

About a Good End How to end (body) psychotherapy and why this is hardly ever talked about Bernhard Schlage

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Abstract

In this article, the author intends to enlighten and engage readers in regards to aspects involved with the last phase of (body-) psychotherapy by introducing potential complexities that impact the last phase of a single session as well as (body) psychotherapy in general. Despite the significance of appropriate closure for client and therapist well-being and emotional health, the author contends it has been relatively neglected in the literature. The author explores this topic starting with a description of challenges therapists may experience then offers ways to address them. He also discusses the impact clients have on therapists within transference-countertransference situations. In conclusion, the author offers propositions to deal with this significant phase of the psychotherapeutic relationship.

Keywords: ending therapeutic relationships, biographical markers of therapists with often broken client-relations, burn-out prophylaxis, katamnesis

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“The initial scene”

Rosenberg (1985) used this term to describe the biographical origin of a psychological habit in the present

“...he sat facing her. He just had noticed that the session was nearing its end. Soon the next client would ring the bell. However, just now, the person opposite him delved into an emotional memory of her childhood of such a sensitive and tender nature that it seemed impossible for him to interrupt. He was aware of his restlessness. In similar situations, before, he sometimes had excused himself with the need for the toilet in order to interrupt in a diplomatic way. Yet, he always scorned himself because of his cowardice. Today he wanted to do it differently. So, he tried to distance himself from the narrating flow of his client and concentrate on the syntax in order to catch a gap into which he could ask a question. But this gap did not appear. He tried to widen his range of consciousness so he could point out a sun beam shining into the room, or to sounds streaming in from outside and in this way get a chance to interrupt the narration of his client. Time stretched out terribly and a strange stillness was in the room: the scene seemed more and more ‘sacrosanct’ to him. Soon it seemed impossible to even clear his throat. When, finally, the bell rang and his client continued to talk as if nothing had happened, he did not dare to get up...”

After 33 years in private body psychotherapy practice and during the work of an ongoing

psychotherapeutic oriented supervision, I realized that several problems arose when my clients (and/or supervisees) and my negotiations involved ending our psychotherapeutic relationship. I have repeatedly tried to find solutions to this tricky phase of psychotherapy. A meta-analysis of publications concerning this topic brought to light that few authors have dealt with this situation. Thus, my motivation to provide information in an article to both enlighten my colleagues and support further research in the (body-) psychotherapy field.

I explore this deficiency of studies in light of psychotherapeutic tradition and in the light of the fact that psychotherapists belong to an especially burdened professional group, i.e., a higher risk of burnout (Abramowitz, 2005, p. 175-186), and a higher risk of suicide (Reiner, et al., n.d., p. 107-114). In conclusion, I offer propositions to improve ways of dealing with the phase of ending psychotherapy to prevent therapist burnout.

Because my colleagues are effected by the lack of research addressing this topic, I chose the participle “us” as a linguistic means to point out my solidarity, working in the field of (body-) psychotherapy myself.

Self perception during the final stage of psychotherapy

Difficulties and challenges exist when ending psychotherapy be it an individual session or the therapeutic relationship developed over time. I have experienced clients who eagerly look at their watch 10 minutes before our ending time and try to bring their talk to an end. Other clients not only arrive late on a regular basis they also open a new topic just when I thought I had skillfully rounded up the session, i.e., “Oh, I still wanted to ask you...”

How do we semi consciously convey that an individual session is nearing its end? Do we look at our watch? Do we clear our throat to allow a break in the interaction? How do we help our clients return from an inner or regressive experience into the presence of limited time?

In my experience, we, as (body-) psychotherapists have varied ways to end a session, some may actually become important rituals that help conclude the process. We may return to the initial phase of the session and validate what has happened in the meantime. We may have fixed seats at the start as well as at the end. We might open and close the curtains, the windows as a ritual, or simply leave the room when the time is over or escort our clients to the door.

