a job, money, a house, intimate friends – Kubler-Ross (1969) calls 'the little deaths of life'. The term is apt. Existentially it is apt because such losses challenge our casual omnipotence – our best laid plans – reminding us that, in the very end, we have no control over our lives for indeed we are only mortal. Psychodynamically it is apt because the current of loss which flows through our lives and which each new loss re-animates, brings with it turbulent waters from the very source of life – for example, separation from and loss of the womb, the breast. These reanimated currents of loss prompt in us, to some degree, the primitive fears of forever falling, of disintegration and death that, from the outset, accompanied them (Freud, 1917; Klein, 1940; Winnicott, 1962). And all this is before we complicate such currents with potentially traumatising losses such as the recurring failure, in our early years, of significant others to provide sufficient constancy, holding and/or containment or the sudden death of and/or abandonment by early attachment figures.

The sociologist Peter Marris (1986, 1992) argues that when, in adulthood, we lose a significant attachment figure, it is not the loss of the relationship itself that provokes intense anxiety, restlessness and despair but 'the whole structure of meaning centred upon it':

If recovery from bereavement only involved making good a lost relationship in the context of a life that still made sense, it could be readily accomplished. But how do you make good a loss when nothing seems to matter any more, when the reasons for caring and living are inextricably bound up with what you have lost?

(1992: 18)

This problem assails us because it is through attachments that we make meaning of our lives and that our lives mean something to us. This is so from the very start since attachment:

... underlies all our understanding of how to survive in and manage the world we inhabit. Our first and most basic grasp of cause and effect, of predictable order, of how to get what we want, we learn from our attempts to manipulate this vital relationship ... Bereavement, therefore, because it robs us of a crucial attachment, profoundly disrupts our ability to organise experience in a meaningful way.

(1986: viii-x)

In the face of such debilitating loss, if we are creatively to claim life rather than death, we must find a way of relinquishing the past without repudiating it.

We cannot repudiate it for this is where our meaning is invested. We must relinquish it or else we are consigned to a stultifying, ultimately futile existence. In short, we must find a way to transform and abstract the meaning we have made in the context of the lost relationship so that it can become relevant to the future. This, suggests Marris, is the central task of grieving,³ that,

slow process of assimilation of loss and psychological reintegration impelled by the contradictory desire to search for and recover the lost relationship and to escape from painful reminders of loss.

(1986: vii)

Marris broadens his understanding of loss and grieving beyond the emotional challenges experienced by the bereaved to include both individual and social responses to change:

Change ... presents some common features: the need to re-establish continuity, to work out an interpretation of oneself and the world which preserves, despite estrangement, the thread of meaning; the ambivalence of this task, as it swings between conflicting impulses ... and the risk of lasting disintegration if the process is not worked out.

(1986: 42)

In this way, the capacity to make meaning not only despite but out of loss (and out of endings), in a way that is true to the individual's continuity of self, while remaining adaptive to new environments, becomes a key feature of psychological health.

Termination: ending therapy

To end therapy is to end one or more attachment relationships in which meaning, hopefully, has been made. As such, it requires a period of unhurried grieving to best ensure continuity and expansion of the self in the face of such loss. Research (Parkes & Weiss, 1983) suggests several factors can adversely affect the outcome of grieving:

- early unresolved experience of insecure attachments and traumatising losses
- ambivalence towards the present lost relationship
- an overly dependent relationship on what is being lost
- the suddenness and unexpectedness of the present loss

All but the last of these will constitute important work that needs to be engaged with at all stages of therapy. However, it is also likely to require (and provide an opportunity for) careful reworking as the ending approaches. As Foulkes (1964) advises, trying to ensure that the ending is gradual and clearly delineated rather

than sudden, helps provide a frame in which such working through can best take place.

Given the impact and meaning of an ending in therapy, it is no accident that the word most often used to describe it is an ominous one – ‘termination’. As Yalom (1970/1985) notes, termination ‘is the microcosmic representation of some of life’s most crucial and painful issues’ (p. 373): ‘the rush of time, loss, separation, death, ageing, and the contingencies of existence’ (ibid.). In both individual and group therapy, these issues can, of course, become very present at any time and not just at termination. Sometimes, for example, they may be provoked by experiences outside therapy – a move, the loss of a loved one, a separation, a divorce – sometimes by experiences within – the end of a session, a break, the physical absence of the therapist or other group member due to illness, the loss of the therapist’s and/or group’s attention even when physically present. However, as a rule, in terms of terminating therapy, while in individual work the complex and challenging experience of ending a real, here-and-now significant attachment relationship happens only once, in a group, it is part of the warp and weft of group life. As such, it produces plentiful and rich opportunities for working through issues around separation-individuation (Kauff, 1977; Flapan & Fenchel, 1987; Maar, 1989; Rutan *et al.*, 2014); of loss, of death, of the experience of leaving as well as of being left (Foulkes & Anthony, 1965/1984).

