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CLOSING TIME: CLIENTS' SHARED EXPERIENCES OF TERMINATION OF A MUSIC THERAPY GROUP IN COMMUNITY MENTAL HEALTH

Lauren Hudgins, MA, MTA

ABSTRACT

“Termination” is the word that is typically used when there is a permanent or temporary ending in psychotherapy intervention. Although termination has gained recognition as a phase of therapy in its own right, the literature on this topic is limited. Furthermore, there are unique aspects of termination that are specific to music therapy clinical contexts that need to be explored. Therefore, the purpose of this study was to examine the shared lived experiences of the termination process of a limited-term music therapy group for adults in a community mental health setting. Three of four research participants completed a group music therapy process that took place over a 9-month period. The last music therapy session as well as individual interviews were audio-recorded and analyzed to determine common themes that existed among participants' lived experiences of a termination process. Results revealed four overarching theme categories: (a) recognition of achievements, (b) recognition of challenges, (c) negative feelings experienced in response to termination, and (d) ways of coping with termination. Implications for music therapy practice, research, and education are presented.

INTRODUCTION

For the average person, and perhaps even for therapy professionals, the word *termination* may feel somewhat austere and frightening. In psychotherapy contexts, this word signifies the ending or final phase of a therapy process, which may be planned or unplanned, depending upon the circumstances. Termination of therapy may elicit a variety of emotional reactions in both clients and therapists, including anger, sadness, relief, and anxiety, and it may be especially challenging for those who have difficulty coping with experiences of perceived loss or separation (McGuire & Smeltekop, 1994a; Murdin, 2002; Yalom, 2005). It is also the case that a positive or negative termination experience may have a significant impact on therapy outcomes (Ledwith, 2011). Although termination appears to play an important role in therapeutic processes, historically, this topic has been largely overlooked in the literature (Yalom, 2005).

Although publications on termination in the fields of psychotherapy, social work, and counselling psychology have begun to increase (Joyce, Piper, Ogrodniczuk,

& Klein, 2007; Kupers, 1988; Murdin, 2002; Rutan, Stone, & Shay, 2007; Vasquez, Bingham, & Barnett, 2008; Weiner & Bornstein, 2009), the music therapy literature contains surprisingly little information on this topic. This is in spite of the fact that notable music therapy authors have stressed the importance of understanding and implementing appropriate termination procedures (Bright, 2002; Bunt & Hoskyns, 2002; Dileo, 2000; Hanser, 1999; McGuire & Smeltkop, 1994a, 1994b; Odell-Miller, 2002; Rolvsjord, 2010; Wheeler, Shultis, & Polen, 2005). Additionally, various music therapy professional associations directly address the topic of termination in their professional competencies documents (American Music Therapy Association, 2009; British Association for Music Therapy, 2008; Canadian Association for Music Therapy, 1999). This apparent discrepancy between the importance of termination processes in music therapy and the lack of relevant published information and research prompted me to examine my own perspectives on this topic.

In both my undergraduate and postgraduate music therapy training, it was my experience that although much time was spent on carefully planning, implementing, and evaluating intervention processes, considerably less time was spent on planning, implementing, and evaluating termination processes. In fact, even planned endings in practicum and internship settings seemed to happen more quickly than expected. Periodically, my clients and I were both caught off-guard as we began to truly comprehend the finality of the situation. As a professional music therapist and master's student working in adult community mental health, I became increasingly aware of the need to work in conjunction with my clients to facilitate constructive termination processes. Specifically, in two limited-term music therapy groups that I was facilitating, I began to notice that even temporary endings (e.g., planned therapist absences) elicited a variety of reactions from my clients. These included expressions of frustration toward the therapist (me), feelings of abandonment, and increased anxiety, as well as more positive reactions such as relief at not having to attend sessions. The intensity of these reactions and the positive growth that appeared to occur through addressing them directly helped me to understand how important it was going to be to facilitate constructive final termination processes for both of these groups.

As therapy professionals, we often cannot control the circumstances around which a client is suddenly discharged or passes away unexpectedly, but there are many situations (e.g., limited-term groups, therapist/client moves away, etc.) where we can actively work with our clients to achieve the best termination experience possible. Otherwise, the clinical implications of disregarding this stage of therapy can result in a "weakening or undoing of the therapeutic work" (Fox, Nelson, & Bolman, 1969, p. 54) or "sabotage work of earlier phases" (DeBerry & Baskin, 1989, p. 45). Furthermore, by overlooking or avoiding this phase, therapists may hinder clients' future progress and possibly prevent them from experiencing a meaningful and important step in their therapeutic journeys. In fact, some research has shown that clients may experience accelerated therapeutic growth as a result of a thoughtfully planned termination process (Fortune, 1987; Vasquez et al., 2008; Weiner & Bornstein, 2009; Yalom, 2005).

Given the recognized importance of facilitating constructive termination processes in therapy contexts, the lack of music therapy literature and the obvious need for more information, as well as my own interest in this subject area, I decided to study the termination process of a music therapy group that I was facilitating. Specifically, the purpose of my research was to investigate clients' shared lived

experiences of a termination process that took place in a limited-term music therapy group held in a community mental health setting.

RELATED LITERATURE

Defining Termination in Psychotherapy Contexts

Psychotherapy is an intentional and interactive process that uses the development of a client-therapist relationship to facilitate psychological change and increase feelings of well-being for the client (Bruscia, 1997). Originally conceived as a verbal treatment, psychotherapy is practiced by a wide range of clinicians and now encompasses various forms of intervention, including music psychotherapy techniques. Psychotherapy may also occur within group formats where group context and processes are utilized as the primary mechanisms of change (Yalom, 2005). Both group and individual psychotherapy processes can vary in duration and theoretical approach, and treatment goals are constructed accordingly. Regardless of the approach utilized, the therapeutic process will ultimately come to an end, and these endings may be planned or occur unexpectedly.

“Termination” is the word that is typically used when there is a permanent or temporary ending of psychotherapy work (Knox et al., 2011; Vasquez et al., 2008), and many practitioners believe that it should be considered an important stage of the therapeutic process in its own right (Weiner & Bornstein, 2009; Yalom, 2005). Although approaches to termination can vary according to therapist orientation (e.g., psychodynamic, cognitive behavioral, etc.), it typically incorporates a review of the established therapeutic goals and consolidation of gains made as well as addressing any emotions that are evoked by the ending of therapy (Murdin, 2002; Yalom, 2005). The termination phase can vary in length and, when planned, the end date may be initiated by the client and/or by the therapist. Ideally, the culmination of a psychotherapy treatment process will prepare clients to maintain positive changes and function effectively without the support of the current therapeutic relationship.

