

The Last Time: A Metaphor For Leaving*

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Much has been written about the beginning phase of family therapy, little about the end. Joining may be said to set the tone for later therapy, ending establishes directions for the future. As such, this last and crucial phase of therapy warrants careful study. This paper examines the importance of the last session of therapy for both family and therapist, and illustrates techniques which may facilitate future change.

INTRODUCTION

Apparently scant attention has been given to the subject of termination in family therapy. Many authors refer to the *fact* of ending therapy without dealing explicitly with considerations and associated techniques that arise from an examination of this important phase. The meagreness of literature is the more striking in comparison to the wealth of literature and time spent on teaching the subject of initiating therapy. (Joining, Minuchin & Fishman 1981; 'Winning the battle for structure, losing the battle for initiative', Napier & Whitaker, 1973; 'The First Interview', Haley, 1976, and so on).

It seems likely that a number of features of family therapy have conspired against taking endings seriously. Firstly, family therapy is prized for its concentration on the present. As a model it would often rather not look into the past and consequently sometimes runs the danger of not looking into the future. Secondly, family therapy has often focused on and been appreciated for problem-solving. A particular problem is focused on and resolved at a particular time. This is a great attribute of family therapy for those who were originally trained in models of psychotherapy which burdened the therapist with the weight of 'cure', 'personality change', 'individuation' and so on. However, the risk† of the 'problem-solving' nature of family therapy and its focus on the present is that it may not pay enough attention to the future. Consequently the process of ending therapy may not be accorded the importance it deserves.

This has particular importance in the Australian context of which Stagoll (1983) and Cornwell (1982) have written: "It is crucial", says Stagoll, "that Australian family therapy does more than represent a quick fix-it 'she'll be right' technology which both typifies and sustains much Australian culture", but rather that it "... promotes a questioning and expanding of Australian family cultures." (Stagoll 1983, p. 20). Cornwell (1982) writes:

"The attitude of the family to its symptom-bearer often makes me feel compared with a garage proprietor — 'Check his wheels and plugs, give him a lube and, while you're at it, I need to renew my rego' — that incident-free happiness was a right and obligation, found by knowing the right person with the right technology. 'Fix it and I'll be on my way, no probs.'" On a clinical level these authors imply the importance of keeping future relationships and not merely symptom relief in the forefront of therapy, thereby making a long-term impression from what is often short-term therapy. This alludes to what Bateson (1979) referred to as the profound differences between changes in the characterological state of an organism and changes in that organism's particular actions.

Lastly, the relative newness of the field of family therapy makes concentration on beginnings metaphorically more congruent than looking at endings.

THE LAST TIME: A METAPHOR FOR LEAVING

For both family members and therapist, ending therapy may be seen as a metaphor for leaving home: for the family, independence and self-reliance in the face of difficulties, current and potential, which led them to seek therapy; for the therapist, simply leaving their personal family to its own devices.

In this way, leaving therapy approximates other major separations in the life-cycle, two of the most important of which are 'leaving home' and death.

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†This seems to be a risk associated with, rather than intrinsic to, problem-solving family therapy.

Recently, White and Epston (1984) have made a number of links between anthropological findings regarding patterns of change and the process of psychotherapy: how societies deal with change in the individual and how these changes are ritualized and celebrated.

In mythological literature the 'end' is very often incorporated into a cyclical pattern, whereby the end represents also a new beginning. There are many examples: the death card of the Tarot in which is incorporated the new life; the Twilight of the Gods, made familiar by Wagner's opera, is the Teutonic myth of the end of the world and its rebirth; numerous beliefs about individual rebirth such as reincarnation; the Greek Goddess, Persephone, abducted to the underworld by Hades and constrained to live part of the year on earth and part of the year in its interior, mirroring the seasonal cycles.

Janus, that God particular to Roman mythology, is pertinent. In modern terms, he is the God of 'process variables', such as beginnings and endings. In more concrete terms, he was the God of doorways and passages, and later of all human initiative and creativity. January was named after him as the first month, and he was celebrated at the beginning of each other month. However, Janus is best known for his two faces: he looked simultaneously in two directions. If beginnings were in his honour, then endings were as well; systemically the one implies the other.

