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Learning to end: Trainee therapists' experiences of imposed therapeutic Endings

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Abstract: The aim of the study was to explore trainee therapists' experiences of imposing therapy endings with their clients. In this context, endings were imposed by the conclusion of training, as opposed to client needs. Following in-depth interviews with seven recently graduated psychologists, a thematic analytic approach was used to locate meaning within the participants' dialogue and explicate themes embedded within the ending of therapy relationships during their training. Five categories of themes emerged from their experiences: saying goodbye as a performative experience; the experience of abandoning the other; the experience of we-ness; time as tyranny: we have no choice but to end; and experiencing the patient as mentor. From each of these five explicated categories, competencies relating to therapy endings are identified and articulated, and hopefully will serve to inform the teaching and learning of psychotherapy and the ending of therapy relationships, beyond imposed endings alone. The findings are particularly salient for trainee and early-career practitioners who may be working in contexts where endings are dictated by factors other than the needs of the patient.

Keywords: Endings, therapy, termination, qualitative research, competencies

> It is a deeply moving experience; the general atmosphere is of taking leave forever of something very dear, very precious — with all the corresponding grief and mourning... Usually, the patient leaves after the last session happy but with tears in his eyes and - I think I may admit - the analyst is in a very similar mood (Michael Balint, 1950, p. 197).

All relationships end. They *terminate*. Not all relationships between patient and therapist end well however, and the finality of therapy endings can sometimes be a *thud*. Ending therapy can evoke complex emotions in patient and therapist alike (Baum, 2007) and poorly executed endings can seriously undermine progress made over the course of the therapeutic work (Shafran, et al., 2020).

Despite the ubiquity of endings, there remains relatively limited research about how to process therapeutic endings (Bostic et al. 1996; Shahar & Ziv-Beiman, 2020). The ways in which endings are "done" might be influenced by the style of therapy employed. Symptom-focused therapies (cognitive-

behavioural therapy, for example) may use therapy endings to review gains and plan relapse prevention. Insight-oriented

modalities explore the ramifications of the loss of the therapy relationship as an important means of promoting self-understanding (Saidon, et al., 2018). Two conclusions may be drawn from research relating to endings (or the more common term: termination): A successful ending is most likely when the patient is *actively engaged* in the process, while the therapist purposefully explores the patient's unfolding experience of the ending (Weil, et al., 2017). Secondly, therapy ending is itself a core aspect of the therapy process: *"*the therapeutic relationship determines the experience of termination; the therapy and termination processes are inseparable, and the former will influence the latter unavoidably" (Fragkiadaki & Strauss, 2012, p. 345).

While much of the existing literature on endings focuses on the experience of the patient (Knox et al., 2011), few studies have explored the ways in which ending is experienced by therapists. That is, the lived experience of therapists (Råbu & Haavind, 2018; Schwartz, 2020; Shahar & Ziv-Beiman, 2020). Complex feelings including anxiety, anger, guilt, and even doubt in one's competence may emerge for therapists (Baum, 2007; Maples & Walker, 2014; Younggren et al., 2011). Individual attachment styles may determine how therapists respond to endings in their professional life (Rutishauser & Rovers, 2010). This is hardly surprising, given the well-established acceptance that such idiosyncratic relational factors influence therapy outcomes, as the attachment qualities of other important relationships in the lives of each person are re-enacted in the therapeutic context (Rizou & Giannouli, 2020; Rutishauser & Rovers, 2010; Samstag & Norlander, 2019). Yalom has pointed to the capacity of endings to evoke unresolved grief from past experiences of loss for the therapist, thus highlighting the potential for personal growth and increased self-awareness that can emerge from confronting the reality of endings (Yalom, 2002). The intensity of responses may be exacerbated when the patient chooses to end therapy suddenly, or the ending is dictated by external factors beyond the therapist's control (Baum, 2007).

Student and trainee therapists, with nascent skills in the technical and relational requirements of psychotherapy, can find therapy endings daunting (Maples & Walker, 2014; Gelman et al., 2007). To place this into context, the training of psychologists in Australia commonly occurs within student clinics, which provide services to the public, often with reduced fees. In these settings, students are closely supported and supervised, however the therapy is limited to academic timetables and other constraints. For example, students cease their work within the clinic by a fixed date, in accordance with the program timetable. This is dictated by the need to continue onward to external learning placements, and to allow the influx of a subsequent cohort of trainees. In addressing ethical issues, supervisors assume that patients are notified in advance of these constraints and a process of closure, and where appropriate, referral is undertaken. Nevertheless, in a

practical sense, the needs of the patient are secondary to the structural needs of the context: the administrative needs of the clinic, and training needs of the student. That such decisions may be made irrespective of the patient's clinical status may be a source of frustration for trainees (Gelman et al., 2007). The ethical implications of this structural imposition may need greater consideration within training institutes.

The topic of endings within the trainee context has attracted surprisingly scant research attention, despite concerns about the clinical impact of the sort of imposed endings associated with trainee settings (Schwartz, 2020; Szczygiel & Emery-Fertitta, 2021). Such endings have been linked to feelings of powerlessness for clients. The term "transfer syndrome" has appeared in historic literature on the subject, speaking to some patients' strong defensive reactions to ending therapy for "administrative" reasons. Therapists have observed regression, skipped sessions and acting out behaviours by patients in response to impending endings forced by administrative reasons (Siebold, 2007). Relatedly, the therapist may experience a sense of guilt, and an acute awareness of not just the limitations of their ability to help, but also their acute capacity to harm their patient (Siebold, 2007).