Brief Overview of the History of Termination in Psychotherapy

In spite of the importance placed on termination in current psychotherapeutic practices, early practitioners appeared to place little emphasis on this phase of treatment. The father of psychoanalysis, Sigmund Freud, initially believed that therapy should end only once all repression was lifted, all gaps in memory were filled, the ego was strengthened, and the transference within the therapist-client relationship was resolved (as cited in Murdin, 2002). This essentially meant that termination was rarely (if ever) clinically indicated. It was only toward the end of Freud’s life that he acknowledged the limitations of open-ended therapy and the inevitability of endings as part of the process (Freud, 1937; Salberg, 2010). He did not, however, indicate specifically how these endings should be addressed.

Students and contemporaries of Freud acknowledged the need for further study into the ending of analysis and attempted to fill in the gaps. Ferenzi (1927), a psychoanalyst and former patient of Freud, believed that the therapy should come to an end when it “dies of exhaustion” (p. 85)—meaning that both the therapist and the patient have come to a point where they feel that the therapeutic process has reached its limits. This was contrary to Freud’s belief that the therapist should decide when

termination should happen. Carl Jung (who had been a student of Freud and eventually broke away from him due to differing philosophies) proposed that termination is appropriate only when the patient has developed a new philosophy of life and is ready to be separated from the childhood psyche (as cited in Murdin, 2002).

Reich (1950) was one of the first analysts to write about the scarcity of literature on termination. Subsequently, Glover (1955), another follower of Freud, published an article on updated techniques in psychoanalysis. He outlined changes that can occur in clients when the threat of termination is felt, including regressing to old behaviors and increased dependency on the therapist. Glover was also the first to address positive and negative transference reactions to the therapist and their connection to the types of endings that can occur (e.g., client- vs. therapist-initiated endings). However, in spite of this identified need to address termination, it was not until the 1970s that Glover's three-part model of analysis (opening, middle, and terminal phases) became widely accepted, thus more formally identifying termination as a distinct phase of psychotherapy treatment (Joyce et al., 2007).

Attachment theory, developed conjointly in the 1960s and '70s by Mary Ainsworth and John Bowlby (Ainsworth & Bowlby, 1991), also made a significant contribution to early ideas surrounding the termination process. This theory proposed that adult behavior and interpersonal relationships are influenced by our early attachment styles with caregivers. Subsequently, similarities exist between the end of therapy and the early separation and losses felt during childhood, and in both cases, these losses must be mourned to be resolved (Ledwith, 2011).

Overall, in the early days of psychotherapeutic practice, there were no widely accepted or established guidelines for termination processes. The ideas on the subject remained largely theoretical, essentially leaving therapists to rely on their own judgment and instincts when addressing closure with clients.

Current Termination Philosophies and Practices in Psychotherapy

Although modern-day psychotherapy practice can occur within a variety of treatment contexts and theoretical orientations, the majority of the literature on the termination phase is written from a psychodynamic viewpoint. Within this school of thought, therapy contracts are often long-term and open-ended, and the general consensus seems to be that the client should ultimately choose the exact end date (Salberg, 2010; Yalom, 2005). Once an agreement is reached, termination procedures need to be clearly defined. Furthermore, some practitioners caution against a gradual tapering off of therapy sessions or renegotiation of the end date (Mander, 2000; Yalom, 2005).

Open-ended therapy agreements are less common within social work and cognitive behavioral therapy settings (Fortune, 1987; Goldfried, 2002; Siebold, 2007; Zilberstein, 2008). Here, a set number of sessions is usually determined at the outset of therapy, and the therapist often decreases the frequency of sessions toward the end of therapy (Fortune, 1987; Goldfried, 2002; Joyce et al., 2007; Kupers, 1988; Murdin, 2002; Salberg, 2010; Zilberstein, 2008). It is believed that this helps to empower the client, who will eventually act as his or her own therapist by incorporating techniques and tools gained within therapy into his or her life, thus avoiding dependence on the therapist. Furthermore, recent social work literature indicates a renewed interest in the termination phase, particularly with regard to consideration of the client's perspective and the potential for viewing this phase as a positive opportunity for self-growth (Baum, 2005; Ledwith, 2011; Siebold, 2007; Zilberstein, 2008).

In spite of differing philosophies and practices among practitioners, collective goals of termination include: (a) building upon improvements made in treatment, (b) preparing clients to function effectively without the support of the therapeutic relationship, (c) acknowledging the meaningfulness of the therapy process and/or therapeutic relationship, and (d) accepting the reality that the therapeutic relationship is ending (McGuire & Smeltekop, 1994a; Murdin, 2002; Vasquez et al., 2008; Young, 2002). Common strategies to achieve these goals may include a review of progress made and identification of salient moments (Joyce et al., 2007; Vasquez et al., 2008; Yalom, 2005). Ending rituals, such as special activities involving celebrations or symbolic gift-giving, may be also be used to commemorate the process, as long as the meaning of these rituals is examined and they are not being used to avoid difficult emotions or negative reactions (Yalom, 2005; Zilberstein, 2008).

Client Reactions to Termination

Regardless of a therapist's orientation and approach to termination, clients will likely experience some sort of reaction to the end of therapy. As noted above, these reactions may be positive or negative; however, much of the existing literature has focused on the negative (Baum, 2005; Roe, Dekel, Harel, & Fennig, 2006; Zilberstein, 2008). These negative reactions can include avoidant behaviors such as arriving late for sessions or absenteeism, refusal of future therapy, denial of progress made in therapy, anger toward the therapist, and/or jealousy toward other clients who will see the therapist in the future (Joyce et al., 2007; Rutan et al., 2007; Siebold, 2007; Yalom, 2005). Clients with a history of significant losses may experience termination as a crisis (Marx & Gelso, 1987). Furthermore, this stage can bring up previously unexamined issues, such as guilt about getting better (Murdin, 2002). Freud (1937) stated that the sense of guilt and the need for punishment is a force within certain clients who are absolutely resolved to holding on to illness and suffering, thus preventing these clients from leaving therapy. The fear of getting well can also interfere with the client's ability to progress and work through a satisfactory termination, as the illness has connected him or her to the therapist and/or to the therapy group (Yalom, 2005). This fear may also be the source of regressive behaviors exhibited during the termination process.