The Janus-like process has been referred to quite often in modern literature. Janusian thinking, the ability to hold two discrepant thoughts in one's head at the same time and the powerful creative energy that this can sometimes release, was the subject of a paper in the *American Journal of Psychiatry* (Rothenberg, 1979).

Many therapists know the creative benefits of combining left hemisphere logic and rationality with right hemisphere metaphors, jokes and 'craziness' (Cade 1982 [a], [b]). Bateson (1979) refers to the 'Janus-like' process of evolution — evolution of any sort: the mixture into a single process of two movements, each facing in different directions.*

Janus could stand as a symbol for all therapy, but is particularly pertinent to ending therapy, or the last of therapy. In the last session, looking forward, a new beginning with changed directions and choices about the future is contemplated. At the same time, looking back, the process of therapy is reviewed, and the question of what can be carried into the future and what left behind is addressed. These questions are important for the family leaving therapy, but also for the therapist.

Arguably, the most famous symbol of 'the last time' comes from the Christian religion: The Last Supper. On one level this represents the last meeting between Christ the Master and his disciples, a parting which has been ritualized and partaken of by millions of people. On a further level, however, this event represents the acme of Christ's process of individuation for, apart from anything else, Christ is the great model of the human individuation process.

C.G. Jung's interpretation is that, if projected conflict is to be healed, the patient must celebrate a last supper with him/herself — eat his/her own flesh and drink his/her own blood, that is, recognize and accept the other in themselves, thus integrating those parts of the personality still outside ego-

consciousness¹ (Jung, 1963).

The nature of autonomy is self-generating and self-devouring.² Christ is again a metaphor for this process since he applied to himself the two Greek letters, Alpha and Omega — the first and last. Alpha continues till it reaches Omega and Omega completes the cycle back to Alpha, that is, in Him is found the course of all things (Jung, 1963).

So too, when family therapy reaches the last session a systemic view of the presenting difficulty has initiated actions which put an end to the symptoms. Old patterns are altered and a guidebook, a systemic view of family life, has been initiated. The family becomes an entity which is self-generating and self-devouring. Future difficulties will be viewed as emerging from the family (not solely an individual), and as being capable of resolution by the family.

In *Problem Solving Therapy*, Haley wrote, "If therapy is to end properly, it must begin properly." (Haley, 1976, p. 9.). In the context of this paper we could add . . . and if the gains of therapy are to be perpetuated, it must end properly.

Hoffman (1982) has referred to Milton Erickson's notion of supplying for the patient a "graceful exit". She implies that in systemic and strategic family therapy this partly entails allowing the patient to leave feeling they have won while the therapist quietly acknowledges that they have won. To many therapists, there must be more to a graceful exit than this. The key variable is 'relationship'. The type or style of therapy will dictate the nature of the therapeutic relationship which will, in turn, imply a different ending.³ Psychoanalytic therapy, for example, has dealt very explicitly with relationship issues with patients. In consequence, termination of therapy in this model is dealt with more directly and fully than it might be in the less explicitly relationship-oriented style of strategic and systemic family therapy.

What is crucial and distinctive to many family therapies (especially those which may be called strategic or systemic) is the importance of ensuring autonomy of the family from the therapist, and a recognition of the trap of a stable system, (which includes the therapist), being formed around endlessly recurring difficulties.⁴

*An example from Bateson is the "Great Stochastic Process"; that sequence of events which combines a random component with a selective process so that only certain outcomes of the random are allowed to endure.

¹It was neither Jung nor a religious upbringing that got me thinking about the Last Supper. A nine year old boy who had been in individual psychotherapy with me for more than a year arrived late for an appointment, following a time both of us had broached the subject of terminating therapy. With his schoolbag packed with 'props' for the session, he explained that he had had to come via his house. He proceeded to set up glasses and wine, and a plate of cubes of fresh bread. Together we celebrated the Last Supper. He said I was getting a bit carried away when I talked about the significance of this. It was just something he'd seen recently and wanted to share with me.