Yalom (2002) describes the necessity to allow a few moments between clients to let the last session resonate so that the therapist can become aware of those aspects of the relationship that could not be felt in direct contact because of the transference situation, or do not seem to be describable

This process of clearing our own emotional/mental state is especially helpful with therapies where there is a high density of experiences, or where strong emotional tensions exist on account of traumatic afflictions. This break also gives us the necessary space to recalibrate ourselves for the next client (Brinkmann, 2002, p. 173).

There is also the question of how we ourselves feel when a therapeutic relationship developed over 30 or 40 sessions comes to an end. Are we relieved? Do we feel regret because we will miss the special fragrance of this person or the astute and delicate descriptions of that person?

Questions like these highlight the complexities inherent to ending an individual session or therapy in general and demand further discussion in relation to the impact of our own biography on this phase of closure.

The influence of experiences of separation and parting upon the choreography of the final phase

For psychotherapists, it is evident that all these ways of perceiving the end of therapy (both individual sessions and the relationship in its entirety) reflect what we, ourselves,

have encountered in earlier similar biographic situations. We are convinced that it would be important for our clients to recall memories of farewells or of successful separations from persons of authority during the final phase of therapy. During this time of parting from our client we might reflect just as well on how our own personal experiences influence our ways of dealing with partings from clients.

For instance, we may look at:

a possible connection between the parting from clients and the emotions we felt when we found ourselves alone at home for the first time because our parents had gone out;

our feelings towards clients who end therapy because they move to another city and possibly reflect our emotions when our first best friend moved away;

sensations that arise when a client ends therapy, which may reflect the emotions we felt when our father moved out of the common household because our parents separated;

the influence of the prolonged loss of a dying parent upon the awareness that the therapy with an elderly client is coming to its end;

what we feel when clients leave who are of the same age as our grown-up children.

It has hardly been taken into account that those working in the psychotherapeutic field mostly belong to the oldest or older ones in the constellation of siblings meaning that they take the position of the older sibling towards the clients (Frick, 2006, p. 39ff).

What is the meaning of Perl's empty chair?

Looking at what the elders of our professional group say in response to this question, I noticed in a meta-analysis of Freud's writings only one single place where he generally deals with "reaction to loss of object"; yet, he fails to put this into relation to the behavior of a psychoanalyst towards his/her clients (Freud & Strachey, 1953 – 1974). Novick (1997, p.151) calls this disregard of the importance of the way a therapy ends in early teaching analysis the blind spot of psychoanalysis. Wittorf (1999, p. 19) gives a short overview about the forced endings of analysis by Freud, for instance: the break-up of the therapy with Helene Deutsch to provide time for the client later known as the 'wolf man'. Helene Deutsch herself later ended the analysis of Margaret Mahler stating that she was incapable of analysis.

Even in the textbook, *The Technique and Practice of Psychoanalysis*, (Greenson, 1967), while rich in detail, does not offer a single practical hint about how to deal with the end of psychotherapy.

Fritz Perls once made a statement referring to his teaching analysis that seemed to suggest that not much attention was given to its ending: "I started my analysis with Karen Horney. Then I went to Frankfurt and worked with Clara Harpel until she declared that I was finished, so I went to Vienna to start working under supervision" (Perls & Petzold, 1980).

One might get the impression that Perls' style of therapy - stressing the techniques of the "Here and Now" - left little room for the gradual development of a relationship between client and therapist (Wittorf, 1999, p. 20). This missing relationship is reflected by the 'empty chair', a medium he often used to work with different aspects of personality in his clients. Unconsciously Perls brought the blind spot – the lack of continuity of relationship – into his work by repeatedly returning to the 'empty chair', i.e. the 'missing something'.

Wolfgang Mertens (1993, p.228) in his modern 'Einführung in die Psychoanalytische Therapie' (Introduction into Psychoanalytical Therapy) dedicates one chapter to the ending of therapy. He writes: "For many years, the ending was handled generally on an intuitive basis." Still, in 1966, Rangell expressed his regret about the lack of publications to this topic.