In spite of a focus on negative reactions in the literature, positive behaviors related to termination have also been identified. These can include making appropriate outside plans or joining new groups. Individual group members may seek out a "replacement therapist" by attempting to have a closer relationship with their spouse, a friend, or a family member (Yalom, 2005). Other positive reactions noted in the literature include feeling a sense of accomplishment, pride, maturity, and independence, as well as experiencing feelings of health, calmness, and satisfaction (Baum, 2005; Fortune, 1987; Knox et al., 2011; Marx & Gelso, 1987; Roe et al., 2006; Zilberstein, 2008).

Though termination may be experienced as a crisis for some clients, when given appropriate clinical attention, the imminent end of a therapy process may be an opportunity for development as therapists help their clients to have a corrective and/or constructive termination experience (Marx & Gelso, 1987).

Time-Limited Community Therapy Groups

As the current study investigated clients who were in a time-limited community group therapy context, it is relevant to review what is known about termination within this particular area of practice. Therapists who facilitate time-limited groups often put considerable focus on establishing specific priorities or tangible goals, in order for time to be used more effectively and efficiently (Mander, 2000; Messer, 2001). This can help to avoid unrealistic expectations and allows clients to focus on small achievements, which may provide a more satisfactory ending for some (Mander, 2000). It may also be the case that clients feel less dependent on the therapist in group settings, thereby making certain aspects of the termination process easier to face.

However, it is also the case that unique difficulties exist within group therapy termination contexts. For example, each individual client must process the ending of the relationship with the therapist as well as the ending of their relationships with each individual group member (Joyce et al., 2007; Yalom, 2005). Clients may also experience feelings of mourning in response to loss of the supportive functions of the group as a whole (Schermer & Klein, 1996). Furthermore, unlike as in individual therapy, where a client may have the option of returning after termination, a group member can never return to a time-limited group that has ended, and the loss may be felt on a more permanent level. During the last group sessions, some clients may seek to establish outside connections with other group members by setting up meetings or exchanging contact information. This may be seen as an attempt to preserve the group, which may be interpreted as either an avoidance of the feelings of loss that come with terminating or as a positive reorientation toward life outside the treatment or group (Baum, 2005; Fortune, 1987; Rutan et al., 2007; Yalom, 2005).

In time-limited groups, themes related to termination may start emerging from the midpoint onward (Murdin, 2002; Rutan et al., 2007). Although group members may not speak explicitly about the ending of the group, some practitioners believe that all content of the final meetings in time-limited group therapy is connected to the impending termination (Murdin, 2002; Rutan et al., 2007; Yalom, 2005). The current study was aligned with this perspective.

Termination in Music Therapy Contexts

As the current study explored clients' shared experiences of termination within a time-limited music therapy group, it is relevant to review what is known about termination in music therapy contexts in general. Although several well-known music therapy authors have stressed the importance of proper termination practices (Bright, 2002; Dileo, 2000; Hanser, 1999; McGuire & Smeltekop, 1994a, 1994b; Nolan, 2003; Odell-Miller, 2002; Priestley, 1994; Rolvsjord, 2010; Sekeles, 2007; Wheeler, Shultis, & Polen, 2005), the literature contains surprisingly little information on this topic. Furthermore, I found no literature that pertained specifically to termination processes in community mental health music therapy groups, which emphasized the need for the present study.

One of the most significant publications on termination in music therapy is a two-part article by McGuire and Smeltekop (1994a, 1994b), who proposed a working clinical model for termination in both individual and group music therapy contexts. This model includes the following stages: (a) termination announcement, (b) review and evaluation, (c) expression of feelings, (d) projections into the future, and (e) saying good-bye. The authors emphasized the value of music within each of these stages and stated that the musical experiences used during the termination phase should be chosen to facilitate a review of progress and the meaning of closure for

both the client and the therapist. They also indicated that although it is ideal for clients to participate in decisions related to termination, lower-functioning clients usually require a more directive approach on the part of the therapist.

Hanser (1999) also made a notable contribution to the music therapy literature on this topic in *The New Music Therapist's Handbook*. Here, she indicated that therapists should ask themselves specific questions about the appropriateness of termination with particular music therapy clients. These questions included considering whether the therapist is continuing the therapy for his/her own needs or for the needs of the client and whether there are times when a client would be better off with a therapist within another area of expertise (i.e., the client's needs are not being met in music therapy). Similarly, Bunt and Hoskyns (2002) identified a need for objective measures to determine a client's readiness for termination and a responsibility on the part of the therapist to contain his or her own guilt around issues of abandonment or perceived broken promises.

Hanser (1999) also specified that when the termination date has already been set in the therapy contract, it is the responsibility of the therapist to broach the topic several weeks in advance. In regard to open-ended music therapy, however, Hanser stated that a discussion around termination should be initiated as soon as the client has reached his or her set goals or at a point in time when the client has started to exhibit resistant behavior such as missing or canceling appointments. The termination discussion should first include an evaluation of progress in order for the client to recognize growth and achievement. It also provides an opportunity to explore the client's feelings regarding termination, which may reveal issues related to loss, abandonment, or failure. It may also be important for the therapist to discuss other available resources with the client and to help direct him/her to appropriate services that he/she can access after music therapy sessions have ended.

In her book *Ethical Thinking in Music Therapy* (2000), Dileo reiterated and expanded upon several of Hanser's points outlined above. She noted that deciding on a cutoff point for music therapy services can be difficult for certain music therapists, as there is often no set duration in particular treatment contexts, and termination criteria have not been developed for these contexts (e.g., group homes or long-term-care settings). Within some centers, the appropriate therapy time period may be determined by an interdisciplinary team and not by the music therapist. In private practice, however, a set number of sessions may be negotiated from the beginning and reevaluated over time. Dileo also mentioned that the therapist should consider termination whenever the client is no longer benefitting from the service or when the therapy may present harm to the client (e.g., personality clashes with the therapist, lack of therapist competence). Dileo emphasized the importance of being open and honest regarding the reasons for terminating therapy and observed that whenever possible, the music therapist should collaborate with the client in making a post-therapy action plan. Consultations with outside professionals may be necessary. Last, she reminded the reader that termination can be a positive experience both for those who have benefitted from the therapy and for those who have not, as proper closure procedures enable the client to work through unfinished business.

Several authors have also outlined how music can be used as part of the termination process in music therapy. Hanser (1999) described examples of special projects such as making musical recordings or transcribing compositions for the client to keep, or planning and executing live performances (private or public). These activities may help to identify or emphasize positive changes and growth. Furthermore, she stated that music may be used as an alternative or in addition to

verbal processing and that this creative approach may be particularly effective for some clients. Bright (2002) specified that the final music therapy session should include a farewell, a congratulations, and a thank-you—all of which may occur in a musical format. She also recommended using a theme song that is of particular significance to the individual so that it will be remembered. Similarly, Rolvsjord (2010) presented a scenario where significant songs that were performed and composed during music therapy sessions were compiled onto a CD that the client was able to keep after the music therapy sessions had ended. These musical products can be used as transitional objects that create a bridge between life outside of therapy and life inside the music therapy room. This in turn may help clients to transfer what they have learned within music therapy to their outside lives and serve as a reminder of their journey.