Scratched endings

Mindful of the affective intensity characteristic of endings, of their tendency to prompt a recapitulation of core themes, conflicts and symptoms as well as contributing so powerfully to the ‘remembering self’ (Kahneman, 2011/2012), the conductor is wise to ensure proper time and careful attention is given them. Yet, as suggested, it is also important to keep in mind that thinking about endings – about the impact of separations, absences, abandonments, disappointments, disillusionments, frustrations, betrayals – is the staple diet of therapy. Some would say, it is its core. After all, as the poet T. S. Eliot (1942) reminds us, ‘The end is where we start from’. Birth itself bears loss. And to explore loss, to reflect upon our and others’ experience of it, not only in the ‘there-and-then’ and ‘there-and-now’ but also the ‘here-and-then’ and ‘here-and-now’ (see Chapter 5), to endeavour to make something creative out of what is always potentially traumatising, is itself to give steady, due attention to the peak-end pulse of our lives:

We shall not cease from exploration
And the end of all our exploring
Will be to arrive where we started
And know the place for the first time.

This is not a reason for complacency or lax attention in the context of this highly charged phase of therapy. However, it is a reason to trust, sometimes in

the wake of considerable countertransference pressures suggesting the contrary, in the robustness of careful, patient, attentive, meaningful work already done.

Michael Balint used to tell a story of how, as a young analyst, he struggled with a male patient over many years, bearing the frustration of stuckness, aggressive passivity, and complaint until one day, finding his patience stretched to breaking point, he said something which, following the session, he greatly regretted but could not remember. He only knew that it had had such an impact on his patient that he never returned. Then, one day, several years later, while walking on Hampstead Heath, he spotted what he thought was his former patient in the distance walking his dog. Suddenly, flooded with terrible guilt and shame, Balint ducked behind a bush, pretending to search for something he had dropped on the ground. A few moments later he heard a voice – the voice of his former patient – and looked up to see him standing just in front of him, looking down.

‘Dr Balint!’ exclaimed the man.

With as much dignity as he could muster, Balint rose to his feet as the man put out his hand.

‘I’m so glad to see you’, said the man, ‘to have a chance to thank you for all that you did for me. And especially at the end. That thing you said to me at the end. It was so very helpful, so important’.

Balint, whose curiosity now began to outweigh his feelings of awkwardness said he was very glad indeed to hear of how helpful their work had been, but perhaps the gentleman could just remind him of what exactly he had said, at the very end, that was so helpful.

‘Why Dr Balint’, replied the man, ‘you said’ ‘For God’s sake man! Pull yourself together!’⁴

Types of ending: premature and planned

Endings in group therapy can broadly be described as belonging to one of two types: premature and planned. Characteristic of premature endings is a sense of therapy being disrupted, particularly for the individual(s) leaving but also for the group remaining behind. Characteristic of planned endings is a sense of there being sufficient opportunity, both for the leaver(s) and the left, to make something meaningful out of the themes of separation-individuation, attachment and loss that are inevitably provoked by such an event; meanings that better enable members to continue the process of psychological development, whether that be within or, in the case of departing members, without the group. Having said this, it is important to say that ‘sufficient opportunity’ is not simply a matter of time since even quite sudden and premature endings can, if reflected upon, become important learning experiences, especially for those continuing therapy, just as carefully planned, unrushed endings can, if not engaged with at sufficient depth, remain relatively meaning/less.

Time-limited groups add further complexity to the neat dual categorisation of premature or planned. Although all group members that end at the pre-appointed

termination of a group, end according to plan, not all members will be ready to end. In effect, their planned ending may, and more often than not at some level will, be experienced as premature. It is the experience of the 'premature' – an impingement on the illusion of timelessness – that is an important dynamic to explore in the termination phase of all time-limited groups.