He discusses Freud's later writings concerning the 'finite and the infinite analysis' and he stresses the point that Freud was already 81 years old when he wrote these. He shows how the early idealization of the desire to bring about change in the society and its background in fantasies of therapeutic grandiosity devalues the finite nature of our work (for instance with clients who are terminally ill, or with those who can only afford a short-time therapy).

Finally, Mertens emphasizes the fact that the termination of transference love of the clients upon which Freud insists is not always possible. On the contrary, "post-analytical contact seems to belong to analytical routine "according to a study by Firestein in 1982 (Mertens, 1993, p. 237). Termination of transference love to clients and therapists implies the gradual loosening of expectations, desires, hopes and needs to return to a relationship of an adult nature.

The results of these studies are especially tragic as they show that clients do not return into the state of a healed adult and the therapists concerned bear with them an increasing number of unfinished, incomplete social contacts. This last point has to be stressed especially in the context of the intention of this article. We will return to it later, when we deal with prophylaxis of burn-out among colleagues.

So, the stories of our elders are not really helpful in our present examination. On the contrary, they witness the helplessness and lack of language for the final phase of psychotherapy.

Emotional clearings during the final phase

'Click to delete'. Or, how Facebook changes our ways of dealing with partings and farewells. She came into the practice very upset and was raving about her ex-husband – he was impossible and how could he do this, especially at the same time their daughter was online, and how cold he is and anyway ...it took me some time to reconstruct that the father of her three children obviously had looked for a way out of the squabble of difficult contacts. He had gone onto 'Facebook' and had taken up contact with his children during the times they were with their mother. During one of these virtual meetings the daughter witnessed that he had removed his contact from her site. Troubled, she logged herself onto her father's site and found that she was removed there as well. All the daughter's attempts to reach her father on other internet channels were unsuccessful and finally, very distressed, she turned to her mother. You see how difficult personal emotional clearing is while using these new virtual social media. This especially relates to the end of (body-) psychotherapy.

We cannot turn the wheel back and undo the use of modern social media. We can delay its use, we can limit it, we can tell our children that 'friends' on 'Facebook' are not those with whom they can share their joys and troubles, and we can warn them that everything they share in that forum cannot be made undone. We can offer them guidance to competently use social media and in the end, accept that they will use it and make their own experiences. (Body-) psychotherapists are going to have a new issue in their practices: incomprehensible break-ups of relationships.

Direct talk is not 'in' any more. These complex situations don't happen anymore. There is no more room for a feeling quality of perception to develop. The dynamics of arising emotions and how to deal with them is avoided. And even if we meet in person at all, partings via texting on the mobile, dialogues concerning the relationship via email, or the (non-) communication via Facebook, Parship and others, as described above are an increasingly a part of our daily therapeutic life. We are missing something: we do not comprehend what has happened, why the other person has decided as he/she did. We cannot not perceive the

sound of her voice, not see his posture nor be aware of her smell in the situation, when she parts from us. Or, even worse, we do perceive exactly the sound of his voice in the email and we don't even get the idea that our perception is a fill-in to the written words which – as our projection – could be quite mistakenly dependent upon our present mood. We should be able to make a reality check (Glattauer, 2006). During training, therapists most often asked about which social media channels they should use to stay in contact with their clients: WhatsApp, email, phone or only live contact? Whatever we decide, it changes our ways of relating and each channel brings different possibilities and frustrations. Technology's influence on the therapeutic relationship and the emotional clearing between client and therapist is just starting to be researched.

Facing these changes in communication channels, my sentiments are possibly antiquated. I am challenged by my ability and willingness to react to electronic messages with bonding patterns, understanding various situations and their meaning in this relational context. However, if there is less and less direct communication between human beings and increasing contact merely via technology, the result might be that our channels of perception of our 'social systems' degenerate and finally vanish completely (Ogden & Minton, 2006). Our emotional control system, just like the regulation of our hormonal or gland system, and our immune and cardiovascular system, depend upon neurological regulations that are influenced by our social relationships; that is, by the dealings of our bodies with others of its kind (Juhan, 1987).