²The alchemical symbol of transformation which is self-generating and self-devouring is Uroboros (Jung, 1963).

³In this connection Chable and Chable have documented the concern of various forms of therapy with the process of termination (Chable, 1980).

⁴This is a concern of some other forms of psychotherapy too though it seems to have been documented in a more implicit, less crisp and incisive form than it has been in family therapy.

Andolfi et al (1983) have articulated this feature of family therapy well, if briefly, in a short section entitled "Towards the Dismantling of the Therapeutic System". Review appointments at the end of therapy are made on the understanding that these will be postponed unless commitment to agreed-on goals is clearly demonstrated. In other words, further contact with the therapist is in the context of him or her no longer being needed by the family.

An example of family therapy termination being treated with dynamic concern for transference issues is provided by a case study by Noni Insall (1981). Insall explored the ending of therapy with a family whose central difficulty was a high degree of dependence on one another, which was reflected in increasing dependence on the therapist and therapeutic agencies in general: a not uncommon and sometimes difficult situation to deal with.

Returning briefly to "the last time" as a metaphor for leaving, it has been suggested that for both therapist and family the last time recapitulates patterns of leave-taking. Most obviously, it can be seen as similar in pattern to the adolescent leaving the home of the parents. It is a case of similar information being carried by different events and objects. One could hypothesize that what one knows about leave-taking in the family's past as well as leave-taking in the therapist's past may be of great relevance to the end of therapy and the way it is undertaken.

Further, 'end-metaphor' seems to depend on 'process-metaphor', that is, successful therapy (in anyone's terms) results in successful leave-taking. The process predicts the end. On the other hand, unsuccessful therapy may be associated with uncomfortable or incomplete leave-taking which does not usually assure the possibility of recontact if necessary.* These are families in which, in one form or another, therapy lapses and where autonomy has been snatched rather than negotiated. On the simplest level, just as adolescents need to have secured their relationship at home before healthy leaving is achieved, so the family therapist has to have securely joined and struggled with the family before healthy ending is achieved.

It is not always as clear-cut as this. There is an inevitable core of problems in any family life. "In treatment the clinician often succeeds in helping troubled marriages and families, but in the excitement of the process one may forget how much of real life is built around the incomplete and damaged and missing in our patients and in ourselves. After all, we are only human." (Charny, 1982, p. 50)

The therapist and the family will often negotiate an end to therapy in the face of the ordinary problems of life in the family. In the metaphor of adolescence, he or she must often leave home and become autonomous in the face of conflict, triangulation and the stickiness of childhood. It is, after all, in these incomplete, damaged, missing parts of family life that potential and newness exist. "All that is not information, not redundancy, not form, and not restraints — is noise, the only possible source of new patterns." (Bateson, 1982, p. 386). Endings are like beginnings.

THE THERAPY OF THE LAST SESSION

It frequently seems that it is in the process of ending, in the last session, that therapist and family come closest together. It is often so in relationships in general; people in railway

stations and airports afford some colourful examples. This has lots of implications, but one important one is that therapeutic messages will be particularly strong at this time, requiring the therapist to take great care with their responses, at a time when they may be feeling relaxed, convivial, or poignant about the parting.¹

The following are four categories of techniques that seem particularly useful in the last session of family therapy.²

Last Responding to Responses

People act in relation to news of difference (information) (Bateson, 1973, 1979). The detection of difference or change is of critical importance to therapy. Much of the task of therapy is the establishment of conditions which provide information about or call attention to difference. Information about difference in relation to change can provide the difference upon which further responses (changes) are based; the so-called difference that makes a difference (Bateson, 1979).

In the last session, Janus-like one can look back over all the changes, amplifying them to the right volume to meet the family's threshold for information while, at the same time, looking forward and responding to changes ahead, not yet realized. There are numerous ways of drawing attention to the changes. These chiefly entail the therapist's reaction to and marking off of the changes. Reactions of surprise, shock, enthusiasm, astonishment and so on call attention to change. There can be similar variety in the way changes are marked off. Consulting the file or original details of the problem often supplies powerful attention to difference. It is also surprising how often the therapist has forgotten or has raised their threshold to difference over time. On occasion it may even be helpful to phone the referring person and discuss the changes with them in front of the family. While the process of listing changes draws attention to difference, the social and professional convention of summarizing does not. On the contrary, being succinct about changes is more likely to diminish difference and raise thresholds to change.

