Psychotherapy
2017, Vol. 54, No. 1, 4–9

0033-3204/17/$12.00 http://dx.doi.org/10.1037/pst0000087

Fostering Engagement During Termination: Applying Attachment Theory and Research

Cheri L. Marmarosh
The George Washington University

Therapists often struggle to determine the most important things to focus on during termination. Reviewing the treatment, identifying plans for the future, summarizing positive gains, and saying goodbye receive the most attention. Despite our best intentions, termination can end up becoming intellectualized. Attachment theory and recent developments in neuroscience offer us a road map for facilitating endings that address client's underlying relational needs, direct us to foster engagement, and help us facilitate new relational experience that can be transformative for clients. We argue that endings in therapy activate client's and therapist's attachments and these endings trigger emotion regulating strategies that can elicit client's engagement or more defensiveness. The current paper will highlight through de-identified case examples how clients automatically respond termination and how therapists can foster rich relational experiences in the here-and-now that clients can take with them.

Keywords: attachment, termination, loss, polyvagal theory, engagement, alliance

Endings in therapy, like endings in life, often elicit complex reactions in clients and therapists (Wachtel, 2002). For many, endings can elicit feelings of anger, sadness, hope, pride, and gratitude, and the loss can lead to reaching out to others for emotional support and comfort. For others, endings can elicit a familiar detachment that protects them from loss or it can trigger intense feelings of abandonment, rejection, and rage. Regardless of the length of the treatment, orientation of the therapist, or reason for the ending, there is one thing that all terminations have in common. Termination is always about two people saying "goodbye."

Attachment theory helps explain different reactions people have to saying "goodbye," and it emphasizes how prior losses influence the development of our sense of self, ability to cope with emotions, and capacity for intimacy (Bowlby, 1980; Stroebe, 2002; Wayment, & Vierthaler, 2002). Bowlby (1980) specifically focused on the impact of early loss in children and how it influenced their development and self-protective strategies they relied on in future relationships.

Although attachment theory explains the expectations and reactions clients and therapists have to loss, Schore (2000) and Porges (2011), helps us understand what is happening physiologically as clients and therapists with different attachment styles are coping with loss in the session. Attachment theory and the current neuroscientific theories together help us understand what implicit reactions may be activated in therapists during termination that may hinder engaging with clients (countertransference), what automatic reactions may be activated in clients during termination that inhibits engagement (transference), and what therapists can do to facilitate processes in the session during termination that facilitate a new relational experience.

Owing to the brief nature of this paper, the focus will be on enhancing engagement during termination with clients who have different attachment needs without addressing the many factors that we know influence client and therapist experiences of ending such as length of treatment, type of therapy, therapeutic alliance, and treatment outcome (Holmes, 1997; Shulman, 1999; Zilberstein, 2008). The case material is based on actual sessions but it has been altered and fictionalized to protect the confidentiality of clients and therapists.

Key Aspects of the Patient's Attachment and Termination

According to Holmes (1997, 2009), secure patients not only cope better with loss in general and have a stronger capacity for intimate engagement, they also cope better with termination of therapy. They tend to approach the ending of treatment with an appreciation of both the gains and losses of treatment, are better able to regulate the emotions they experience, and have a larger coping repertoire when dealing with distress (Fraley & Shaver, 1999). Secure individuals are also better at seeking social support outside of treatment and have more resources to rely on when losing a secure base, such as a therapist. Shulman (1999) found that secure patients in individual therapy experienced more positive affect and less anxiety and depressive affect in response to termination.

More importantly, secure individuals can rely on internal memories of attachment figures that allow them to remain connected to the individual despite them being physically alone (Bowlby, 1980). This internal bond allows secure individuals to redefine their relationship from one that was real to one that is now

Editor's Note. Mark J. Hilsenroth served as the action editor for this article.—MJH

Correspondence concerning this article should be addressed to Cheri L. Marmarosh, Professional Psychology, The George Washington University, 1922 F Street, Suite 103, Washington, DC 20052. E-mail: cmarmarosh@gmail.com

representational. This internalized attachment figure allows them to still experience a continued connection, a secure attachment, despite the physical absence of the person. During a termination session, a more secure patient said,

> *I really am grateful to you for being there for me all of these years. You have given me something that I will always have and that is the feeling that I can survive cancer. Now, when I have this really negative fear about the future, I hear your voice telling me to stop . . . stop listening to that because it may not be true. I hear you* (tears up), *and I know I can get through this. I can do this.*

This client, similar to the secure clients that Shulman (1999) studied, expressed significantly more positive affect and less anxiety and depressed affect during termination compared with the less secure clients.