I ponder the impact of losing important bonding experiences on the increase of anxiety disorders, cardiovascular diseases and the epidemic development of diseases of the thyroid (Bundesministerium für Gesundheit, 2010). To say it in one line, the use of electronic social media deeply influences our possibilities of emotional regulation at the end of any social contact. We have to think about it; further research about these changes is needed.

Shadow aspects of the therapeutic relationship during the final phase

I now offer a look at what might happen if we are allowed time to announce the end of therapy and to deal with the consequences of this announcement in the relationship.

In her dissertation about the final phase of psychotherapies Susanne Wittorf (1999, p. 44) describes the strange paradox that only few training curricula include the issue of 'ending therapy', while more than eighty percent of the colleagues she interviewed attached special importance to this phase with regard to the success of therapy and the transference of its results into everyday life.

Termination of therapy produces a myriad of responses. Perhaps sympathetic readers may recall their self-awareness trainings and their sensations when their therapist announced the nearing end of therapy. Maybe you were relieved because the closeness of this relationship was coming to an end; or maybe there was a sudden desire to finally bring up some important aspects of the contact; or maybe you felt a deep aggression against the evaluation of the therapy.

In my opinion, clinicians working in middle-class oriented psychotherapy want to choreograph a good ending by reviewing and honoring the process. And yet, in reality, more often breaks and unresolved endings occur. There's a sudden hostility or a "know-it-all manner", therapist hopping even where one contact is being broken while another is already being created. Perhaps the reader catches the note of blame towards the colleague—the underlying assumption is that there surely must have been mistakes made in the analytical situation resulting in these complications.

On account of such blaming, many colleagues do not dare bring up these supposed failings to their supervisor. Not looking upon the question of fault seems to protect against drawing conclusions and having to confront the reasons for one's own failure. However, the pain not acknowledged bears the risk for this colleague to become an obstacle in the final phase of therapy. There is this myth among colleagues that one should stay emotionally distanced towards the clients. And if, in the end, it becomes clear that that is not the case, What then? Perhaps feelings of shame make it difficult for the colleagues concerned to bring up the above mentioned frequent incidents occurring during the ending phase of psychotherapy (Alonso & Rutan, 1988; Hahn, 2001).

But what if the assumption that humans just want to be good to each other are wrong? Already, in the late eighties, our Swiss colleague and Jungian psychotherapist Guggenbühl-Craig (1987, p. 75) points out that evil and destructive energies have to be part of the analytical situation. It seems to follow the attitude of many media that 'evil' is always to be found in the other (the communists, the Nazis, the sexual criminal...). We ourselves may assume ourselves to be free of these drives. However, especially at the end of therapy, these other aspects of our souls appear. This might occur because, when facing the end, the thought comes up that there is nothing to lose; or perhaps we would like to fight off the feeling of powerlessness in view of the end by presenting ourselves great, strong, beautiful (Guggenbühl-Craig, 1987, p. 75).

Guggenbühl-Craig (1987) warns us to be on guard of the archetypical deception of the powerful benevolent therapist and the infantile client, victim to neuroses. This attitude overlooks the fact that therapists can be quite half-baked and blind at times and that there may be a one-sided interest in continuing therapy (for instance for financial reasons...). Too little honor is given to the fact that our clients have a healer inside who presents an inner compass and direction for their life path, and helps them to recognize when and how a therapeutic relationship gets into difficulties or could be ended. Our learning takes place - again and again- near the borders of the (im-)possible.