For the purposes of this chapter, our main focus will be on endings within the context of slow open group-analytic psychotherapy groups. Martin offers three vignettes – one describing a premature ending, one an ending which could be described either as premature and/or planned, and one which fits more clearly the therapeutic understanding of a planned ending. We finish with a brief mention of endings in the context of time-limited groups which, though adding further nuances to the process and meaning of ending, still have much in common with the slow-open group endings already described.

CLINICAL DISCUSSION

Martin Weegmann and Nick Barwick

A premature ending: 'I'm not coming back'

Peter joined an established psychotherapy group, being in fact the first new member since the group began 16 months previously. When his joining was first mentioned in the group, two people seemed to physically recoil at the prospect, one (Sarah) turning the prospect into humour, 'Careful who you invite in, Martin (me), it could be the lion's den in here', and Natalie expressing surprise or puzzlement – 'I thought that the group wouldn't change', she said. Both had seemingly 'forgotten' that, as explained to all in pre-group assessment, the group was a 'slow-open' group.

On joining, Peter looked uncomfortable, eventually expressing the opinion that his needs were different to those of the others. When prompted to say more, by a group member, he said that he was struggling with his role as step-father, to a family in which he felt his step-children neither respected nor listened to him. He came twice, on the second occasion repeating his conviction that the group were 'somewhere else' to him and giving more instances of his family situation, to the apparent annoyance of others. Members seemed to react adversely to his tone of detachment if not disparagement. There was no message from Peter on the next occasion, but Nigel said Peter had told him in the corridor the week before that he would not be coming back. There were no responses to subsequent letters of inquiry.

Discussion

MW: At a general level, Nick, I think it worth us underlining that premature ending is a common experience in all psychotherapy – in fact, about one in five clients

will drop out of psychotherapy before completing treatment (Swift & Greenberg, 2012). Therapists usually expect treatment to last significantly longer than do clients, even when this has been 'explained' during assessment. Discerning the reasons why is difficult, or impossible, if the client refuses feedback, as was the case with Peter.

In the group, we can see how Peter appears isolated from the start, and is indifferent and disconnected to the concerns of others. Now in some way it could be argued that he reproduces the problems that he complains of – that he feels like an outsider to his new family, even that in his manner he shows lack of regard to his fellow group members, and so he cuts off a process before it can begin. In their subsequent responses, the members were relieved that he had gone, feeling that he has indeed shown no interest in them. He had delivered a 'monologue' on his situation, but one that did not appear to invite any joining-in or response.

Is this how you would see it, Nick?

NB: Sadly, yes. Peter's experience appears to confirm Eliot's (1940) words from earlier in the *Four Quartets* – 'In my beginning is my end'. For Peter, however, these words provide an insight of dark determinism, rather than the creative, hopeful, time-conflating way forward the poet himself finally discerns. Was Peter, then, doomed to repeat the relational distress that brought him to therapy? Was it inevitable he would end up where he started but with no hope of further exploration and no new knowledge gleaned? Therapeutic hope – that there is a way out of perpetual 'Groundhog Day' – rests to no small degree on a capacity for 'witnessing' (i.e. observing the experience of self and others with compassion but without being consumed) (Barwick, 2004), in all group participants. For witnessing to be possible, particularly at a time when anxieties are running high (which inevitably they do when a new member joins) requires careful preparation – for both newcomer and group.⁵

For Peter, in taking a group history during preparatory sessions, it would have been important to think with him about what it might feel like to join another pre-formed 'family'. Best to be realistic: it's likely to be tough. Is there anything that might help him to hold on and not simply repeat making another beginning into another end? Is there anything, indeed, that might help everyone – himself, the therapist and the group – do this? Such questions aren't designed to provide answers – though they might begin to – but to problematise the process of joining and relating so that it becomes clear these activities require thought and work.

It seems to me, however, that the problem is not just Peter's. It's as if there's a 'psychological fit' between Peter and the group waiting to be realised; one that is evident in the group's reactions to the news of his arrival. Such antagonism – the desire to destroy, *dis*-member, eradicate from mind – needs some unpacking if the level of acting out is to prove containable.⁶ Would you agree Martin?

MW: I do agree. It's uncanny and yet very familiar to see the way in which patterns continue and yes, psychotherapy, of any kind, holds out the promise that

maybe this time it will not; in narrative terms, that the 'story' can be changed. Peter rejects before he even knows what could happen were he to stay. But even with the most careful, judicious preparation, the person may reject what they are offered, in this case the 'now' of the actual group. When this is so, the conductor's task is still to help make something out of what is a therapeutic failure, to enable useful 'learning from experience'.