More Anxious Clients and Termination

Unfortunately, not all individuals have this capacity to cope with loss. Pistole (1999) described how anxiously attached clients often display protest behaviors (missing appointments, reemergence of symptoms, increased anger and anxiety) in response to termination. Because anxious patients have more painful experiences and less capacity to self-soothe, they have more difficulty activating the parasympathetic nervous system that promotes emotion regulation (Schore, 2000) and they are more easily stuck in the fight or flight response, which inhibits engagement (Porges, 2011). As Bowlby (1988) described, they are more inclined to engage in hyperactivating attachment strategies in therapy, struggle to tolerate separations and being alone, and they continue to seek out the attachment figure years after he or she is gone. An example of one client who was forced to terminate said,

> *If you are going to keep asking me, I guess I'll tell you. The truth is, I feel like you don't really care about me. I know you gave me these referrals and said I had done good work, but deep down inside, I wonder if you just want to get rid of me, and the 12 session limit is an excuse. Like with my past therapists, I guess I'm disappointed all over again. But why should I expect anything different here?*

More Avoidant Clients and Termination

On the opposite extreme, there are patients who fail to exhibit any significant signs of grief after a loss (Fraley & Shaver, 1999). They do not overtly express sadness, anger, or distress. They may seek little solace from friends and go on with life as if nothing has happened or changed. One patient said this during her termination:

> *We had a good relationship, but you all are professionals. No offense* (smiles). *You can rely on therapists when you need them, say goodbye, and then work with another one. When it's time to end, it's time to move on.*

Bowlby (1980) argued that these individuals are more inclined to have avoidant attachment styles, and they have learned early on how to deactivate their distress responses and mobilize defenses that split off expressions of longing and despair. He described this process as defensive exclusion. Fraley and Shaver (1999) argue that defensive exclusion is an adaptive strategy for these individuals because it diverts attention away from experiences that threaten self-sufficiency and emotion regulation, such as the loss of a significant attachment figure. In essence, the avoidant individual is able to bypass thoughts and feelings that would lead to vulnerability, anxiety, and dependency. Rather than feeling overwhelmed with sadness, the individual feels nothing and is able to resume life activities without the experience of intense emotional pain.

Fraley and Bonanno (2004) studied how attachment styles relate to different grief patterns in 59 individuals suffering from bereavement. They measured grief at two time points to determine grief symptoms that abate, that are chronic, and that have a delayed onset. The findings indicated that dismissively avoidant individuals revealed less grief both initially and at the second time point. The authors suggested that a dismissing style may have protected them after the loss. They did not allow themselves to become as attached in relationships and experienced less grief when they ended (Fraley & Shaver, 1997). Individuals with more attachment anxiety, on the other hand, demonstrated increases in anxiety over time, greater depression over time, and more unresolved grief. Based on this research, we may expect that patients and therapists who have different attachment styles and histories of interpersonal loss will react differently to the ending of therapy, especially if the therapy has activated the attachment system.

Initiating the Termination: Therapist Attachment Contributions

The therapists' contribution to termination is even more critical than the clients' because the therapist functions as the secure base for the client. We know that therapist attachment relates to negative countertransference (Mohr, Gelso, & Hill, 2005), incongruence with clients' perceptions of the alliance (Kivlighan & Marmarosh, 2016), and perceptions of ruptures in the relationship (Marmarosh et al., 2015). Few have empirically studied therapist attachment and termination. Shulman (1999) found that therapists who were more securely attached experienced significantly less anxiety, depression, and dysphoria during termination. Therapists with a more preoccupied attachment style engaged more actively in summarizing the therapy and reviewing the attainment of goals during termination. They focused less on the here and now experience in the session compared with more secure therapists.