At the end of therapy, we must look at the transference- countertransference dynamics and process them. We do not merely discharge neurotically ill clients from necessary (body-) psychotherapy. We also support and assist the abilities of our clients to: depart actively; have a good look at us and our failings; give room to the light as well as the dark aspects of our souls, and in this way gain maturity in their ability for relationship and become more themselves in contact and dialogue. The idealistic-normative supposition that a successful end of psychoanalysis means that the client has acquired the ability for self-analysis, implying the internalization of the statements and attitudes of the therapist, is simply not acceptable any more (Stoltzenberg, 1986).

But what can one do if clients do not have an open ear for this evaluation at the end of (body-) psychotherapy, as reported by 30 of 100 colleagues interviewed by Wittorf (1999, p. 134)?

Specific aspects at the end of body psychotherapeutic encounters

It seems to me that in body psychotherapeutic settings specific aspects of transference necessitate another discussion on the topic of touch.

Some of us do touch our clients. We use touch to stimulate. We press specific points along meridians (for instance, in my practice of Postural Integration), and we deeply connect with the tissue of our clients. All these techniques have the effect that, with our own bodies, we have a more intensive encounter with clients than is the case in language-based therapies (Grossmann-Schnyder, 1996).

As body psychotherapists, we offer physical contact in the confrontation supporting the expression of anger (sounding), or by long deep holding in situations of early bonding. We create situations where strong discharges of sexual energy may happen while doing work on the pelvis. We encounter the other person by deep eye contact, reaching to the core of this person: the so-called facing. For weeks, we may find ourselves during therapy sessions on the level of infantile movements while we are concerned with completion of psycho-neurological developments of the peri- and prenatal phases of development.

All these experiences of physical contact and connection bring about a deeper, more intensive therapeutic relationship. The question of how to come out of these contacts has so far not been sufficiently discussed. Imagine what happens, for instance, when we have supported a client to give an intensive expression to her fears for her to allow her 'affect-motor-scheme' (Downing, 1994) to widen and grow, and we then discover how much this work has helped ourselves by giving relief during a personal, existentially fearful situation. Then imagine what happens later, when afterwards, we want to admit that we are thankful for this process. Something significant happens when we are able to go with a client through a deep process of mourning a passed partnership, and when, in the end of this therapeutic work, we realize how mellow our heart is in the presence of this client. And, a last example— we are able to see the change in our relationship when we find ourselves in the dynamic of ordinary relationship and witness an intensive, erotic passion to a client.

The deep impact that these aspects of body-oriented psychotherapy have upon our bodies may result in changes in our neurological structures (Hüther, 2001, p. 53) and challenge our experiences of bonding and encountering.

A repertoire of body psychotherapeutic methods does exist; however, as far as I know no author has written about the actual effect of these techniques on a successful way of separation.

What does remain is our own experience... our sensations...we do feel a yearning for the clients, their scents linger in our clothes following an encounter while the workday continues. In our everyday life we find ourselves pondering the further course of therapy or the particular difficult fate of a client stays on our minds. Let us be clear about the fact that, especially with young and inexperienced colleagues, clients are not merely important for a steady income. With-them and by-them they also leave their marks within our emotional live.

And at the end of therapeutic work, do we have an opportunity to share the impact a client had in our life? Our wordy professional elders advise us to do just that (Yalom, 2002). However, recalling the times when we were clients: do we really want to hear about the feelings of our therapist towards us (Aron, 1996, Chapter 8) ?

Adequate feed-back may emerge out of our intuitively navigated bonding behavior (Bowlby, 1988). It may depend upon the anamnesis and assessment of that biographical phase in which we assume the client's actual conflict to originate. If this phase is from an early preverbal time, we will give feedback to this person that is appropriate to the therapist's role of parenting. To clients with narcissistic disturbances, we will be able to give a more detailed feed-back concerning the effect of their behavior on us/their environment to adjust their self-image.