With these ideas in mind, an expanded understanding of the phenomenology of trainee therapists' experiences of endings has the potential to inform teaching and supervision and to improve practice. An understanding of trainee therapists' experiences in particular is likely to be useful given the unique nature of student training clinics, and the limited agency trainees typically possess regarding the ending of the therapy. To this end, the aim of the study is to explore and explicate therapists' experience of therapy endings, within a student training context. The study seeks to explicate common themes identified by therapists associated with endings they experienced within their training (imposed or otherwise) and to draw upon these ideas to delineate a series of ending-of-therapy competencies applicable across wider therapy contexts.

Method

Methodology

The study adopted a qualitative research approach exploring narrative interviews with recently graduated psychologists, reflecting on their experiences as trainee therapists. The researchers sought to maintain a hermeneutic-

phenomenological perspective, in which meaning is derived from the subjective, lived experiences of participants (Tan, et al., 2009).

Participants

Purposive, convenience sampling was used to identify participants. A total of seven participants (three female, four male), were recruited from a sample of graduating students from a training clinic at an Australian university, each of whom had experienced endings related to structural factors (end of the internship) as opposed to purely therapeutic factors.

Inclusion criteria were having completed formal post-graduate training in clinical psychology within the preceding five years; have experienced, in the context of that training, a minimum of one therapy relationship of fifteen or more sessions duration; and having experienced one or more imposed endings during their training program. At the time of interview, participants were between <12 months to 5 years post-training. Six participants had completed a Master of Clinical Psychology Degree (the final component of a six-year training schedule), and one had completed a Master of Professional Psychology degree (five-year study and one year internship) within an Australian Higher Education context. Pseudonyms have been used for all participants. The interviewer, who is the first named author, was a student of the program and therefore had professional association with most of the participants. The second author held a teaching and clinical supervisory role within the academic program, and so had relationships with the trainee cohort. For that reason, this author was deliberately kept unaware of the identity of the research participants.

Data Collection

Following ethical approval by the QUT Human Ethics Committee, data was collected via recorded Telehealth video interviews (Zoom) of approximately 60 minutes duration. Telehealth was chosen due to the coronavirus pandemic at the time of data collection. Participants were given an explanatory statement, derived from Barsness (2018):

You are invited to participate in a research study about therapy termination (the ending of the therapy relationship). The study aims to better understand how the termination process is experienced by trainees. The study hopes to identify whether common experiences or behaviours exist which could inform the practice of future trainees in their understanding of termination as this relates to psychotherapy.

Before the interview, we ask that you reflect on one patient who has been important in your therapy training, with whom the therapy relationship has either been terminated or is planning to be terminated. It might be useful to make note of thoughts and feelings that you recall having occurred for you during the process of termination. Consider what you understand your role to have been in the therapy process and what stance was required of you. Also, think about the words you chose to use in raising the issue of termination and why you chose the words you did.

During the interview, I will listen to and record our interaction and the ideas we speak about, as well as your reflections on therapy termination. The dialogue will be facilitated using questions such as:

- *Select a patient/patient who has been important to you and who will inform our conversation.*
- *Tell me a little bit about your patient and the work you and they did together.*
- *What were the key themes that arose over the course of the therapy?*
- *When did you first think about termination and issues which might arise from it?*
- *Based upon your experience, what therapy ideals or values may have been challenged or changed because of this experience of termination?*

Interviews were simultaneously recorded as written transcripts using an artificial intelligence (AI)-based voice to text program. Participants were given the opportunity to review and comment on the transcript of their interview; one participant chose to review and had no feedback.

Data Analysis

The Analytic Process

The explication of the data was divided into six stages as defined by Braun and Clarke (2021), that is, immersion in the data, coding, theme development, refinement, and identifying categories of explication, referred to as the explication of themes by Braun and Clarke. Those authors describe their approach as “a theoretically flexible method” (2021, p. 4), for “developing, analysing and interpreting patterns across a qualitative dataset” (2021, p. 4). The approach is essentially reflexive in that the researcher’s own understanding of the data is acknowledged as informing each of the steps.

The steps of explication comprise the following stages:

1. Transcription
2. Data immersion
3. Coding
4. Theme development
5. Defining and naming themes

6. Categories of explication: The explication of the five categories emerging from the data drew upon the themes holistically, that is each theme can be tracked to particular codes, which in turn, may inform the categories associated with the themes arrived at within each of the categories.

Reflexive Comment

The study occurred within the context of a training clinic within an Australian tertiary setting, and both authors acknowledged that they were also drawing upon their own knowledge and experience, including their social positions within the field.

The first author was simultaneously a post-graduate student and trainee, while collecting and analysing the project data. The first author is a cis-gendered, heterosexual man, of Anglo-Celtic heritage, born and raised in North America, and working in Australia for over 20 years. Prior to training as a psychologist, he worked for a decade as Mental Health Nurse. His therapeutic practice is primarily psychodynamic in orientation.

The first author had firsthand knowledge of some of the participants which provided him with greater credibility with the participants than otherwise may have been possible. His position as trainee and researcher embedded him within the research experience:

> As a post graduate student with a decade of work experience in the field of mental health, I found myself recruiting and engaging with the participants in the study simultaneously to also navigating my own therapy relationships and beginning to think about my own experience of ending those relationships. As the research process was beginning, the process, for me, of ending therapy relationships seemed still to be some distance away. As both the therapy process unfolded and the research developed, there was a mutuality of experience. Listening to the experience of therapists became increasing salient to my own experience, and I could observe similar thoughts and forces acting in me. To an extent, I used my research supervision to focus on the tasks of the research, but this was against the background of my own lived experience.