NB: Absolutely. Every ending, no matter how unwished for, offers opportunities for learning, for making meaning. Indeed, the very process of making meaning helps build hope in the group's capacity to make meaning; the hope that, even out of therapeutic failure, something creative can be generated and important learning gleaned.

With Peter, I suspect such learning may not, for now, be possible, though I would certainly be inclined to offer individual follow-up in an effort to create, together, a more productive end. As for the group, I suspect the opportunity to work with and through guilt will be important, including the conductor's.

I see Peter's exit as a type of therapeutic suicide; an act of despair born out of a loss of hope in the efficacy of communication; that is, in the capacity of *mature forms of communication* to create shared understanding and to elicit, in and with others, a sense of belonging. Peter's 'suicide' is of course a communication but a *primitive* one. It achieves, through projective processes, what its mature counterpart fails to do: a place in the mind of the group. Ironically, Peter will no longer be around to witness the impact he has on others' minds, just as the dead cannot witness the grieving at their grave. Nor do the mourners have an opportunity to make something meaningful from their loss, at least not *with* the departed. And yet, even in such a difficult and sudden ending as this, there remains opportunities for meaning-making. I suspect, for the group, this may entail facing persecutory guilt (guilt that, unfaced, may lead to the dead ends of denial and/or despair), challenging it (the group is not responsible for Peter's 'death' even though they may have contributed to the dynamic out of which it was realised) and transforming it into something more creative, capable of symbolic repair.

In terms of the latter, I have often been moved by the depth of resonance and reflection (the re-working of old experiences of loss) that sudden departure prompts. Memories and thoughts about other relational losses (deaths, divorces, suicides, separations, unexplained relational withdrawals) begin to surface: a whole gamut of 'little deaths' (Kubler-Ross, 1969), including a deeper recognition of enactments within the group, such as retreats from communicative engagement, loss of hope at being understood and the passive aggression inherent, at times, in absences (literal and metaphorical) that an experience of not being thought about can provoke. The opportunity for such exploration is vital for the continued healthy development of the group, especially a group early in its life since, otherwise, as Rosenthal (2005), citing Gustafson (1980) notes, a premature departure can be like 'a hole in the side of the group with cold wind blowing right through' (p. 49).

A premature or appropriate ending? 'But I've got all that I can'

Tracy, having been in the group for 10 months, hinted that she would leave in two. When Mary, who had joined with her, said it would be a shame for the group if she did so, Tracy responded, 'I've got all that I could. It's been good, but I just need to make some key decisions and take action in my life'. Others felt this was a defensive statement, to which Tracy added, 'yeah, but it's my decision, I've got to make it'. Some of the decisions to which she alluded related to an unproductive relationship, one in which she felt stuck by virtue of security needs and a fear of being by herself. Mary could identify with her, herself locked into a joyless marriage. I commented that 'staying in the group' and 'making decisions/taking action' did not have to be mutually exclusive, indeed that by staying in the group those processes might be further strengthened, or clarified, but to no avail. Subsequently, Tracy appeared to avoid reference to the idea of leaving, and indeed, focused on others instead. It was only when Paul reminded her and asked her again how she felt, a month later, that she tersely responded, 'I can't stay on. Sorry'. She left after three more groups. People shared warm farewells, even suggesting that she could still change her mind. She was embarrassed, adding, under her breath, 'I hope I've made the right decision'.

Discussion

MW: Foulkes developed a 'spiral notion' when it comes to matters of endings in a slow-open group. The metaphor here is of a winding staircase on which there are exits at many levels. These are favourable moments where a group member, achieving a certain critical depth of work, must judge whether to leave the group or go on until the next favourable moment or exit presents itself. Their judgement should, suggests Foulkes, be largely in accord with peers – in other words, 'subject to analysis' – though freedom to decide is of course essential.

Now, here the discussion starts because it is unclear if that moment had come and if her peers had really helped her to properly work through her reasons, feelings and the decision itself. And perhaps I too failed to bring it back to the group and to the fore of discussion.