The literature contains two case studies that also highlight how music helped to facilitate terminations within music therapy contexts. In an analysis of a case study conducted within an *Analytical Music Therapy* context¹ involving an adult male client diagnosed with schizophrenia, Eyre (2007) described the ending phase as a time when the client's music became more creative and sensitive. The therapist (Mary Priestley) witnessed a shift in that the client went from being quite passive in the music-making interventions during the beginning stages of therapy to eventually assuming a role as co-creator in the improvisations contained in the last sessions. Leadership, coping skills, and transitions all emerged as significant themes in the client's musical and verbal material during the final sessions. Similarly, Nolan (2003) described how a client in his final music therapy session expressed his wish to improvise with his therapist as if they were two musicians rather than therapist and client. This seemed to indicate that the client was asserting his autonomy and musically affirming his future ability to function without the support of the therapist.

Finally, it is important to reiterate that the present study took place in a community-based mental health program. Music therapy has been part of some inpatient and outpatient psychiatric care facilities since the 1960s (Priestley, 1994). As mental health services have moved from inpatient treatment models to community-focused options, an increasing number of community-based mental health programs are embracing nontraditional therapies (such as music therapy) to better meet clients' needs and realities (Crowe & Colwell, 2007). Typical goals in community psychiatric music therapy include: (a) developing expressive and reflective abilities, (b) exploring one's relational patterns, (c) developing tools for relaxation, and (d) increasing self-confidence (Odell-Miller, 2002; Rolvsjord, 2010; Stewart, 1997). In spite of the fact that music therapists are facilitating music therapy groups in community-based mental health programs, I found no articles that examined group termination processes in this context. However, I found three articles that examined individual clients' experiences of music therapy termination processes that occurred in mental health settings.

Odell-Miller (2002) wrote about a male client with a history of attachment difficulties who decided to leave a music therapy group after six years of attendance. This group took place in a mental health setting. In the final phase of his treatment, the client initially struggled with his feelings of dependence on the group and the

¹Analytical Music Therapy is a model of music therapy initially developed by Mary Priestley. It involves the analytically informed use of symbolic improvised music in a music therapy context. It is used as a tool to explore a client's inner life, with the goals of growth and greater self-knowledge (Priestley, 1994).

therapist but stated to the group that he now felt that he could “go be an adult” (p. 48) by resuming a job and other outside commitments. He moved into a constructive phase of reflection by reviewing what he had accomplished and by acknowledging his feelings of sadness around the loss of the group and the therapist. In one of the final sessions, however, the client expressed feelings of anger and envy toward other members. Ultimately, Odell-Miller described the very last session as being one of celebration. In a follow-up letter sent one week later by the client, he continued to attribute his ongoing progress to what he had accomplished through his music therapy group.

Rolvjord (2010) and Smeijsters (1999) have also described positive perspectives on individuals’ experiences of termination in music therapy. Rolvjord presented an overview on a post–music therapy treatment interview with an adult client in an outpatient mental setting. She noted that themes of musical mastery and moments of positive emotion dominated the client’s perception of the therapeutic process, as opposed to the difficulties or negative emotions that the client had experienced during therapy. Similarly, Smeijsters recounted the final music therapy session of a young woman in an outpatient mental health setting and indicated that the client spoke about the many positive musical and life changes that she attributed to her experience in music therapy. In the client’s written self-report, however, she expressed mixed feelings about wanting to continue music therapy but at the same time wanting to function independently without the therapy.

Overall, the literature indicates how termination processes in music therapy can be constructive experiences for both the therapist and the client. However, very little has been written on how termination procedures might need to be adjusted in order to fit particular clinical contexts or what music therapy interventions might be indicated for particular clinical contexts. Furthermore, I found only one unpublished paper that examined a music therapy group’s collective experience of termination. However, this paper was written from the therapist’s point of view rather than from the perspectives of the clients (Young, 2002). Therefore, the purpose of the present study was to address these gaps in the literature by examining the shared lived experiences of the termination process of a limited-term music therapy group for adults in a community mental health setting. Specific research questions were: (a) What common themes related to a group music therapy termination process will participants verbally express during individual interviews? (b) What common themes related to a group music therapy termination process will participants verbally express during the final music therapy session? (c) How do the themes that emerged from the final music therapy session and the individual interviews compare? (d) How does the musical material from the last session relate to the themes that emerged?

METHOD

Design

This study employed a qualitative adapted phenomenological approach where I returned to experience (through interviews, observations, and musical data) in order to identify and describe the lived experiences of individuals through comprehensive descriptions of those experiences (Berndtsson, Claesson, Friberg, & Öhlén, 2007; Forinash & Grocke, 2005; Moustakas, 1994; Schwandt, 2007). It focused on “what all participants had in common” (Creswell, 2007, p. 58) with regard to their experiences of termination in a group music therapy context. As this study was concerned with

fidelity to the shared lived experiences of the group members and the meanings that they ascribed to these experiences, all interpretations were grounded in the data through the use of direct quotes from the participants.

Epoché

As a music therapist and researcher, I believe that who I am is reflected in my work, and my interest in termination processes was not only related to my professional work but also very likely influenced by recent personal events. I experienced the loss of significant people; I experienced the termination of my own long-term therapy process; and I was coming to the end of five years of university education. All of these experiences were bracketed to the best of my ability during the interpretation of the data, but they also were used to inform my understanding of the results, as phenomenology allows for personal experiences and perspectives to be used as sources of insight (Finlay, 2008).

Prior to conducting this study, I also had some assumptions that must be acknowledged. I assumed that termination processes in music therapy were similar to those found in other psychotherapeutic or counseling professions and that comparable issues would arise. However, I also assumed that the musical data would somehow help to elucidate participants' perspectives on their experiences of termination and that some of these perspectives would be specific to the music therapy context. Finally, although I assumed that each participant's experience was unique, I also assumed that common themes related to termination would emerge amongst the participants.

Participants

Initially, this study included four adults, ages 29 to 54, who each attended between 20 and 30 two-hour-long group music therapy sessions (the same group) over a nine-month period. Three of these participants were present for the final group session, and these same three participants also completed individual interviews with me. Therefore, only the data involving these three participants are included in the results.