The second author is an experienced practitioner, academic and researcher, and a supervisor in the student clinic in which participants trained. He is a cis-gendered, heterosexual man of European Jewish heritage, born and raised in Southern Africa, and migrated to Australia over three decades ago. The second author has a strong phenomenological background, prioritising staying close to the explicated data and the "life world" of the participants. Therapeutically, he works from a psychodynamic sensibility.

The second author was the supervisor of the research project and involved in the conceptualisation of the study, the actual study, and in teaching students some of the who participated in the study. Being a supervisor necessarily involved a power differential, which he explicitly acknowledges. He played a role in overseeing both therapeutically indicated and imposed endings within the student clinic, which are complex and include ethical issues related to training and practice. This position may be uncomfortable:

> I tried, to the best of my ability, to be aware of the dynamics which may influence the findings and respect the voice of both the first author and of course, the participants. As an experienced clinician, I was able to draw upon many years of overseeing students in the clinic, and the degree to which endings are often neglected and avoidance processes and rationalisations by colleagues who may wish to not think about the relational impact of imposed endings.

Results

Five categories emerged from the themes that were arrived at through the thematic analysis of participants' experience of imposed therapy endings: saying goodbye as a performative experience; the experience of abandoning the other; the experience of we-ness; time as tyranny: we have no choice but to end; and experiencing the patient as mentor. Quotations (using same gender pseudonyms to protect confidentiality) have been edited for clarity.

Saying Goodbye as a Performative Experience

The thematic category "ending as performative" was derived from four themes within therapists' experiences: conflict for the therapist; therapist's values; therapist has human emotions; and the therapist's future is elsewhere.

One of the two subjectivities in the therapy dyad is that of the therapist, and the participants describe becoming aware of the effect therapy ending had on themselves as therapists and the way it made them behave in response to the approaching end of the relationship. The ending becomes performative as the therapist moves from observer to participant. All therapists conveyed some degree of tension between care and responsibility toward the patient, against the need to address the tasks of ending the therapy. Strongly emerging ideas were professional obligation and responsibility:

> You're trying to manage your own learning experience and being the therapist, but also trying to manage the therapy ending in a way that's going to be best for them and therapeutic… definitely something in my mind and something that shocked me as termination came up. (Frank)

> Having…quite a strong responsibility…never leaving a patient in the lurch. If you're not the right person to help them, assist them to find someone else. (Erica)

However, this sense of obligation was experienced as placing pressure on the therapist's values. They described a struggle over causing a painful experience for the patient.

> You mix that in with my own way of being in the world, which is: I feel like I have to look after people. So, it wasn't just the stuff that she was bringing to the table. It was my own internal working models, as a human being and as a therapist. Where I feel like I've got to carry people…And there's some sniffs of a saviour complex too, in that I'm here to help you, I'm here to rescue you. (Adam)

This tension provoked reflection in therapists, surprising some with the depth of their own emerging emotions:

> It would have been interesting to document the anxieties and the multitude of feelings that I had in those last 10 weeks… Because I did feel sadness, I did feel anxiety, I did feel very real feelings come up for me thinking about the therapy. But much like any human and any patient when I had those feelings that were uncomfortable, my defences kicked in, which were intellectualisation, justification, rationalising about the process, this has to end. (Adam)

> And so, when it came to an end, … it left me feeling sad… I did feel towards her, not a sense of friendship. A sense of caring about her and caring about what happened to her. (Cate)

Raising and discussing the ending was experienced as daunting. All participants expressed that speaking directly about the end was confronting:

> It was definitely one of the harder parts of the work… because saying goodbye is really weird and awkward... I'll never see you again, but I know some very very intimate things about you. (Gary)

> I became concerned that maybe I was making this big hullabaloo out of it… I think that made me feel worried. …There was this chunk in the middle where I felt awkward and nervous bringing it up. (Cate)

Embedded within these feelings was an awareness that their own futures were "elsewhere". Coinciding with the end of the therapy relationship is the end of the therapist's training program. Tension existed within that.

> The reality for trainee therapists is that you've been working your arse off for two years, and you're like, I just want this to be finished. I just want to find work and get on with my life. That, selfishly or not, took precedence over the therapeutic work in some ways. (Adam)

> Particularly with those patients who are a bit more high risk who, you know, they're relying on you to be safe. That is an interesting thing to have to try and manage within yourself. To say: Yeah, I'm just moving on. I'll find you someone else who will be a good fit for you. (Debbie)

The notion of relief at the ending of the relationship also appeared for some:

> I felt a sense of relief when we finished up working together… She was very difficult to contain and difficult to have a therapeutic relationship with. I think I felt a sense of relief when that ended. (Cate)

> It was a little bit annoying as well. … I felt ready for it to end… I've taken you as far as I can... I don't know where my future lies. My agenda is different to yours. I know that sucks. I know this hurts, but things will go on. (Adam)

This final thought from therapist Adam summarises the essence of this theme. The therapists felt torn between the need to attend to ending the therapy relationship and trying to understand where *their* future lies.

The Experience of Abandoning the Other

The experience of the patient ("the Other") was derived from three themes: avoidance; something painful; and taking care. This category relates to how the therapist perceives the patient's response to the end of the therapy relationship. In a sense, these reflections are about the patient, though ultimately, they represent how the therapist *interpreted* what the patient said or did. The connection between therapist and patient makes the thematic parts of "Self and "Other" firmly interwoven and relational.

For some therapists, there was a sense of difficulty predicting the patient's reaction. The patient may not respond at all in the way the therapist anticipated.