Karl König (2010, p. 112ff) considers the different needs and difficulties therapists have in this situation per their character types. Referencing classical nomenclature, he describes how a therapist with a schizoid structure nomenclature may view clients as exchangeable because of

his own weakness to have intensive relationships. The depressively structured therapist is prone to problems with separation in her professional as well as in her private life. The obsessively structured therapist might experience the parting as loss of power and does not believe in the client's capability of advancing without therapy.

Kelemann (1987) stresses the change of the energetic relationship in the end of body psychotherapy. He describes how in this phase some colleagues begin to passively withdraw inside, and how others actively seem to build up a distance. According to Keleman's observations, others try to build up a special closeness, while a fourth type, whom he calls the bonding type, avoids the actual situation by building up hope for further future meetings in another context (Keleman & Hendrix, 1987).

Everything has its time: our ways of dealing with death and dying as a field of association reflecting into the time of parting

So far we have talked about the phase at the end of (body-) psychotherapy as the phase at the end of one session or the end of a series of sessions in linear time. The ancient Greeks called this understanding of time "Chronos", i. e. the time that can be measured by a watch. They had a complementary understanding of time called "Kairos" (Morgenroth, 2004). Kairos gives justice to the fact that we feel time differently at different times in our life.

In psychotherapeutic settings, this phenomenon is well-known to most of us. The 'original scene' described at the beginning of this text demonstrates how, in the presence of a client, the perception of time changes, sometimes dramatically. I have experienced a sense of timelessness while working with a client suffering from psychosis yet when working with a depressive client time seems to be at a standstill. And the experience of time intensifies dramatically in the presence of terminally ill clients. Because the experience of time with clients can vary during psychotherapy, I ponder the possible ways of facing this intricate experience.

We may be haunted by the hourly intervals of our therapy sessions, or we may become choreographers of time experience during therapeutic work. By being conscious of the change in time quality with ourselves and our clients, we might mention our sensations, choose another pace of speech, or change the clients' quick hopping through different emotions by deepening one single emotion with a grounding practice.

I seek to explore how therapeutic relationships effect the lives of our souls as therapists. How do we handle all the traces these fellow human beings leave in us? Are we burdened by all these life stories that we carry in our memory? Do we suppress this 'lived life' and depose it in the corner of side effects of our profession in the mistaken belief that they will safely remain there (Bund deutscher Psychologinnen und Psychologen, 2008, p. 31)? Do the life stories of our clients contribute to our personal abundance and wisdom? Do they deepen our own life time, or do they give us a feeling of 'lost time' which we could have spent more effectively?

In our professional group, we underlie this special obligation of secrecy and therefore are filled with stories of human fate and are not allowed to share them. Does this tension within us bring about a strong inner resistance towards anything human, or by touching our ability to sympathize does it give us wisdom, a deep, perhaps even spiritual access to life and reality? Do we look at these life stories from a distance as a time-consuming documentation task, or do they bring us into contact with an experience of timelessness, of eternity even, when we feelingly give ourselves to the depth and entanglement of human biographies?

In our work, we keep meeting clients who trigger particular emotions in us or bring us into contact with abilities not known to us before. In the event of transference, it is helpful

to reflect what clients set off within me and where they may touch un-lived aspects of life in me. After parting from these clients, the question remains: what do I do now with these aspects of my personality that I had delegated to this client and that will not vanish when the client departs? Do I accept the legacy of this client and, for instance, consider the trend of art the client was so interested in and sharing it with me brought me closer to my own feeling? Or, at the end of a therapeutic work, do I finally take up creative dance myself after it has been itching in my legs for some time? Or, to choose a last example, do I spend my next vacation on this beautiful colorful island my client used to talk about? We can succeed in transforming linear time spent together during therapy into subjective experienced time, into de-acceleration and openness to new aspects of presence.

By parting from the client do I also part from the access to a new life impulse, or do I really take into possession what had been part of the discourse with this client: do I accept the legacy of this work and thereby honor and respect it in a completely new way?