The group took place in an urban community mental health centre where persons receive treatment for a variety of mental health-related issues, including depression, personality disorders, and anxiety. A specific diagnosis was not necessary for participation in the present study. All three participants referred themselves to the group—two had heard about it from previous music therapy clients and the third found out about the group through the centre's website.

The overarching clinical goals of the group were: (a) to decrease social isolation, (b) to develop/enhance coping skills, and (c) to learn how to use music and group discussion as effective forums for emotional expression. Music therapy experiences were designed to meet these goals. Participants also agreed to participate in this group as part of a research project being conducted by me (the current author). This study received approval from the Creative Arts Therapies Research Ethics Committee at Concordia University. Participants reviewed and signed information and consent forms prior to any data collection.

Data Collection Procedures

I collected the data for this study in various ways. First, the group's last music therapy

session was audio-recorded. Second, I conducted semistructured individual qualitative interviews with each of the three participants who completed the music therapy group process. Examples of open-ended questions that I used during these interviews included: (a) What was your overall experience of the music therapy group? (b) How did you experience the musical aspects of the group? (c) How did this group experience impact your outside life? (d) What was your experience of the group dynamics? (e) How would you describe your experience of the last group session?

These interviews were also audio-recorded, and I adjusted the flow of each interview to follow each person's experience as she conveyed it. I sought clarification from participants during the interviews to ensure accurate communication. Finally, I maintained a log over the nine-month intervention period where I recorded information pertaining to group dynamics, discussion themes, musical themes, client progress, and my own personal reactions. I used these log notes to inform the interpretation of the results.

Data Analysis

I analyzed the data from the individual interviews by using a modified version of Colaizzi's (1978) approach to phenomenological analysis. The steps were as follows:

1. I transcribed each participant's interview.
2. I read each participant's verbatim transcript to acquire a sense of the whole.
3. I extracted significant verbatim statements and phrases pertaining to termination from each transcript.
4. I formulated meanings from the significant statements. When applicable, I also used my log notes to help clarify these meanings.
5. I then organized meanings into themes, and these themes evolved into theme clusters and eventually into theme categories.

I analyzed the data from the group's last therapy session using a modified version of Colaizzi's (1978) approach to phenomenological analysis. Although this approach is normally used for interview-based data, other sources of data (including observations or artistic expressions) may be used in phenomenological studies when they help the researcher to capture people's experiences as they are lived (Berndtsson et al., 2007; Forinash & Grocke, 2005). As previously noted, some practitioners believe that all content of the final meetings in time-limited group therapy is connected to the impending termination (Murdin, 2002; Rutan et al., 2007; Yalom, 2005). Therefore, the verbal dialogue and music that occurred in the last session were considered to be genuine experiences of the phenomenon under investigation. The steps used to analyze this data were as follows:

1. I transcribed all verbal dialogue from the last group session.
2. I listened to the music experiences that occurred in the session several times and formulated written descriptions of these experiences.
3. I inserted the music experience descriptions into the verbal transcript according to when they occurred during the session.
4. I read through the transcripts several times to acquire a sense of the whole.
5. I extracted significant verbatim statements and phrases pertaining to termination from the transcript.

6. I formulated meanings from the significant statements. When applicable, I used the music experience descriptions and my log notes to help clarify these meanings.
7. I organized meanings into themes, and these themes evolved into theme clusters and eventually into theme categories.
8. Finally, I compared, contrasted, and ultimately combined the theme clusters and categories from the individual interviews and the final session transcript into overarching theme categories. These results were then integrated into summary descriptions of participants' shared lived experiences of termination in this group music therapy context.

RESULTS AND DISCUSSION

The combined theme clusters and categories that emerged from both the individual interviews and the last group music therapy session transcript resulted in four overarching theme categories: (a) recognition of accomplishments, (b) recognition of challenges, (c) negative feelings experienced in response to termination, and (d) ways of coping with termination. Table 1 provides an at-a-glance summary of the theme clusters that are associated with each of the overarching theme categories. Summary descriptions of the material contained within each theme category follow. Select participant quotes are used to illustrate the theme categories as well as individual themes contained within these categories. Relevant excerpts from the music experience descriptions are also used to support the findings. Cumulatively, these descriptions convey the essence of the participants' ("M," "L," and "S") shared lived experiences of termination in this group music therapy context.

Table 1

Overarching Theme Categories and Related Theme Clusters

Theme Categories	Theme Clusters
I. Recognition of accomplishments	Ia. Increased sense of connection with other group members Ib. Achieving musical goals Ic. Positive changes that occurred outside the group Id. Potential future benefits Ie. Ability to acknowledge and overcome group conflict
II. Recognition of challenges	IIa. Difficulties with absenteeism IIb. Challenges with ability to express self musically IIc. Reoccurring challenges from past groups or experiences
III. Negative feelings in response to termination	IIIa. Feelings of rejection IIIb. Disappointment IIIc. Anxiety about the future IIId. Recalling previous negative experiences with endings
IV. Ways of coping with termination	IVa. Providing support and reassurance to each other IVb. Finding alternate support systems for themselves IVc. Use of humor and sarcasm IVd. Holding on to the therapist IVe. Making the ending special

Summary Descriptions

Theme Category I: Recognition of accomplishments. “Well, I am just looking at the way I used to be. I would never do last year what I did this year” (M). During the termination interviews and also during the last session, each participant referred to accomplishments or positive gains that she felt she had made over the session period.

Theme Ia: Increased sense of connection with other group members. During the individual interviews, all participants expressed a realization that they were not alone in their struggles: “I think I have learned that everyone is going through something difficult” and “It was hopeful to just vent to people who have been there” (L); “I found myself focusing on what she would talk about and finding similarities

... there are always similarities” and “Last year, I felt [like I was] not a part of the [previous therapy] group (S); “This time was different” (M). M also stated that the group felt more cohesive at the end: “I just feel it was more inclusive. I felt more a part of it, especially at the end.”

During the last music therapy session, all participants expressed feeling an increased sense of belonging or connection with the other group members: “You know, I felt I connected with them, and I think it was the first time as [part of] a group [that] I would say that” (M). L stated: “I felt less alone with it [the group] because it is hard and you can’t always turn to other family members” and “It was nice to have the perspective of someone who is not a loved one” (L). S also felt that there were benefits but appeared to have some difficulty in articulating them: “It seemed like I did gain something. I felt I was able to express myself, so maybe I did get something out of it.”