> A couple of my patients were very excited for me and happy for me, and that was great. And then the others sort of just didn't really say anything, and just kind of went a bit silent in the session. You didn't get much else from them and so you're left sort of feeling this is really hard for them. This is a hard thing, and how do we work through this together? (Debbie)

> She came in one day, sat down and said: "I've decided that I want this session to be our last session". She was very concerned that she was becoming reliant on me… And the reason she wanted to do that was because she knew that I'd be leaving at the end the year. (Cate)

A recurring experience for the therapists was drawing patients *towards* speaking about and engaging with the approaching ending. Ending seems at times to have been a cumbersome and awkward presence in the relationship.

> She went through this stage of being like, "No, I don't care about therapy." Each time I would try and talk about it she would get quite visibly uncomfortable. She wouldn't look at me. She would say "Oh yeah, you know, like it's gonna happen. … I felt quite awkward trying to then bring it up and talk about it. (Cate)

> "And he avoided discussing it completely, he shut down. Our therapy had switched to zoom. He moved out to [location] and couldn't make it into sessions. And he told me that his camera wasn't working. So, our sessions were done just me looking at a black screen. And that was a great metaphor for our therapy. I never really felt like I got to know him or understand him because he was so avoidant of having a real relationship with me. (Adam)

Aspects of how patients responded to an imposed ending were illustrative for the therapist and provoked new understanding. A few therapists explored ideas of abandonment emerging for their patients.

> Obviously with her attachment background, she would raise it as I'm abandoning her, I'm just another person that's gone... I don't think I got to the level I needed to leave her satisfied. I would love for her to have attended our last session. But she didn't. And I never called up I never inquired as to why. So, I can only speculate. (Hans)

> Somehow for this patient, whilst it still feels like they're being abandoned, they're also recognizing that it's not. And there's something that's obviously going on in the therapeutic alliance that's slowly shifting that part of their pathology. And so, really dissecting that I think, was quite healing and therapeutic. (Debbie)

Therapists reflected on being present to observe how the relationship's ending struck the patient, in real time. Powerfully emotive experiences emerged.

> He came in for his final session, we looked at each other face to face. And he broke down in tears when he realised it was the end. And he wouldn't get up off his chair. He was despondent. He was like, 'I never realised how much this meant to me. I never realised that I got so much out of this therapy, and it's been so beneficial. And that I'm going to miss it. And I've just realised that now I'm gonna miss it'. (Adam)

> She said, 'I've been wanting to cut my hair for years. I never have and I felt like I could' … it's just a haircut but it wasn't just a haircut. It was this quite meaningful thing to be able to do that … when we talked about this in the last session, quite a lot was reflecting on what she felt she had been able to shift. A feeling that there was more she wanted to do. That the ending was happening at a time where she felt like she'd come this really long way but still had a long way to go. (Cate)

Within these reflections, the therapists are learning unexpected new things about the patients that they are in relationship with. These responses intermix with and influence the therapist's own feelings and responses.

The Experience of We-ness

The thematic category, the experience of "we-ness" was derived from three themes: thinking together; understanding meaning; and alignment of thinking.

This category referred to the nature of the therapeutic relationship, the "we-ness" or togetherness experienced by therapists as they came to appreciate the context of therapy ending. While there is a "you" and a "me", which together constitutes "we-ness" in the therapy room. The themes of "Self" and "Other" arose within an interconnected context, but also a "we-ness" that arose as an emergent unifying force, a bridge.

> We were speaking about it in supervision and in classes, but in the therapy room, I didn't have a full awareness of that… It was a funny thing them being my first patient, us going through termination together and trying to understand that together for the first time. (Frank)

The therapists are experiencing and witnessing the relationship, and what their role in therapy might really be:

> Having someone that prioritised her emotional needs in the sense of: "I want to understand what you're going

> through". That was an untapped well for her. I don't think [the patient] had experienced that before in a relationship with a therapist, or even in her personal life... at times when she'd be like 'No one's tried to understand me like you'. (Adam)

Repeatedly, the therapists returned to *the relationship*. This awareness stood out for Frank, who reflected on how the ending wove itself through conception of what therapy is:

> I think that's where a lot of therapy does happen, in that meaningful relationship. By both agreeing that it is meaningful, and that termination will be hurtful. Termination will be sad. Termination might bring up some of your past experiences… I think there's something quite powerful in that that I hadn't really thought about before. (Frank)

Frank continues, exploring the depth of understanding and connection that the termination process offered:

> It was a useful space to reflect on a relationship, and what was going on between us. And that I don't mind that therapy is coming to an end and we're terminating, but I still want to come back… We were able to speak about that and have a couple more words for that part of himself. (Frank)

Frank offers a glimpse of what this focus on the relationship might offer both the patient and the therapist.

> [It] gave us a lot more opportunity to reflect on things that went deeper and not just, 'I'm fine'. Because that was his mentality, 'I'm doing okay. There are these things that I struggle with, but I don't show them to anyone. I've shown them to you, but when I show them to you that's quite scary and I need to run away and regather myself before I can come back'. So, we had words for all these things which are going on between us. (Frank)

These ideas were raised by other therapists as well. Some of their thoughts suggest a new awareness of what therapy might be:

> This was the first time she had really, truly cried and carried that emotion into the session… 'It's about losing you, losing this space, this really safe attachment figure.' And, gee, oh, you know, that almost put me on the verge of tears as well. That's where our work had gone. (Gary)

> It doesn't have to be about fixing. You don't have to enter the therapy forum to get fixed. It can be to experience love. Maybe it's the only hour where you have unconditional curiosity or is the only time that you can express yourself and feel free. (Hans)

The relationship and the therapy became defined by togetherness. There is a shared giving of something from one to the other that feels important:

> As we go through the six-week closure process together, we're gonna have the space to really work through this and it is really nice. Like to go through and give each other proper, proper closure. I think we're giving that to each other. (Debbie)