Therapist Avoidance and Termination

According to Holmes (1997), a therapist with a more avoidant attachment style is likely to minimize the importance of the therapy relationship because they are inclined to minimize dependency. These therapists may end treatment too soon to avoid the patient's, and their own, longings for the relationship. In addition, avoidant therapists may not truly comprehend the underlying loss their patients may experience as the ending of treatment approaches. Because they have split off their own grief, they may not be aware of their patients' grief and miss signs that their patients are experiencing different emotional states owing to the upcoming ending of treatment (Wallin, 2007). If the patient brings up the ending of treatment, the therapist who is avoidant may focus on only the positive aspects of the ending, the future treatment, or intellectually summarizing treatment progress that was made. The more relational and emotional reactions of fear, sadness, gratitude, and love are more likely to be glossed over.

Clinical Example: More Avoidant Therapist

Client: *I thought about it–the fact that we are ending and I am saying goodbye to you. I realized you have really helped me get through this awful time in my life. I was really lost. You always supported me and I could feel it.* (Client looks away and appears fearful of therapist's response to this vulnerability.)

Therapist: *You have made so many positive changes and now you can trust more.* (Therapist is praising the client for the positive change, but also subtly moving away from interpersonal engagement and acknowledgment of gratitude that client shared.)

Client: *I can trust more, and it is because of you. Now I can take more risks and I really think you helped me so much.* (Despite anxiety, the client tries again to get close, but this time, she looks away when therapist responds.)

Therapist: *And you could take more risks, that is wonderful. I wonder how you see yourself down the road as you continue to take risks?* (Therapist acknowledges the progress but quickly changes the focus. The therapist misses the nonverbal shift in eye contact that may indicate shame or withdrawal after sharing gratitude and appreciation for the therapist. Possibly feeling anxious with the increasing closeness, the therapist diverts the patient to an intellectual process of "thinking" about the patient's future.)

Client: (still looking away) *I really do hope things continue to go well down the road.* (The client follows the therapist's lead but the session feels boring and stale as they think about the future while missing what is happening between them.)

The excerpt above demonstrates how quick and subtle the shift away from the client can be in the moment. Without awareness, the more avoidant therapist misses the opportunity to acknowledge the client's gratitude, does not pick up on the client's avoidance of eye contact and possible fear or shame activated when being vulnerable, and the client's disappointment that the therapist is subtly rejecting of this bid for intimacy. In a short amount of time, the therapist and client can be caught embedded in an enactment where the therapist, similar to the client's earlier attachment figure, is not able to tolerate the emotional needs and feelings of the client. Instead of a new experience of safety, intimacy, and gratitude, an older and much more familiar experience of shame, disappointment, and hurt is replayed (Wallin, 2007).

The More Anxious Therapist and Termination

Anxious therapists, on the other hand, may be overly sensitive to the ending and feel a sense of abandonment, perceiving that he or she is deserting the client. If the anxious therapist is overly concerned with avoiding conflict and reducing guilt, he or she may overly focus on the positive aspects of the termination or completely avoid the ending of the treatment. On the other hand, he or she may be flooded with personal losses and lose sight of what is the client's reaction during the session. He or she may be more inclined to overly emphasize pain and sadness without acknowledging the hope or gratitude a client feels. Boyer and Hoffman (1993) were one of the first to empirically study the link between a therapist's history of loss and anxiety during termination. They found that the therapists' loss history did predict their anxiety during termination. Not only did having histories of loss predict their anxiety, but it also predicted their depression during the termination phase of treatments. In essence, the terminations with their patients likely stirred up their own experiences of loss and impacted their own sense of well-being during the endings.

The Same Clinical Example: A More Anxious Therapist

Client: *I thought about it–the fact that we are ending and I am saying goodbye to you. I realized you have really helped me get through this awful time in my life. I was really lost. You always supported me and I could feel it.* (Client looks away and appears fearful of therapist's response to this vulnerability.)

Therapist: *I have also enjoyed working with you, and I may be able to work with you again. We have to end today, but I can work with you again when I get licensed.* (Therapist discloses positive feelings toward client but then focuses on how they may work together again. This moves away from the current feelings of gratitude, the importance of the relationship, and even the reality of the ending.)

Client: *Oh I would love that. I could work with you again* (smiling)! *That would be great. Let me know your number so I can call you down the road.* (Client is now moving away from loss, and the focus moves to shifting boundaries and getting the therapist's phone number.)