The music in the last session also appeared to reflect a feeling of connection among group members. When group members were singing together (during a vocal improvisation as well as during a precomposed song), they seemed to sing at similar volumes, getting progressively louder or softer as a unit, allowing the musical experience to unfold in the moment. Similarly, an instrumental improvisation reflected a feeling of “coming together.” As L described it: “I think the instruments all kind of came together. That was nice to see because at first I think it seemed disjointed.” At the end of the vocal improvisation, all group members burst into laughter simultaneously. This seemed like a unifying experience for the group.

Theme Ib: Achieving musical goals. Participants reflected upon their musical achievements, particularly in terms of how they applied to therapeutic goals. For example, over the intervention period, S struggled with the idea that her music had to conform to a certain aesthetic ideal. However, in the last session, she stated: “If I am angry, it doesn’t really matter if it is in tune.” S also demonstrated an increase in her musical confidence as she vocally improvised a scat solo at the end of a song that she had chosen for the group to sing: “Feeling Good,” as performed by Nina Simone (Newley & Bricusse, 1965). She had not taken this initiative in previous sessions. During the interview, she stated: “I have always wanted to have a voice in another sense, and now I am having a voice that is actually my voice.”

M also noted an increase in her freedom to express herself musically: “I was used to following things to a ‘t’” and “At the beginning, I always wanted to play what I knew, and then I finally came to the point where I could play anything and I don’t have to worry about it so much.” This new sense of musical freedom was also evident during the last session when M chose to play the keyboard for a group improvisation. Though she stayed mainly in the key of C major, she did not try to play familiar melodies as she had in previous sessions. She engaged in creative musical interactions with the other group members and experimented with all registers of the piano. Interestingly, in another improvisation, she chose to play the guitar, an instrument that she had previously avoided while citing lack of technical ability. Perhaps the realization that this was the last session or the last chance to share musical moments with the group motivated both M and S to display more creativity, variation, and autonomy in their playing.

Finally, L noted an increased awareness of how music affected her. In the last session, after listening to a recording of “The Boxer” (Simon, 1968; chosen by L), L stated: “I think I listened to the instrumentation more this time. Though the lyrics are so beautiful, they are so poetic, but yeah, the violin, the music ... and that is something I have gotten from music therapy, too; to listen for different instruments

and how they make me feel.” S also noted: “There are all kinds of little things in that song that I never noticed before.”

Theme Ic: Positive changes that occurred outside of the group. All participants noted positive changes in their daily lives that they attributed to their participation in this group. For L, this included being better able to handle outside relationships. In the final session, she said: “Now I feel like I can respond without being so depleted of energy.” In her interview, M stated: “In my old days, I don’t think I could have done it. ... Even though I am going through all this drama, I am not falling apart.” M also added that increased feelings of musical freedom positively affected her teaching abilities. When discussing her ability to lead a writing workshop for children, something she once found to be stressful, she stated: “And I’ll tell you this, it [my ability to improvise more freely] did generalize because in the writing workshop, I didn’t do it exactly the way it was written. I just tried remembering it and just using parts of it.” During her interview, S shared that after the group ended, she had sung a solo in public for the first time: “It was an open mike blues night and I sang. It was really well received and I was so excited ... big changes!”

Theme Id: Potential future benefits. Participants noted potential future benefits that they felt they might experience as a result of their participation in this group. During the last session, L expressed feeling a greater sense of hope for the future: “The idea of resilience came up. ... I think that is something to take away from this; we will all continue to survive.” This idea also seemed to be reflected in a recording that L chose in the last session to represent her own music therapy process: “The Boxer,” performed by Simon and Garfunkel (Simon, 1968). The last lines of the song proclaim: “I am leaving, I am leaving, but the fighter still remains.” L responded: “That line pierces my heart. ... I think it [the song] touches on a lot of the themes that we talked about, such as hopefulness and having to strike out on your own.” S also felt that this song represented a sense of “renewal” for her and said: “Maybe in six months I will think, ‘Oh, that was kind of cool what I went through and that I kept coming back [to the group] ... you know?’” In her interview, S also noted how a continuation of the interest that she had developed in music through the group might help her to make new connections to other people: “Connecting over common interests; that is going to be different for me.”

Theme Ie: The ability to acknowledge and overcome group conflict. During the interviews, two participants expressed pride in the fact that they had remained committed to the music therapy process despite group conflict: “I am glad that I stuck it out ... the fact that I stuck it out showed maturity” (S) and “I think that was really helpful with the group, to see that people would come back to the group” (L). S also felt that it was important to show up for the last session in spite of group conflict and difficulties in her life in general. “I did it for the group as a whole [i.e., showed up for the last session] ... for the fact that it is a group. Showing up is a big part” (S).

S also used the individual interview as a time to speak of difficult feelings she had toward another member, M: “The other thing I did not mention [in the last session] was M. It was difficult, very difficult. I had a hard time with her.” However, she followed this comment with: “There are always similarities. I’d say now, yeah, I get it, I understand where she is coming from. Yeah, I understood her wanting to have close relationships with people. I related to it.”

The music that was played during the last session appeared to reflect aspects of group conflict and resolution. The second instrumental improvisation, performed with the purpose of representing participants’ perspectives on the group’s development over the session period, sounded quite chaotic at first—with no clear

tonal centre or stable rhythmic foundation. It felt as though all members were fighting to be heard and trying to overpower each other's playing. The tension resolved rather tentatively toward the end of the piece, with all members getting softer together. Another example of group conflict and resolution was observed during the third improvisation. As M talked and giggled throughout, S said angrily, "Be quiet, M!" Despite this exchange, all group members ended the improvisation by laughing together.

Theme Category II: Recognition of challenges. "There were unexpected challenges and conflict ... [that] we [were] not necessarily anticipating in the beginning. I think it is inevitable and just a part of life" (L). During the interviews and during the last session, participants acknowledged challenges that they had experienced within the group over the session period.

Theme IIa: Difficulties with absenteeism. Absenteeism, lateness, and group attrition posed significant challenges for group members.² In the last session, S noted: "I myself was inconsistent, but I know that not everyone was consistent" and "It was all, for me, in bits and pieces. Partly [it] was my not being there as much as I should have been." Similarly, L stated, "We were struggling to get here on time ... it was hard." Furthermore, the premature termination of other members was recognized as an obstacle to group cohesion. "People left, and that is always a downer for me because the more, the merrier, and you learn from people ... so if no one is there, then [...]?" (S). S voiced a similar perspective during her interview about a member who had left the group: "You just don't lose touch. You just don't do that." Concerning the same group member, L said: "I felt I did not even get a chance to really know her." She also voiced concern about another group member who did not return: "I did worry about her." Interestingly, although S expressed her frustration with others' tardiness and absenteeism, she herself had missed the penultimate session and had also arrived late for both the last group session and the individual interview.