> I think in our therapy he had a sense that he would be accepted. And gently encouraged but not pressured to keep striving for little things. In the course of our therapy, he got better and better at being compassionate towards himself and giving himself time. It was satisfying to be able to give that final bit of validation…I was really happy for him. (Adam)

Frank described having written, and having asked his patient to write, a letter as they approached the end of their relationship. His reflection offered a sense that a new insight had occurred, that the relationship itself might be the therapy:

> Being able to talk about termination and see it as something that is therapeutic …I think it is important…Seeing how they wrote about therapy and what they took from it is amazing. You can see; therapy is meaningful… Just reading that letter touched me. The patient has words to be able to put something to that. (Frank)

Gary offered similar thoughts,

> I would emphasise how important the work is being that stable, consistent, empathic, and reliable person… actually the relationship and being there consistently… Naturally, the termination of that relationship is so important... Have that open conversation and not hold back on those kind words that they genuinely feel about their patient. To be genuine about it. (Gary)

The togetherness, the "we" that the therapists express across this theme show that the process of ending therapy can powerfully illuminate the extent of interconnectedness between patient and therapist.

Time as Tyranny: We Have no Choice but to End

The thematic category, we have no choice but to end, was derived from three themes: planning and preparation; impact

of ending; and external forces. This category explicated the experience of imposed endings, which may have been explicit or implicit as evidenced through the time-limited nature of the relationships experienced during therapists' training. Each of the participants reflected on the apparent lack of choice or demarcation of limits in ending the therapy. For example, Frank reflected on the usefulness of having a known "endpoint" to work towards and how this infused meaning into the work:

> I think having termination as an endpoint and being able to talk about termination and the relationship coming to an end allowed us space to think about why relationships are meaningful for him. We wouldn't have been able to speak about ending without an end date in our minds. (Frank)

Hans described feeling limited by the therapy models he had been instructed in.

> If you have a termination already in place before you begin, I think it can limit where you can go with patients… this 10-session CBT model. There's no room to explore something more esoteric… you have to limit the type of therapy you do and only focus on one problem area. (Hans)

Erica shared an experience she had within a public health setting, in which the pre-determined length of the treatment program impacted her work.

> It was about the 10-session mark. I realised how little progress people had made. You've just scratched the surface… And I realised, I don't think I can make a significant change in this person's life in 20 sessions. It felt like 20 sessions were not enough. (Erica)

The reflections shared about imposed terminations demonstrates the degree to which imposed endings are not necessarily associated with negative outcomes. Rather, each relationship reflects unique features of the relationship and the ways in which therapeutic processes play out within therapy relationships.

Experiencing the Patient as Mentor

The thematic category, experiencing the patient as teacher or mentor was derived from three themes: therapist learning about themselves; technique of termination; and the client stays with us.

This category refers to the personal learning and changes that trainee therapists experienced in the context of imposed endings. While the therapy endings may be considered important for the patients, the ending of such a personal relationship is also significant for the therapists. While the therapist is there for the patient, the patient has also been present for the therapist. This is particularly true for trainee therapists, for whom these patients have been part of their inaugural experiences as a psychotherapist.

> He helped me get started as a therapist… And I'm thankful to him for that. How is there a way for me to express to the patient, how much I've learned about the craft of psychology, and how much they have supported me to get to that point? (Frank)

Many reflections were associated with a newfound awareness of the importance of endings. To some, this came as a surprise, and therapists were unprepared.

> I remember doing a termination session with someone and my supervisor, he was watching the video. He watched the whole thing and he hit the point where I started to talk about termination, and as soon as I started talking about it, he paused and he looked at the timestamp and he looked at me: "Too little too late, mate". (Gary)

Gary continued, reflecting on the impact of his apparent mistakes.

> I can see where he's coming from. I didn't mention it at all. I didn't say it is our last session. It was just: Where would you like to start today? How have things been this week, kind of thing. (Gary)

There was a sense from the therapists that navigating endings in training brought completeness to their understanding of therapy. Gary, who felt he had fumbled a termination session so badly, offered a view of how his technique changed:

> Termination is a big part of the therapeutic relationship. The conversation around termination is the conversation around progress of the therapy. How it's going and how we are going. And it's evolved. It's more comfortable. (Gary)

This change in approach to the technique of dealing with endings was shared by other therapists:

> It has to be talked about from day one. And the frame must be set, and the expectations set... It's talked about overtly throughout because I think the hardest experiences that humans have to deal with are the pain and loss associated with saying goodbye. (Adam)

What each has learned through their experiences of imposed endings as a trainee, now appears in their work as a therapist.

Often, the way participants describe their current therapeutic sensibility appears to be informed by their prior experience of navigating endings prescribed by clinic policy:

> You may want to terminate abruptly. Let's talk about that. Or let's talk about how long you think you need therapy. Maybe I should ask my patients: How will they know when they're ready to terminate? That's probably something that hasn't been discussed. (Debbie)

> I've been explicit with everybody in terms of length of therapy, and frequency of sessions… And I've gotten positive feedback from patients about having those conversations. (Erica)

These reflections about what has been learned transcend just technique. The therapists reveal a sense of having learned something about themselves and about therapeutic relationships.

Discussion

The experiences of the ending of therapy relationships for seven recently trained therapists are complex and nuanced. Five categories of explication were identified: saying goodbye as a performative experience; the experience of abandoning the other; the experience of we-ness; time as tyranny: we have no choice but to end; and experiencing the patient as mentor. These findings have been extrapolated to arrive at five therapist competencies in utilising the ending phase of therapy effectively, often in contexts where the ending may be imposed upon the dyad by factors external to the therapy. These competencies are included within the discussion that follows.