When we take leave of clients with whom we perhaps have worked for several years, who always came on the same day, at the same time into our practice, how do we feel when this date suddenly is open? Those who have lost someone close to them know this tension in the body, this longing, the search for memories of common experiences. And what do we do with these situations when we become aware of the fact that we miss them (Dobrick, 1989, p. 77)? What do we do when we discover that bonding is not merely a methodical means to keep up a functioning psychotherapeutic working relationship but has an effect on our body experience as well?

Wittorf (1999, p. 123) writes that the definition of psychotherapy as an 'application of methods on clients' is inadequate, since this activity in the therapeutic relationship also influences the therapist himself/herself.

Outlook and preventive measures against burn-out

Concluding a relationship necessitates a review of what has been and a prospect into the future.

Because of the theory of bonding, we know about the importance of sufficient feedback to be able to judge one's impact in a relationship; which might be given by the person next to us, a supervisor, or someone close to us, whom we trust to know us well enough (Guggenbühl-Craig, 1987). As human beings, we need reflection and confirmation. We are in need to be seen. Röhrich (in: Joraschky, 2009, p. 28ff) stresses the influence feedback may have on body image in body psychotherapy. He shows how expressing perceptions of each other, by sharing movements creatively by dancing or painting that, resonate in a more intact physical self-image.

What is taken for granted concerning the client is lost to those colleagues concentrating on distance and neutrality in contact with their client. Consequences are loss of orientation, decline of motivation and initiative. Finally, more and more colleagues are snared into the relationship trap that leads to burn-out because of misunderstood professional ethics.

In specialist literature (Lewis, 1992), the necessity to work with the emotion of grief about the loss of the relationship is stressed. Wittorf (1999, p.62-64), on the other hand, points out that the meaning of experience of relief and release by separation efforts of our clients is marked as well by their biography. Just as we and our clients carry within us undigested experiences of loss of relationships, we also have memories of failed separations in us. Perhaps our mother, because her own neediness, was not able to give space for exploration, or maybe

we were forced into a family tradition that did not allow a decision according to an inner, conscientious maturity etc.

Wittorf (1999, p.167) summarizes the conditions desirable in the final process to bring about a good ending for those working therapeutically:

- In the context of anamnesis, we should thoroughly look into former experiences in therapy the clients might have had. If necessary, we should ask for clinical reports in order to be informed from the beginning about eventual patterns that are repeated during therapies (diagnosis and triage).
- In the last phase, we should give enough time for the completion of mutual perception of client/therapist and be especially open to arising shadow aspects of the relationship.
- Within the framework of supervision, we need to deal with disappointment and failed efforts as well as with validating those therapies that went well (orientation toward resources).
- We should inform our clients ahead of time about a break-up and about the regular ending of therapy and dedicate about ten percent of the sessions to this phase. (Information and professionalisation of the relationship) (Hautzinger., Stark & Treiber, 1994, p. 54).
- In order to avoid a relapse, the number of sessions should be slowly reduced and a special session is arranged for a final review.
- Since 1999 the German law for therapists demands a regulation for vacation: we are officially obliged to name a colleague as stand-in during our vacation. However, the details of this procedure so far remain in the dark.

Finally, we may describe the last phase of (body-) psychotherapy as a transitional phase into a new life period: for our clients as well as for us (body-) therapists. At the end of this article, I wish the readers that this transition may be successful for both sides in the therapeutic setting.

BIOGRAPHY

Bernhard Schlage has given workshops since 1980 in most European countries and has run a private body psychotherapy practice since 1984. He has given lectures at international congresses including San Francisco, Paris and Sydney. In 1986 he co-founded an adult education centre for health care in northern Germany and later was in charge of a mental health centre until 2008. He has been a trainer for Postural Integration since 1999 and an ECP-holder since 2001. Specialised in treating psychosomatic disorders, he is now focusing his work on training the next generation of health care practitioners in body psychotherapy. Bernhard is author of more than 100 articles about body psychotherapy and has written four books.

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