Therapist: *Here is my cell number* (hands her a card). *I have an internship in another State that starts in a few weeks, but I plan to come back and start a practice in a year. I would be happy to work with you down the road. Would it be ok to call you when I am back in town?* (Patient nods yes.) *I guess we should go back to talking about our ending today and details of the transfer* (smiles).

Client: *Well now I feel much better. We are not really saying goodbye. I can start with this transfer therapist and rely on him until you are back in town.* (The therapist has moved the client away from loss between them and also interfered with the attachment to the new transfer therapist who will be taking over the case.)

Similar to the prior example, the more anxious therapist misses the opportunity to acknowledge the client's gratitude, does not pick up on the client's avoidance of eye contact and possible fear or shame activated when being vulnerable, and colludes with the avoidance of ending by planning to continue the treatment sometime in the future. The emphasis on working together in the future, which may or may not happen, shifts the emotions from sadness to relief and satisfies both of their need to feel better at the expense of helping the client prepare for the transfer to a new therapist and to say goodbye.

Key Aspects of the Process: The Final Session

Although it is important to review the treatment during the final session, the "tasks" of ending can sometimes supersede the most fundamental experience of remaining engaged during the ending of a relationship. It is exactly because endings can arouse implicit self-regulating reactions such as a fight or flight response or a shutting down defense, they can be important opportunities to help patients practice engagement and emotion regulation with a secure base.

According to Porges (2011), when patients are in a fight or flight response or in a dissociated state, they are unable to engage with others and self-regulate. During termination, the more anxious patients may become clingy or symptomatic in an attempt to reduce feelings of abandonment by engaging the caretaking from others. Cognitively, they may become preoccupied with thoughts of being helpless, alone, and unwanted. The distress may be so overwhelming that an anxious patient may delay termination to avoid the distress of the loss (Holmes, 1997). They may also prematurely end treatment to regulate their distress and regain a sense of control. According to Holmes (2009), therapists need to help these individuals understand the meaning behind their experience of the ending, identify ways of staying engaged while being distressed, establish internal resources to cope with feelings, and develop outside support systems.

Patients with avoidant attachments are also likely to end treatment prematurely but deny the importance of the relationship (Holmes, 1997). They engage in deactivating strategies that limit their experience of emotional pain and tend to rely on themselves during endings. Turning inward allows them to preserve their sense of self-sufficiency and facilitates their detachment from the relationship (Wallin, 2007).

Clinical Example of a Final Session—Two People Saying Goodbye

Porges (2011) notes that therapy provides neural exercises that promote enhanced self-regulation during charged interpersonal interactions that trigger intense emotions, such as terminations. Remaining engaged and processing these experiences can facilitate emotion regulation and the capacity to remain engaged outside of therapy. In essence, the attachment to the therapist facilitates more secure internal models of self and others (Bowlby, 1988), and therapy is the "gym" where "neural" exercise is used to strengthen resiliency and flexible behavioral and emotional regulation that impacts outside relationships (Porges, 2011). In this final session, a more anxious client automatically withdraws from the therapist instead of engaging in a more vulnerable and authentic way. The therapist focuses on the experience of saying goodbye and bypasses the self-protective withdrawal.

Client: (looking away) *So, the movers came and I am packed. I leave on Tuesday to head home. I have so much to do . . . it is a lot* (keeps talking about the process of moving until therapist interrupts).

Therapist: *I notice we are not talking about this being our last session together.*

Client: (The client is talking quickly without breathing and detached emotionally.) *Well, I have a lot on my mind. I am sorry. The move is a lot and I have so many things to do. I have this list and have barely checked anything off of it.* (She appears to be protecting herself from the ending by being busy and focused on the future.)

Therapist: (talking more slowly) *You do have a lot to do, I noticed that as you were talking, I kept thinking this is our last session* (pauses), *and I had this feeling of sadness* (gesturing to chest) *that this will be the last time I see you. Next week, you will not be here, and I will miss you.*

Client: (tears up immediately)

Therapist: (leaning forward and speaking softly) *your tearing up . . .*

Client: (tears rolling down her face) *I am a little surprised you said that* (looks down which could indicate shame and movement away from feeling something good with the therapist).