Much of the existing research on therapy ending conveys that endings are a fundamentally difficult task for trainee therapists. Imposed endings especially are frequently described as unavoidably confronting, frustrating and even distressing (Aafjes-Van Doorn & Wooldridge, 2018; Baum 2007). Recently graduated therapists' reflections in the current study support the observation that ending can be challenging, particularly while in training and where they are imposed by structural factors. However, the current findings likewise suggest imposed therapy endings might be an inherently valuable learning opportunity when negotiated effectively. This is an important finding to emerge which is underemphasised in the literature.

Learning about Togetherness

Building a therapy relationship is a core characteristic and goal of therapy. The therapists interviewed for this study described having learned something important about the practical work of being a therapist and the emotional work of being in a relationship with another. There were strong reflections about the *relationships* that had formed within the therapy. Reflecting with the patients about the experience of the relationship that had been achieved also *gave something* to the therapists. The process of therapy ending served as a catalyst for much of this reflection.

The therapists had many reflections about having learned something important. They reflected not only about therapy ending, but on their training experiences broadly. Several remarked on how much they were changed by the training experience and how much they learned from the patients they worked with. The process of ending their therapy relationships enlivened these realisations. Many of the therapists were deeply moved by their patients' responses to the end of the work together and felt validated by the help and connection their work had provided. For the trainees, here was deeply authentic evidence of them making their mark by connecting with another person. Perhaps there was something therapeutic occurring for the therapist also, towards which the patients in their own way contributed. The approaching end of the therapy brought the meaning and importance of their relationships to the fore.

There is a sense arising from each therapist's experiences with therapy endings, that they shifted from being an observer who is simply "in the room", to a participant actively exerting and being exerted upon by the dynamics of a unique relationship. The patient may be perceived as having changed because of therapy, but so has the therapist. There may be gradients in how consciously each therapist is aware of these forces unfolding during the ending phase, and variability in the way these factors are responded to, but the revealing of therapy as a relational experience seems unmistakable.

Three key characters emerged in explicating the experience of ending of therapy narratives underpinning this study: Self as the therapist, Other as the patient and the We-ness of our relationship. These positions present as inseparable and interwoven. The intersubjective experience of therapy ending presents an opportunity for the trainee therapist to internalise something fundamental about the nature of psychotherapy: that the therapist is an intrinsic component of co-creating the therapy experience.

*Competency 1: The therapeutic relationship is a core aspect of the therapy process. Endings are not solely about the patient. It is also about the therapist and the liminal space between therapist and patient. Endings are an active process requiring active engagement of both therapist and patient***.**

Learning about Separateness: The Self in the Room

The interdependent themes of "Self" and "Other" explicated the idea that although the patient and therapist are engaged in a relationship, the therapist is only able to capture a partial understanding of the experience of the patient. It is assumed that the therapist and the patient are *known*, to a certain extent, by the other, but much of what is in the mind of the other also remains *unknown*. Each carry their own agenda in and out of sessions. The phenomenon of ending has a capacity to make clear both the power of relationship and closeness, as well as the fundamental reality of separateness.

That the relationship is going to end also implies that the therapist's stance must adapt. No longer does the patient just speak and the therapist only listens (or at least, such an illusion can no longer prevail). Now, the therapist must *act*, and act in a way that places their own needs and agenda into a certain opposition to the needs and expectations of the patient. The relationship must be ended, deliberately.

The demands initiated by the process of therapy ending clarify for the trainee that a therapist's responses and internal experiences *act on* the patient and the relationship, and vice versa. The ways in which therapists articulated their personal experience centred on a conflict between attending to the tasks of ending (ensuring the client is not "left in the lurch": finding referral options and attending to the patient's emotional responses, etc.), versus managing feelings that arise internally for the therapists. Feelings that may clash with their values. Therapy ending, particularly where imposed, is *doing* something that is potentially painful: Sending the patient into the world alone, "without me". This was made particularly challenging when onward referral options are limited or simply unfamiliar to the trainee. The intensity of the ending seemed to surprise some of the therapists. Perhaps: *This is not what I signed up for! I want to help, not harm!*

The therapists also articulated varying degrees of anxiety and apprehension about discussing ending, and sometimes, avoiding the topic altogether. The variation in how the therapists responded to the task of ending supports previous research on therapists' individual attachment styles, and how patterns of responding to relationships and relationship loss can influence the therapy relationship (Schwartz, 2020). There was evidence that some of the therapists were conscious of the effects their interpersonal styles exerted *during* the process of ending the relationships with their patients and how their expectations or fears may have influenced their experience of self and other. In several cases, therapists reported that patient outcomes post-therapy turned out to be markedly different than had been anticipated or feared.

Therapists reflect on the importance of engaging with their own responses and *bringing themselves* closer to the experience of being-with as the relationship comes to an end. Endings necessarily result in a kind of dissolution, or transition from being-with, to a sense of aloneness - yet mindful of what may have emerged over the course of the therapy, and also a capacity to hold on to the gains resulting from the experience. The findings above suggest the importance of trainee therapists better understanding their own experience, and the ways in which self-understanding may influence the experience of endings.

Competency 2: Attachment styles influence how both the patient, and the therapist will react to the end of the work, and this can exert a real impact on how the process unfolds. The therapist must be aware that their own agenda and needs, as well as their own emotional responses to endings, are influential and unavoidable components in the process. Endings affect both parties, and therapy termination is an opportunity to draw upon the therapy relationship to optimise self-understanding.