Other ways changes can be marked off and future changes alluded to include:

- The question — "What would you say to a family (parent, person, etc.) who has the same problem you had?"
- The whole range of circular or third person questions, especially when marking changes in relationships between people.
- Arguing for restraint or other strategies for the future also marks changes achieved so far.

*Chable and Chable (1980) have formulated some practical suggestions about the handling of termination where progress has been unsatisfactory.

¹It seems often that what happens during the last session mirrors in macro terms what happens in the closing minutes of all therapy sessions in micro terms.

²What follows springs directly from clinical experience and from acquaintance with other therapists' work: Michael White, Malcolm Robinson, Moshe Lang, David Epston and those with whom I work, all of whose influence I gratefully acknowledge.

—Taking photographs, voice recordings, heights and so on of children aligns one's change-marking with the incontrovertible ones in physical form. It implies future comparison and that there will be a continued pace of change in the family, and that outer changes reflect inner changes.

Erosion Insurance

"Is there a difference between 'being right' and 'not being wrong'?" (Bateson 1973, p. 381). Erosion insurance is insurance for not being wrong. It is helpful to respond to responses in such a way as not only to draw attention to them, but also to maximise the chance of their lasting. Again, it is a form of looking ahead while observing changes that have been made. There are a number of related ways of doing this.

(a) *Predicting slip-ups or hiccoughs*, that is, warning the family of the likelihood of the re-emergence of difficulties. This seems to work on a number of levels: it increases vigilance and guards against old patterns and symptoms; it decreases anxiety about re-emergence, since it is sketched as a common occurrence. It labels any re-emergence as a normal process, for example, the last-ditch stand of the forces now being beaten. Lastly, it frames any re-emergence of old patterns as a quaver in a virtuous trend rather than the start of an old toxic one.

(b) *Closing escape hatches*: this is done first by identifying things that might get in the way of the new state or further change and then working to undermine the power these things have to start the old cycle³. A further well-known closer of escape hatches lies in expanding the audience. Have you told other people of your success? Or, even more dramatic: Would you be prepared to tell others with similar difficulties now being experienced? Implicit in this is the third major element in erosion insurance.

(c) *Working out what we did, and writing a code book*. This involves the family collectively and individually working out what they did to arrive at the new pattern of relationship, the process of integrating new elements and labelling the old elements. Following this the new pattern of relationship itself is described, particularly in terms of what has been invented for problem solution: establishing what part of the preceding therapy can be abstracted as principles which may be helpful for different problems in a different context in the future. This is a code-book which contains the meta rules of family functioning and problem solution. It is what Bateson referred to as the distinction between learning and learning to learn, and it refers to what was said in the introduction about making long-term impressions out of short-term therapy.

Retirement Plans

The last session of therapy has been formulated as one primarily concerned with the business of leaving and of separation. As such, it provokes the use of all sorts of associated metaphors of leaving. The first of these is retirement. Relatively little provision is customarily made for retirement of parents from their children and other relationships characterized by a measure of dependency. That retirement plans are made is even more important where the child or adult has been the focus of many difficulties. The passive, non-front-line changers are faced with the difficult change of redeployment of time and energy. Successful retirement plans often seem to precede

successful retirement.

A story about the magnitude of this sort of retirement may sometimes be useful in approaching the reality of the change.

"I knew a woman with headaches. She'd had headaches nearly every day for the past fifteen years. The woman's sister looked after her. When the woman's headaches went away for the last time, she was so relieved. She could do so many things she'd only dreamed of before. But the woman's sister suffered at first. She hadn't realized that four hours of every day had gone into caring for her sister's headaches. She was bored and aimless and unhappy until she worked out what to do with her time. Then she could be pleased about her sister's health."