The ending of therapy is of course a loss, where a significant part of the client's life no longer there. As in her real life, there is transition from one place of security, even if that is an unsatisfactory one, to an uncertain place. How will I cope alone? There is a moment at the end when her uncertainty is re-stated, 'have I made the right decision'? One wonders if she lacked a capacity to truly *think* about the ending – the feelings aroused, its meaning, and so forth. Was it an area that could not, in modern terms, be mentalised, so that her action and thought were divorced? On the other hand, we do encourage clients to develop autonomy and maybe her decision to leave mirrors something of the decisions that she wants to take in her outside life – and all that requires courage.

Nick, do you read this in a similar way?

NB: Sometimes groups seem happy to see some members go. Your first scenario is an example of this. In your second, however, it is reluctance not relief the group shows.

Most terminations in groups are experienced, at some level, as a disruption of the 'idealised group illusion' (Schermer & Klein, 1996) – fantasies and basic assumptions of dependency perhaps, of oneness, of permanence – and as an impingement on the enveloping facilitative environment. But this is not, of course, good reason for people not to leave. Although defences against such disruption might be at play here and may well need exploring, the therapist's countertransference, together with the genuine sense of loss – explicitly voiced here by Mary – suggests the group's hesitancy is a response to Tracy not having sufficiently worked something through. At the very least, the group is left, until the final moments of her departure anyway (when she once again becomes aware of her ambivalence – ironically, I think, a sign of health), with an uncertainty that Tracy herself has seemed, for much of these last weeks, less able to bear.

An important aspect of group-analytic therapy is, as you say Martin, to facilitate in individuals a capacity to take up their own authority and, in so doing, to exercise their autonomy. For Tracy, demonstrating a capacity to make decisions is clearly related to this. It is important then, even if the conductor is not convinced of the decision made, to support her capacity to make it. Certainly the group needs to feel free to bring analytic scrutiny to bear upon this communication as with any communication in the group. However, the group, including and especially the conductor, need to be sensitive to enabling Tracy to leave, if and when she wishes to, and to do so with dignity.

All this said, I am, nevertheless, often wary when a group member presents the group with a decision, a *fait accompli*, especially one that affects the whole group. This is very different than coming with 'thoughts in progress': in this instance, the desire to make a decision and a request for engagement with the process of thinking about it and of making it. It is, on the whole I think, this latter, more open approach that speaks of a more assured sense of internal authority. This is so because implicit in such communicative sharing is both a more realistic understanding of what inter-dependent living entails and a confidence that communication about what is not yet clear in one's own mind leads not to a likely curtailment of agency but to its honing and development. In other words, intimacy and self-agency, rather than being mutually exclusive, are co-creative and the expansion of personal horizons grows out of a 'fusion of horizons', not by defensive efforts to exclude the impact on the self of other ways of seeing.

Rice (1996) suggests that endings which might be deemed premature (as this one might be) can sometimes be prompted during a 'phase change' in a group; for example a change from a period of bonding to a period where difference begins to gain more emphasis and, consequently, conflicts begin to emerge. I'm not sure, from what you describe, whether this might be the case here, but the fact that, following the group's suggestion that Tracy sounded 'defensive', the subject of her departure slips into the background, suggests perhaps a degree of

collusion in avoiding difficult ground where individual members might have very different views. Indeed, in the dynamic played out between Tracy and the group, there may be located concerns about how difference can be dealt with and how autonomy can be retained, let alone developed, amidst the growing intimacy of the group.

Ideally all such opportunities for meaning-making would be explored in the group. The nature of the warm farewell and Tracy's greater availability towards the end suggests perhaps, were she to stay, conditions would be ripe for doing so. However, in the light of her departure, this work will be the group's without the benefit of the literal presence of the departed and it is work, I suspect, that will occupy the group, in one way or another, for some time.

A planned ending: 'And I'll try to take the group with me'

Margaret, who was a group member for 4 years, was seen almost as the 'wise woman' of the group. This was on account of several aspects, including, being relatively older (mid-60s when she left), her charm and encouragement, her mature, reflective capacities and the way in which she had tackled considerable adversity in her life. Sarah (mid 20s), for example, said things like, 'We can always rely on you for helping us, and for seeing things' and, 'I can learn a lot from you because you've done so much work on yourself'.