Expect the Unexpected

Therapists observed patients respond to the ending process in a manner that provided a new insight about how the patient experiences relationships. It is well known that endings can evoke strong feelings in patients (Shafran, et al., 2020). The nature of a stable and supportive therapy relationship was a benefit to the patient; exploring *together* the work that had been achieved in therapy and within the relationship, and the ending of that relationship, helped to uncover complex and important feelings within the patient. Anxieties relating to abandonment were frequently observed by therapists, and as ending unfolded, some described having come to understand the patient in more detail through the emergence of complex feelings, such as abandonment surfacing and becoming more visible.

At times patient reactions to the ending of the therapy relationship, as observed by therapists, were not what they had anticipated. Patients could be more or less concerned about the end, or more or less willing to talk and think about the work finishing. There was a sense from therapists that patient reactions are difficult to predict. Sometimes, regardless of how anxious or concerned the therapist might have been about the end of the relationship, the patient seemed not to be.

This sense of surprise about the process of ending the relationship might be partly explained by experience. For

example, it is difficult for trainees to detect signs that a patient is going to prematurely leave therapy. Detecting and responding to ruptures occurring within the therapy relationship is similarly difficult. Trainees demonstrate as much capacity for empathy and emotional connection with patients as "expert" clinicians do, but simply lag on experience with noticing signs and signals that their patients might be offering them (DePue, et al., 2022; Kline, et al., 2019). Estimating how the patient is going to fare, post-therapy may be a relatively novel task for the trainee. This specific concern arose for some of the therapists.

Some of the therapists were struck by poignant patient reactions to ending. The sense that deeply powerful processes occurred privately for the patients reinforced the complexity of the work, and ultimately the separateness of the two individuals in the relationship.

Competency 3: Patients may not always respond to therapy ending in a way anticipated by the therapist. The therapist needs to maintain a stance of flexibility and openness to new meanings as they emerge through the process of termination and maintain space for the patient's experience.

Coming Full Circle

Building a therapy relationship is a core task in therapy – so too is ending that relationship. The therapists in the current study expressed that an understanding of *what therapy is* and *why it is meaningful*, emerged from the process of ending the therapy. That if the togetherness of the therapy relationship "is" the therapy, then termination of that relationship can be something catalysing and revealing of just how meaningful the work has been. This recalls the words of Fragkiadaki and Strauss (2012): "…the therapeutic relationship determines the experience of termination; the therapy and termination processes are inseparable, and the former will influence the latter unavoidably" (p. 345). Hence, the ending *is of* the therapy; the therapy *is of* the relationship. There was a retrospective feeling to this at times, with some of the therapists coming to these realisations after their therapy experiences had ended. Perhaps these are relationship insights requiring an experiential, lived process in order be understood completely.

Therapists conveyed a sense of needing to *bring the patient closer* to the topic of ending, to encourage and foster discussion and to reflect on what the end of the relationship means. This aligns with advice offered in ending literature as to the fundamental ("practical") tasks of ending: to promote active engagement by the patient with the process of therapy ending, and for the therapist to undertake an exploration of the patient's experience (Weil, et al., 2017).

Regarding ending as a *task*, most of the therapists felt strongly that their work since completing their training is informed by what they learned within these first experiences of therapy relationships coming to an end. Describing how they engage with patients in the present, several of the therapists were clear that the duration of therapy, and the conditions under which therapy might end are ideas they make explicit "right from the start". And that when the therapists maintained an ongoing conversation about ending, this felt constructive to the relationship. This reinforces one of the key ideas to emerge from the current study: rather than being a solely difficult or negative process, ending of therapy carries the potential for learning and growth and can help to provide a sense of completion to the training that therapists receive.

Competency 4: Endings are a core aspect of the therapy process. It may be useful to discuss termination from the very beginning of the therapy relationship. Open communication may provide both a sense of having a safe end point, as well as offer the opportunity to explore the ideas and feelings evoked by a pending ending for both the patient and the therapist. The therapist should bring attention to and foster awareness of the dynamics of the relationship as therapist and patient confront the ending of the relationship.

All Things Must End

A commonality across the reflections was the experience of therapy relationships ending in a *forced*, or imposed manner. In practice, this ranges from the work ending at the completion of an internship (as in this study), ending due to the pre-determined length of a service or intervention, or ending as a function of a time-limited therapy modality. One therapist indicated that across the course of their training they had only ever experienced the end of therapy as being for a reason outside of their or the patient's control.

Much of the literature on imposed endings describes frustration and feelings of powerlessness in both patients and therapists (Siebold, 2007). This sense of frustration was reflected by some of the therapists in the current study, expressed by complex emotional reactions they observed to be occurring for the patient, and feelings of anxiety and disappointment within themselves.

Despite the immovability of imposed ending, possibilities also emerged. Some spoke about the usefulness of having a clearly articulated end date, and how therapy was able to be better goal-focused and efficient when there was such a fixed point to work towards. One of the participants, Hans, associated this idea to his understanding of existential therapy: "Life is finite, and we must engage in everything that we are able to before we die. The finiteness of life serves to motivate change." He

drew a parallel between these ideas and the imposed end of therapy.

It was also expressed that both the client and therapist experienced safety in knowing that the relationship would finish. From the perspective of the trainee therapists, they are not just ending their work with a particular patient, they are also completing their training and moving on. The desire of the trainee to move to the next step in their lives, to "put the training behind me" and in a sense, to "be free" emerged in various contexts. There is an implied *protection* for the trainee therapist of their separateness and individual needs within this. The forced point at which therapy will end can serve as a boundary to the therapy relationship, within which there might be more freedom to "be with" because there is freedom to be "me."

Competency 5: All relationships will end. The therapist may wish to adopt a stance privileging the idea that within every ending is an opportunity to explore the finiteness of human relationships. Living with an awareness of both beginning and end encourages safety in the therapy relationship, where courageous work may be accomplished.