Such stories are for therapists too. They need to be reassured and to reassure the family of their retirement. This is done by the therapists' initiatives which broach or confirm the family's autonomy. Again, the relative newsworthiness of these statements will depend on the threshold of the therapist and the family, but might include statements like:

"It seems to me there's no place left for me in your family" or "I've been done out of a job." (and maybe nominate the therapist in each of the members), or "It's difficult for me to say good-bye but I can't remain a member of the family."

End-metaphors, such as retirement, are freely invented by many families during the last session of therapy. For example, the road ahead, maps and guidebooks, a smooth functioning machine switching from manual to automatic, and so on. The skillful use or elaboration of a family's own metaphor is more significant and more powerful than those invented solely by the therapist, or brought from a different context. The family formalises and ritualises the termination of therapy in a way that is appropriate for itself, but the therapist can aid this process from his/her familiarity with such contexts.

Anniversary Reviews

Finally, with erosion insurance worked out and retirement plans made, it is important to have a formal hand-over of responsibility to the family for monitoring and reviewing the changes that have been initiated and developed. This can be done via an anniversary review arrangement. An arrangement is made that the family will review its functioning every year or half-year without the therapist. A specific date is decided on (often a wedding anniversary or other significant date). On that day, the family will meet to discuss their functioning. Among other things, they may pose the question: has progress been maintained or continued? If progress has been continued, they should find ways of congratulating themselves. If progress has been maintained, they may congratulate themselves and discuss future movement or changes. If things have slipped back they can talk about ways of starting up changes again.

Sometimes families might decide to phone or write to the therapist at the time of an anniversary review. More often by then the process of autonomy is secure for both family and therapist.

³I refer to this as drawing up an insurance policy, and have at times been tempted with families to market these policies (which may range from insurance against hitting other kids to insurance against school refusal) through large insurance corporations.

THE THERAPIST

A lot has been said about the therapeutic system but what of the therapist? What is there for him or her to do individually when faced with the last session of therapy? It is a problem leaving anyone that one has made an attachment to. Clients, especially those for whom therapy has been a success, fall easily into this category. But attachment to families can be even more problematic; there are more hooks, more adhesive surfaces. Also, therapeutic relationships are always moving towards termination and in many cases, the more successful, the quicker this occurs.

Studying endings closely, one can often identify that one has been left with some unresolved thoughts and feelings when a family has concluded therapy. The therapists themselves may benefit from spending more time disengaging from the family during the last session. The techniques referred to above in 'The therapy of the last session' aid this process. In addition, the therapist may wish to spend time thinking about their own autonomy: identifying what belongs to the family, and taking back what belongs to the therapist; drawing boundaries, and facing up to the sadness that it was not the therapist's own family that was helped.

The therapist feels good and bad — poignant — at the end of completed therapy. It is often helpful to go and tell of the success or failure of therapy to a colleague or family member. It puts the therapy in the frame of a good or bad job while not denying the relationship just ended. It also places the therapist in the context of continuing relationships.

Further, it is vital for the therapist to identify and be aware of those hooks that have most potential to keep one involved with a family for longer than is necessary or therapeutic. Bowen (1978), Friedman (1971), Charny (1982) and others have addressed the issue of the family therapist's own family, and this literature is pertinent in identifying particular personal hooks in the families with whom one engages in therapy.

One of the many such hooks which appears to be quite common for therapists is the one referred to earlier, that there is a certain amount of normal problems always extant in a family system. With this potential difficulty, task-centred or problem-solving therapy is a helpful model. This model keeps in the forefront of the client's and therapist's minds the issues to be dealt with and makes it clear when they have been adequately resolved. On the other hand, the potential danger of therapies which minimise the pitfalls of the client-therapist relationship is that they lose sight of the fact that all therapy takes place via this relationship, the therapist's part in which can never be underestimated.

CONCLUSION

The last time or last session is a metaphor for leaving. It recapitulates issues of autonomy and separation for both families and therapists. It is also the time when long-term consequences of short-term therapy are forged and finalised.

In a sense, therapy never ends. Anybody who has done any therapy knows that one carries the therapy and the therapist around long after the last time. Like growing up in families, there is a last time, but no end. Such a thought brings one face to face with the awesome responsibility of being a therapist.

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