Nursing a disturbed mother and caring for siblings were some of the dominating themes of her early life, together with a stressful job that had involved administration of a care organisation; others in the group both enjoyed her care-giving, 'maternal' sensitivity while simultaneously challenging her gravitation towards the caring role. Increasingly, others wanted Margaret to 'be more selfish' and 'put herself first'. Experiences of job redundancy were another focus, where she was displaced by a much younger, energetic 'entrepreneur', leaving her on the sidelines. Increasing marital tensions and conflicts with her (adult) child reduced the prospects of support outside.

Margaret felt that her time was 'complete' in the group, giving several months' notice before leaving. People were generally supportive of this, but did express concern about her relative isolation. They felt she was sadder also, about life in general.

Discussion

MW: There are several aspects that one could choose to focus on from the vignette – the position of the (significantly) older group member, retirement/redundancy, loss of productivity, and so on. I shall concentrate on her overall 'presence' and patterns in the group and how a process of planned leaving comes about.

Wisdom is hard to define as a quality, which in this context spoke to the way in which Margaret managed life adversity, and gained a certain resilience as a

result. Others liked her because she was adept at 'seeing' what they might be going through and was able, with great sensitivity, to help them forward. In their 'golden years', such adults do often acquire a better emotional balance and problem-solving skills but, for Margaret, this also belied a pattern, one developed in the context of premature care-giving. She could be thought of as a 'cork-child' (McDougal, 1986) whose psychic duty was to hold a would-be, should-be container (the mother/the group) together. The fear, were she not to perform, was that the container could explode or not progress. In this way, care-giving provided reassurance, a source of self-esteem, indeed was carried into her occupational life as an adult. Caring was a long-established, crafted ability, but had a heavy price, as pointed out by the others. A 'longer life' brings home the many changing positions, transitions and thresholds that have to be negotiated, and also the way in which patterns become habitual.

As a longer-term treatment, group analysis holds no magical means of knowing when (indeed, when not) a member is ready to leave. But, hopefully, there has been sufficient time in which the person has been able to fully connect with others, to work-through some of their core dilemmas and suffering and to incorporate some of the wider wisdom that group membership provides if seen as no longer located in just one ('wise') person. Others have their opportunities to give feedback over any feeling or decision about leaving, feedback which might not always be comfortable for that person to hear. In this example, there had been a deal of challenging, and an acknowledgement of a dimension of sadness which Margaret carried and/or came to feel. It is a reminder that leaving is seldom a romantic, smooth process for the member who departs, nor for the group who remain.

NB: From your description, one of Margaret's core relational difficulties is her tendency to prioritise others' needs over her own. This behaviour clearly has a long history – 'nursing a disturbed mother and caring for siblings' – and is often enacted in the group. Although group members value her caring capacity and skills, they have also challenged them, experiencing such a stance as 'incomplete'; that is, lacking a counter-balancing capacity for greater selfishness, for 'putting herself first'.

After 4 years in the group, however, Margaret, notifying the group of her intention to leave, refers to her time in the group as being 'complete'. I take this to mean she feels that the core aspect of her main therapeutic task is 'complete'; that she has achieved a more balanced, creative way of relating, of managing competing needs of self and other. Changes in relationships outside the group – emerging conflicts, for example, with her husband and her '(adult) child' – suggest as much, as does, perhaps, her very decision to leave, straining, as it may at some level, against the desire of some group members perhaps who, finding her contributions so valuable, want her to stay.

Although Margaret's enhanced capacity both to acknowledge and express her desire/need brings significant psychic liberation, it also brings sadness. In part,

this may be an apt response to the imminent loss of the group. As Garland (2010) suggests:

even when an individual patient has made for himself the decision to leave, the feeling that predominates is that of *being left*. In the unconscious it makes no difference who made the decision. The outcome is the same – the loss of the object.

(p. 121)

Yet there may be other reasons too. Certainly, for Margaret, with an experience of greater empowerment must come not only a resigned recognition of past unmet, unclaimed needs – a painful loss in itself – but also a poignant awareness of a present and future where, in the pursuit of authenticity, the possibility of losing relationships (and certainly a way of life, of relating) that have served until now to sustain as well as limit her, must be borne. All this, as you say Martin, suggests a far from 'romantic' or 'smooth' ending or road ahead. Nonetheless, it is a realistic one, bringing with it more room for the 'depressive position' (Klein, 1935) out of which creativity can more easily flourish.