Strengths, Limitations and Areas for Further Research

The study has relied upon a relatively small sample of participants in exploring the experience of imposed endings in a training clinic. As we see very significant demands for more psychologists, at least in the Australian context, we are likely to see an ever-increasing need for training opportunities, and significant increases in clinics prioritising the training needs of trainees. These pressures may impose a cost wherein patient needs are rendered subservient to training demands. The current findings highlight the complexity of endings in this context, for both patients but, more directly, for the trainees. The current findings point to the significance of loss across the therapeutic context.

Strengths of the methodological approach underpinning the study include the flexibility of the approach, which also depends on the quality, depth, and poignancy of the interview data. That the interviews were conducted by a therapist who was himself in the midst of a similar learning process arguably helped to ensure greater depth and emotional resonance.

The approach has also allowed us to uncover nuanced themes. The approach underpinning the study is one in which the interviewer acknowledges their own subjectivity, both during the process of interviewing the participants and in responding to the data. The process is iterative and evolves with each subsequent interviewee they engage with, and equally in the explication of the data. The reflexive nature of the explication is evident in the use of reflexive statements embedded within this report. The explication provides a basis for the delineation of competencies emerging from phenomenologically-informed interviews with their focus upon the participants' lived experience of imposed endings.

The approach adopted draws upon the assumptions of an understanding science, as opposed to an explanatory science. Dilthey (1894/1977) referred to a distinction between a *verstehen* and *erklären* science. An understanding science privileges subjective understanding and advocates an empathic identification with the values and meanings examined in a social context. An acceptance of human subjectivity is regarded as a basis for understanding. This approach stresses an attitude of openness to whatever is significant for the proper understanding of the phenomenon. The researcher is required to concentrate upon the phenomenon as it presents itself and not to precipitate judgment of the phenomena or see it through any specific framework based purely upon previous research or theory. Future research may include the explication of data drawn from alternative groups within different contexts, for example, therapists at later stages of their career, and allow for the further development of the competencies outlined in the current paper.

Reflexive Comment

In reflecting upon the ideas explicated through this research, both researchers became increasingly aware of a juxtaposition between two realities: First, there is the emergent, two-person relationship which situates the ending of a relationship at the core of the experience of therapy (for both the patient and the therapist). This contrasts against the reality of a different agenda: the function of the patient as an instrument of the training program itself. It is beyond the scope of the current study to interrogate the ethics of student clinics to any meaningful degree, however, there do seem to be underlying ethical questions regarding the inducing of *end of therapy* experiences for the purpose of training therapists independent of the needs of the patient. In reflecting upon our findings, we question whether trainees (or patients), are cognisant to the real purpose of their engagement, or aware that the complex experiences relating to therapy ending might be induced deliberately, in the pursuit of best preparing future therapists? It is unclear how or if these ideas are made transparent. It is

suggested that future research explore this dynamic more deeply and better explain the relationship between the goals of therapy, the goals of a training program and how known these facets are to all involved.

The first author felt a deep resonance with the theme of endings and was moved by the experiences of the participants in this research:

> "Reflecting on my own journey through training as a therapist, I realise that my decision to pursue this path was driven by a longing for connection that I felt wasn't fully available in my previous career as a mental health nurse. At least, not in quite the same way as what emerges in the dialogues and experiences uncovered in this research. Throughout my training, I have discovered the power of authenticity and presence in therapy, and the gratification that comes from being seen and seeing others. This research coincided with the end of my formal training, evoking a mixture of excitement and uncertainty about my professional identity. I am immensely grateful to the clients who contributed to my learning, as they have also been my teachers, shaping who I am becoming as a therapist".

Conclusion and Implications for Practice

There has been little research examining the experience of therapists in training clinics where the ending of the therapy may well be imposed by factors extraneous to the primary needs of the patient. This study looked to address this gap by exploring the experience of therapists responding to imposed endings dictated by the training regimes. Aligning with much of the past research into this topic, therapists in the current study experienced therapy ending as a challenging and emotional experience. Therapy ending also emerged as a particular opportunity for trainees to *experience* the intersubjective and relational nature of therapy.

Training clinics are essential to provide training to novice practitioners. However, this raises ethical issues where pragmatic processes dictate endings in these contexts, thereby limiting therapeutic processes being able to reach a natural conclusion based on progress. The end of the therapy relationship is not simply a formality; it is a fundamental, component of a complete therapy experience. Even in scenarios in which the ending is *imposed*, genuine meaning and connection for both therapist and patient can be achieved. The implication is that therapy ending, even if challenging, can serve as a key learning milestone, a bookend, to the process of training new therapists. On that basis, increased and explicit focus on incorporating ending into therapy experiences should be treated as a priority in therapist training programs.

In conclusion, we highlight five essential competencies for trainee therapists managing imposed endings in therapy. Psychotherapy competencies regarding termination involve understanding the therapeutic relationship is essential, and endings require active engagement from both the therapist and the patient. The therapist acknowledges their own agenda, needs, and emotional responses during endings, recognising that approaching the end of the therapeutic encounter is a process that affects both parties, and the dynamics within it should be utilised to optimise self-understanding during the ending of therapy. The therapist needs to remain flexible and open to unexpected patient responses during termination, allowing space for their experience. Endings are inherent to the process of coming full circle therapy; discussing endings early on in therapy establishes a safe endpoint and provides an opportunity to explore the thoughts and emotions surrounding the end of the therapy process. Finally, emphasising the idea that all relationships eventually end enables the trainee therapist to explore the finiteness of human connections, creating safety for transformative work.

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