Theme IIb: Challenges with ability to express self musically. During the last session, two members identified the modality of music as being a challenge: "The challenge was to convey and express with music ... without words" (L) and "My ability to express myself through music ... I really couldn't do it. I am musical, but they [music and the ability to express myself] do not necessarily go together" (S).

Certain music experiences in the last session also appeared to reflect this struggle. The first improvisation seemed to require more direction and reassurance than usual on the part of the therapist—particularly with regard to what instruments should be chosen and when they should be played. L, who had expressed difficulty in communicating through music throughout the intervention period, chose a very small xylophone that was barely audible.

Interestingly, these musical challenges were not verbally expressed in the individual interviews. In fact, S, who voiced frustration in the last session about her ability to express herself musically, stated that she "loved the drumming" and found herself to be "very rhythmic." It may have been the case that participants found it easier to express their musical challenges in the presence of other "nonmusicians" as opposed to expressing them directly to someone with known musical expertise (i.e., the music therapist/researcher).

²Initially, this music therapy group contained seven members, but three of these individuals discontinued.

Theme IIc: Reoccurring challenges from past groups or experiences. During the interviews, participants spoke about how challenges that they had experienced in previous therapy groups and other settings seemed to affect their experience of this music therapy group. One of these struggles included having difficulty in setting personal goals: “Funny, I have never been good at setting goals” (S). Another struggle was the fear of rejection and difficulty connecting to others: “I worry about people calling me back” (S) and “I often feel so rejected” (M).

During a discussion in the last session about previous groups or therapy experiences, conflicting feelings regarding connection with others was brought forth by S: “I want a real connection here [in the group] but it is a double-edged sword because I know that I cannot get too invested.” M supported this perspective by saying: “Basically, I am always wanting to have this very good friend, a companion, but when you are going through difficult things, friendships are difficult to maintain.” This was the first time that this topic had been discussed, and it may have been inspired by a realization in the last session that the relationships developed in the group may very well not continue into the future.

Theme Category III: Negative feelings in response to termination. “Well, it is sad now. Now that I think about it, it is so sad. It is sad that it is going to end” (M in the last session). During the last session and in the individual interviews, participants experienced a range of negative emotions in response to the termination of the group.

Theme IIIa: Feelings of rejection. In the last session, feelings of rejection appeared to be experienced very acutely by M. Termination seemed to elicit various past memories of feeling rejected. She spoke about not having close friends in high school: “I wanted a best friend ... but I never had one.” She also spoke about her mother: “My mother always said I was impossible to be with.” She indicated that she had not felt accepted in past therapy groups: “There was a cliquishness in last year’s group that I wasn’t a part of.” In the interview, M also described herself as being in a state of “despair” about the ending of the group. The other group members did not express similar feelings in the last session or in the interviews. Given what the researcher knew about the participants’ backgrounds, it seemed that M had either experienced more perceived and/or actual rejections in her life than the other two members and/or she responded more adversely to these types of experiences.

Theme IIIb: Disappointment. During the last session, two participants expressed disappointment in not having accomplished what they had hoped to accomplish: “I was disappointed because I thought it was going to be different ... I am not sure how. I felt like I went around in circles” (S); “Two hours goes by very quickly, especially if we are struggling to get here on time, and I am guilty of that. It just goes by very quickly, October to June” (L); and “We have this expectation that we will be able to do all of this stuff and then suddenly it is over” (L). During the session, M also expressed disappointment about the ending of the group: “It is sad that it is going to end.”

Interestingly, L appeared to display a resistance to ending in the second improvisation of the last session, which was based on the theme of development and conflict in the group. Although everyone else had stopped playing, L continued to play for at least half a minute longer as if to encourage others to start playing once more. This may have symbolized her desire for the group to continue and thus her disappointment that it was ending.

Theme IIIc: Anxiety about the future. During the individual interviews, participants expressed anxiety about the future: “I know we try to focus on the

present, but it is hard not to worry about what is going to happen down the road” (L); “I just don’t know what it is going to be like next year” (M); and “I don’t know where this is going to take me” (S). Although this theme did not directly emerge during the discussion in the last session, the music seemed to contain elements of anxiety and uncertainty that may have been related to it. For example, tension built in the music of the second improvisation, and this was followed by nervous laughter from two of the participants. Additionally, M displayed some worry and anxiety about the music at the beginning of the session, wondering: “I just want to know if you have my song?”

Theme III d: Recalling previous negative experiences with endings. Negative memories of past endings emerged for L during the interview. She spoke about shutting down during difficult periods of separation from her father when he had been hospitalized: “I would leave the hospital, and I would just have to shut down and not really deal with those emotions.” She then compared how she compartmentalized her feelings during those periods of separation to how she was coping with the present termination and the fact that she felt that this group had unfinished business: “I have learned to compartmentalize, that is how I cope.” L also mentioned past struggles that she had experienced as a result of a previous therapy termination: “I had a really good relationship with my first counselor, but she was a graduate student and did not continue. ... I had to wait six weeks ’til the next appointment [with the new counselor].” It may have been the case that L was unconsciously seeking out a corrective termination experience within the current context in order to process previous experiences of frustration and loss. Interestingly, this theme did not emerge for the other participants in either the last session or the interviews.

Theme IV: Ways of coping with the termination. “It seems strange. I think with any type of ending, I don’t accept it until the time has passed” (L, during interview). Participants employed various coping mechanisms in the last session and in the interviews in order to deal with the separation of group members and the ending of the group.

Theme IV a: Providing support and reassurance to each other. In the final session, all group members (L, in particular) appeared to focus on providing more support and reassurance to one another than they had in previous sessions. For example: “I think that the idea of things not always being linear is really important also and just kind of accepting the ebbs and flows” (L’s response to a comment made by M about “going around in circles”); “We need destruction in order to have new growth” (L speaking to the group about how she views endings); and “The whole song ... everything was very hopeful” (M speaking to L about L’s song choice). S proclaimed: “We all survived until the end!” It may be important to note that all of these supportive comments occurred immediately after discussion about the struggles within the group. This may have been a way for the group members to ensure that their collective memory and perception of this group remained positive. During her interview, L mentioned the support that she felt during the last session: “I did feel a sense of support ... in the end, she [M] did seem genuinely concerned.”