Therapist: (trying to regain eye contact) *What part?*

Client: (she looks up) *I do not know . . .* (pauses). *I think, when you said you will miss me* (more tears roll down her face and looks away again).

Therapist: *Hearing "I will miss you."*

Client: (looking at therapist) *I never had anyone say that to me before. I know I will miss you too* (looks away again).

Therapist: *You are looking away* (client looks back at therapist).

Client: (looks back) *I have just never had anyone say that to me* (started crying more and clearly touched her).

Therapist: *It stirs up a lot of strong feelings in you when I said that.*

Client: (crying) *I have been saying goodbye a lot lately. I have a lot of friends but deep down inside, I never really think they care that much* (crying) *. . . Like with college ending now and moving, we say we will keep in contact, but most of the time you know you will not.* (Client slowly moving

away from engagement with the therapist and focusing on not trusting others.)

Therapist: *There has been a lot of saying goodbye lately, and you wonder if they really care. Do you wonder if I care right now?* (Moving back to engaging and addressing transference with therapist.)

Client: (crying and looking down) *I think that is why I am crying. I know you care* (looks up). *I do, I think hearing you say that, it surprised me though. I know you care, but I also know this is your job and you get paid to do this. I did not expect it. It hit something.*

Therapist: *there is this feeling that it surprised you . . . that I said "I will miss you" and you started crying.*

Client: *Yes, Something about hearing you missing me next week . . . it made it more real and then it hit me. Like, you are really in this with me too. It's not just me ending and onto the next thing. I really matter to you, and I do not hear that a lot* (looking at therapist through tears).

Therapist: *Not as much as you need to hear it . . . and when you heard it . . . it triggered feelings inside.*

Client: (looking at therapist) *Yes, I still feel it now. It is weird . . . it is a good thing . . . and a sad thing too.*

Silence for a few seconds

Client: *It is sad because I didn't have a lot of that in my family growing up or even with some of my friends, but also good because it is so different from them . . . and it is what I want; We talked about this so much in therapy, you know. How I do not trust that I am worth it . . . Maybe I was feeling that again this week. When you said "I will miss you," I felt it. . . . You remember how we talk about letting in the good?* (pauses) *Well, it went in* (smiles).

This example highlights how the therapist can facilitate engagement during the last session when the client is pulled to withdraw. The therapist remains present and attuned to the client, addresses personal feelings of loss, stays with the feelings that emerge, and tries to help the client be curious about what is happening internally as she says goodbye. The therapist is not avoiding the relationship and is helping the client have one last experience that she can take with her of a secure base. It is important to note that it is possible to have an engaged ending even if the therapy was less successful or the loss more complicated. It is possible to say goodbye to clients who played it safe or struggled to develop a therapeutic alliance during the treatment. The last session may be more about feelings of disappointment and frustration than feelings of gratitude and sadness. Neimeyer, Baldwin, and Gillies (2006) argue that a moderating variable between attachment to the deceased and complicated mourning was the ability of the individual to make sense of the loss, reconstructing meaning. Specifically, they found that a strong bond with the deceased predicted greater postloss trauma, but this was only the case when the individuals were not able to integrate the loss personally. In essence, being able to reflect on the ending and make sense of what transpired, regardless of the valence of the termination (i.e., sudden ending of a less successful treatment or ending of a positive long-term relationship), can facilitate an engaged ending with a secure base.

Implications for Future Research

Despite the growing empirical literature examining the complex relationship between client and therapist attachment, there has been little research focused on how attachments influence the experience of termination. The few studies that have been done have focused on clients and therapists separately and do not take into account the interaction of the therapist and client attachment within the dyad. In addition to examining the interaction between the therapist and client attachment, studies are needed to identify how the treatment outcome, type of therapy, and length of treatment also influence what transpires in the last session. Studying the process during the termination session in more depth and assessing clients 6 months after termination would also illuminate how attachment, emotion regulation, empathy, and engagement at the end of therapy influence client well-being after treatment ends. It is likely that we will find that what is helpful during that last session for some may be different than what is useful for others.

References

Bowlby, J. (1980). *Attachment and loss: Vol. III. Loss*. New York, NY: Basic Books.

Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. New York, NY: Basic Books.

Boyer, S. P., & Hoffman, M. A. (1993). Therapists' affective reactions to termination: The impact of therapist loss history and client sensitivity to loss. *Journal of Counseling Psychology, 40,* 271–277. http://dx.doi.org/10.1037/0022-0167.40.3.271

Fraley, R. C., & Bonanno, G. A. (2004). Attachment and loss: A test of three competing models on the association between attachment-related avoidance and adaptation to bereavement. *Personality and Social Psychology Bulletin, 30,* 878–890. http://dx.doi.org/10.1177/0146167204264289

Fraley, R. C., & Shaver, P. R. (1997). Adult attachment and the suppression of unwanted thoughts. *Journal of Personality and Social Psychology, 73,* 1080–1091.

Fraley, R. C., & Shaver, P. R. (1999). Loss and bereavement: Attachment theory and recent controversies concerning" grief work" and the nature of detachment. In J. Cassidy and P. R. Shaver (Eds), *Handbook of attachment: Theory, research, and clinical applications* (pp. 735–759). New York, NY: Guilford Press.

Holmes, J. (1997). "Too early, too late": Endings in psychotherapy—An attachment perspective. *British Journal of Psychotherapy, 14,* 159–171. http://dx.doi.org/10.1111/j.1752-0118.1997.tb00367.x

Holmes, J. (2009). *Exploring in security: Towards an attachment-informed psychoanalytic psychotherapy*. New York, NY: Routledge.

Kivlighan, D. M., Jr., & Marmarosh, C. L. (2016). Counselors' attachment anxiety and avoidance and the congruence in clients' and therapists' working alliance ratings. *Psychotherapy Research, 27,* 1–10. http://dx.doi.org/10.1080/10503307.2016.1198875

Marmarosh, C. L., Schmidt, E., Pembleton, J., Rotbart, E., Muzyk, N., Liner, A., . . . Salmen, K. (2015). Novice therapist attachment and perceived ruptures and repairs: A pilot study. *Psychotherapy, 52,* 140–141.

Mohr, J. J., Gelso, C. J., & Hill, C. E. (2005). Client and counselor trainee attachment as predictors of session evaluation and countertransference behavior in first counseling sessions. *Journal of Counseling Psychology, 52,* 298–309. http://dx.doi.org/10.1037/0022-0167.52.3.298

Neimeyer, R. A., Baldwin, S. A., & Gillies, J. (2006). Continuing bonds and reconstructing meaning: Mitigating complications in bereavement. *Death Studies, 30,* 715–738. http://dx.doi.org/10.1080/07481180600848322

Pistole, C. (1999). Caregiving in attachment relationships: A perspective for counselors. *Journal of Counseling and Development, 77,* 437–446. http://dx.doi.org/10.1002/j.1556-6676.1999.tb02471.x

Porges, S. W. (2011). *The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation (Norton Series on Interpersonal Neurobiology)*. New York, NY: WW Norton & Company.

Schore, A. N. (2000). Attachment and the regulation of the right brain. *Attachment & Human Development, 2,* 23–47. http://dx.doi.org/10.1080/146167300361309

Shulman, S. (1999). Termination of short-term and long-term psychotherapy: Clients' and therapists' affective reactions and therapists' technical management. *Dissertation Abstracts International: B The Sciences and Engineering, 60,* 2961.

Stroebe, M. (2002). Paving the way: From early attachment theory to contemporary bereavement research. *Mortality, 7,* 127–138. http://dx.doi.org/10.1080/13576270220136267

Wachtel, P. (2002). Termination of therapy: An effort at integration. *Journal of Psychotherapy Integration, 12,* 373–383. http://dx.doi.org/10.1037/1053-0479.12.3.373

Wallin, D. J. (2007). *Attachment in psychotherapy*. New York, NY: Guilford Press.

Wayment, H., & Vierthaler, J. (2002). Attachment style and bereavement reactions. *Journal of Loss and Trauma, 7,* 129–149. http://dx.doi.org/10.1080/153250202753472291

Zilberstein, K. (2008). Au Revoir: An attachment and loss perspective on termination. *Clinical Social Work Journal, 36,* 301–311.

Received June 15, 2016
Accepted June 29, 2016 ■