As Margaret's departure is explored, the group expresses proper concern about her leaving. There is a recognition of some of the difficulties inherent in her journey ahead. However, unlike with Tracy, the group broadly concurs with her decision. This confirms its likely aptness. In addition, her willingness to give substantial time for discussing her departure itself suggests confidence in her own agency. She will not, she believes, be unhelpfully influenced by the contributions of others, only enriched. Another good sign. Further, her planned departure gives opportunities not only for her, but also for the group, to explore the experience of 'loss'. Does it prompt in the group, for example, a fear of depletion?⁷ Or, though recognising her unique contribution, are the remaining members, like Margaret herself, able to think about what they will be able to keep inside even after she has gone. Certainly, the capacity to make life-enhancing meaning out of what is lost, to 'find/Strength in what remains behind' (Wordsworth, 1804/1970), is central to the process of grieving, testing, as it does, whether the learning achieved is 'adhesive' – dependent on concrete repetition with the person or people with whom it was learnt – or 'introjective' – where the lost object is held, as a creative resource, independent of the physical presence of the other, inside (Waddell, 1998). As Margaret says, 'I shall try and take the group with me'.

Yalom (1970/1985) suggests that, for group members who experience a sense of 'completing' their work, termination is, on the whole, less problematic than for individual patients. Having already observed the process of termination of others, they have also experienced, he argues, 'the bittersweet fact that though the therapist is a person with whom they have had a real and meaningful relationship, he or she is also a professional whose attention must shift to others and who will not remain as a permanent and bottomless source of gratification for them' (p. 368). Apart from the fact that this is a rather dyadically oriented

(patient-therapist rather than group-oriented) statement, I suspect that the challenge for Margaret is less about whether she feels she can survive without the group (including the therapist) and more about whether she feels the group can survive without her. Perhaps, indeed, her particularly long farewell, useful though it is, speaks something of this concern: a desire to be very sure that all will not fall apart if she goes. This may well be mirrored in the group's own concerns about losing their 'wise woman'. Important for all, then, will be reflecting upon what qualities admired in Margaret may be introjected in the process of her leaving and what adhesively learnt qualities feel more dependent upon her being physically there.

Although there is no indication of regression in Margaret's case, sometimes the original symptoms a member presents at the outset of therapy can forcefully re-present themselves at the end. This can alarm both conductor and group, even prompting a postponement of a planned ending. In group therapy, this might usefully be thought about in terms symptomatic relational enactments. Thus, should the compromised care-giving-receiving system described above – one with Margaret care-giving and others care-receiving – re-emerge in the form, for example, of a series of group member crises matched by a hyper-activated caring response from Margaret and a consequent re-consideration by all of whether it really is a good time for Margaret to leave, it would be worth keeping in mind Wardi's (1989) observation that such regressive symptomatology, though no less intense than its pathological sibling, is transient, offering an opportunity for further 'working through'; hence her reference to it as 'constructive termination regression'.

'Successful termination' in a group can be seen as being a 'gift' to those remaining (Shapiro & Ginzberg, 2002); an opportunity for 'therapeutic harvest' (Schermer & Klein, 1996). This is so, not only because of the rich material evoked and provoked by the experience of separation and individuation that are central to the process of termination, but also because the affectively charged authenticity of communications characteristic of well-managed endings facilitate 'the emergence of the 'true self' experience and the formation of stronger bonds among the ones who are 'left behind' (p. 111).

Reflecting on what I have said about Margaret's ending, I'm aware of offering, perhaps, a fuller response than in the other two cases. I'm aware also of referring more to the literature and of my own need to feel I have said enough. This makes me think of how I, personally, as a conductor, and as a writer, respond to endings. We are, after all, approaching the end of this book.

The anxiety that 'time's winged chariot hurrying near' (Marvell, 1681) provokes is universal, penetrating every aspect of our lives. And I suspect my desire to say more of what there is 'not world enough, and time' to say is, at least in part, a response to just such provocation. It is a desire I often find in myself when approaching the end of time-limited groups, ones in which members have agreed to end both at a predetermined time and together. Unsettled by words not said,

not found, of 'something undone', these 'omissions', 'That spread their echoes through a place/And fill the locked-up unbreathed gloom' (Jennings, 1958), can never be fully exorcised, since the work of self-other discovery can never be complete. Yet such '*Ghosts*' – the title of Jennings's hauntingly melancholic poem – can be acknowledged, even if their 'faces' are not yet 'known'. And, in the acknowledgement, we may reach a more depressive (rather than depressed) position; one that, in facing loss, including lost opportunities, finds hope in new ones, aware that 'to make an end is to make a beginning' (Eliot, 1942). This is true because introjective learning, of which the process of therapy is one form, brings with it not only content – *what* we learn (knowledge) – but also a useable understanding of *how* we learn (wisdom), including an awareness of how, sometimes, we do not. Any completeness, then, that we might usefully strive for in group therapy, comes not so much from the actual knowledge that we gain (important though this is, there is always more of that) but from engaging deeply with the work: exploring ourselves in relationship to others *with* others. And it comes also from the realistic hope that we may continue such explorations even after we have left the group because we know what it is like to learn about ourselves through communicating with others – that is, we more readily recognise the life-enhancing import of *community* and of *communion*. This is what Margaret means, I think, when she speaks of taking the group with her and what, perhaps, E. M. Forster means when, through the impassioned plea of *Howard's End's* (1910) central protagonist Margaret Schlegel, he exhorts the reader to, 'Only connect!'

Notes

- 1 Exactly how detrimental this influence can be is vividly captured in 'the cold hand situation' (Kahneman *et al.*, 1993), an experiment where participants were twice asked to immerse a hand in painfully cold water. One immersion was for 60 seconds; the other for 90 with the last 30 in water one degree warmer. Clearly, overall, the total pain experienced was least in the shorter immersion. Yet, when given the choice of which to repeat, 80 per cent of participants chose the longer period.
- 2 I use the term 'slow' advisedly as Kahneman (2011/2012) calls 'slow thinking' an effortful, attentive type of thinking that articulates judgements, makes choices, endorses or rationalises ideas and feelings generated by 'fast thinking'. 'Fast thinking' is, in contrast, automatic, associative, intuitive.
- 3 A task that can be supported by the group culture of 'mourning', including the rites of mourning which can help articulate the grieving process, 'lightening the burden of responsibility on the bereaved themselves' (Marris, 1986: 32).
- 4 I am grateful to Murray Cox for this wonderfully telling anecdote.
- 5 Rosenthal (2005) argues that inadequate preparation, selection and timing of the introduction of new members are the major factors contributing to early drop-out. Further, Rice (1996) cites extensive research suggesting good preparation significantly reduces drop-out.
- 6 The meaning of the antagonism is likely to be complex but I am reminded of Rosenthal (2005) who, drawing on Lothstein (1978), notes how the 'group

- ritualistically sacrifices its deviant to achieve stability' (Rosenthal, 2005: 43). Rosenthal further notes a parallel between a group that rejects new members and 'a society that closes its border to new immigrants' (p. 47).
- 7 Groups often experience the departure of an engaged member as a loss of an asset. This can often be poignantly so, even when not liked by some – the loss of an opportunity for some members to explore the nature of the relational difficulty experienced.

Epilogue

Martin Weegmann

Among my favourite quotations of Foulkes is this:

I do not think we should always try to understand. . . . In this connection I tend to leave things unresolved, in mid-air, incomplete ('no closure').

(Foulkes, 1964, p. 287)

Now it is nigh on impossible to capture complex qualities of group life in writing and, clearly, to isolate particular individuals for purposes of clinical illustration is artificial; artificial in that, even though it is individuals who seek group treatment, 'individual processes' cannot be conceptualised independently of the group matrix in which they occur. That matrix shifts continually and groups are always on the move, open affairs, occupied not only by present content, but also with that which is not-yet said, continually pushing and bumping against the edges of the 'circle of the unexpressed' (Linge, 1966, p. xxxii); each group calls forth another occasion, a further conversation, a next time. Re-translating this back to Foulkes:

Therapy lies at both ends of the communication process . . . communication becomes plastic, relative and modifiable by group experience, not rigid, absolute and repetitive.

(Foulkes & Anthony, 1957, pp. 149–150)

Likewise, arguably, is theory. For theory, too, has its locations, historical traditions and particular utility within time and space, so cannot be separated from being part of the ongoing project of group analysis. This having been said, some 'standing back' is always required for critical thinking to take place – do our theories still serve us? what are their limitations, scope and so forth? And how do we endeavour to make them accessible, including for those in different positions within their training and career?

When Nick first asked me to contribute to this project, I was hesitant, thinking, what on earth could I offer that Nick is not already onto? We had trained together and always got on; I recall the pleasure of discussing one of my first psychotherapy