Also in relation to this theme, L shared alternative resources for support with M, when M was discussing ongoing family struggles: “I think it would be helpful for you to go to a support group for people that are dealing with family members with Alzheimer’s.” When S spoke about being alone, L offered this insight: “There is a difference between solitude and loneliness. Solitude is really good sometimes” (L).

Mutual support despite conflict was also demonstrated in the good-bye song, which included improvised farewell messages to each other. Members described each

other with such positive words as “exuberant,” “hopeful,” “kindhearted,” and “bright star.” M’s musical contributions also appeared to reflect support of others in that she chose to play the piano for the first improvisation. This instrument had typically been used by the therapist throughout the session period to support or accompany the improvisations. Furthermore, M played the piano using a supportive chordal accompaniment style and appeared to be paying attention and responding to the others’ musical contributions.

Theme IVb: Finding alternate support systems for themselves. By the time of the interviews, participants had either already connected with other services in order to continue therapy or planned on attending future groups at the same community centre. S spoke of continuing with an individual counselor and taking private vocal lessons. L anticipated new groups with hope, stating that “hopefully, in my next group there will be more cohesiveness to facilitate that [her ability to trust others].” M planned on participating in another creative art therapies group at the center: “So for me, it doesn’t really matter what [modality] I am doing, as long as I am getting help.” During the termination interviews, the idea of reaching out to others for support also emerged. S spoke about strengthening friendships: “I want to build relationships over common interests now. I have never done that before.” M spoke of renewing family ties now that the support that she had gotten from the music therapy group had ceased: “I want to connect with my children. I want to work on those relationships now.”

This theme did not emerge in the last group session. This may simply be due to the fact that participants perceived the group as a forum more appropriate to providing support for each other than discussing their individual personal plans. It may also be the case that the last group session motivated individuals to subsequently seek out support systems for themselves.

Theme IVc: Holding on to the therapist. M’s attachment to me (the music therapist) was overtly demonstrated during both the termination session and the interview. During the session, she complimented me by saying such things as: “I am very fond of you” and “you made the sessions so much fun.” She also demonstrated more dependence on me in the beginning of the last session than she had in previous sessions in the form of asking for more direction: “What instrument should I choose?” “Is it all right to take the piano?” “When do we begin?”

During the interviews, M mentioned that she wanted to follow me next year and attend “whatever group you are leading.” She stated: “You are so creative. You have it in you.” L also complimented me: “I really appreciated your facilitation.” S stated: “I look at you and I know you are a teacher. That is what sets you apart from the rest.”

In the case of M, it may be that her desire to compliment and remain connected to me was a regression back to a previous behavior. In the earlier sessions, she had expressed a strong desire for structured guidance from me. Over time, she had achieved greater autonomy in sessions and had become more interactive with the group members. Her behavior in the last session was reminiscent of earlier behaviors and may have indicated a perceived dependence on me and/or on the group that was triggered by the last session.

Theme IVd: Use of humor and sarcasm. S demonstrated use of this coping mechanism. During the interview, S said: “Termination, what is that? I don’t want to terminate [laughter].” After our second instrumental improvisation, S stated in a sarcastic tone: “That was intense. Can we do interpretive dance now?” During the closing activity, S interrupted the meditative portion of the experience with a comical

song about good-byes from an old TV program. As noted previously, S expressed a fear of overinvesting in relationships and was likely using humor to protect herself and minimize any difficult feelings that she may have been experiencing inside. This reaction was not observed in the other participants. In response to S's humor or sarcasm, M and L either ignored her comments or laughed hesitantly.

Theme IVe: Making the ending special. Participants seemed to feel that this last session was particularly important and noteworthy. All three participants felt a responsibility to attend the final session, both for themselves and for the sake of the group: "We could have gone, 'Oh, this won't go anywhere, there are only three of us,' but we didn't. We are all here, and I think that says a lot for the three of us." (S); "Being present to end it, that is really important to me, instead of being like, 'Oh, it's just the last day'" (S); and "That we showed up ... that shows our commitment" (L). The music made during the last session also reflected a sense of specialness. S stated that her drumming during the first exercise felt "different" and that this was "kind of neat!"

This theme appeared to be reflected in S's musical choice for the last session. Despite the many grievances that she expressed throughout this session and others, she chose for the group to listen to "Feeling Good," sung by Nina Simone (Newley & Bricusse, 1965). S described this selection as "very positive, especially the image of birds flying high." It also seemed important to L and M that the last session end on a positive note: "Endings can also be beginnings" (L); "We have circled by to the hopefulness of the beginning" (L); "We were very lucky to have this program" (L); and "I liked this group a lot more than last year's" (M). Making the last session feel special may have been a way for group members to preserve positive memories about the group and may have also served as a reconstructive termination experience.

In her interview, Malso conveyed that the ending was particularly salient for her: "I don't remember much about the beginning" and "I felt more a part of it, especially at the end."

Summary and Implications

Summary of Findings

Three research participants completed a group music therapy process that took place over a nine-month period. The last music therapy session as well as individual interviews were audio-recorded and analyzed to determine common themes that existed among participants' lived experiences of a termination process. Combined results revealed four overarching theme categories: (a) recognition of achievements, (b) recognition of challenges, (c) negative feelings experienced in response to termination, and (d) ways of coping with termination. Summary descriptions of these categories provide a framework for understanding these adult participants' shared lived experiences of termination in a limited-term music therapy group that took place in a community mental health setting.

Limitations of the Study

This study had some potential limitations that should be considered. As is typical in qualitative phenomenological research, these findings are not generalizable and only apply to the context within which they occurred. Furthermore, all participants were

female, and music therapy groups often involve more than four clients. However, the results may contain elements of *transferability*, as they may be applicable to other unique, context-specific cases. Due to the academic time restraints of the research and the policies of the centre, it was not possible for me to obtain participants' feedback on my interpretation of the data, and some readers may feel that this impacts upon the confirmability of the results. However, member checking relies on the assumption that there is a "fixed truth" that can be confirmed by the participants, which could actually be considered a positivist notion that does not align with this particular study's epistemological stance. Finally, one of the group members did not participate in the last session or in the individual interview, and it is unfortunate that her perspectives were not included in the results.

Implications for Practice

Client reactions. Common theme categories did emerge among participants' experiences of termination, and these categories support much of the anecdotal evidence contained in the literature. As with the results of the present study, Fortune (1987) and Rolvsjord (2010) indicated that their clients spoke about their achievements and positive outcomes during the termination process (Theme category I: Recognition of accomplishments). It may be the case, however, that some clients may not or cannot initiate this kind of a review. Therefore, when terminating sessions, music therapists need to ensure that they provide their clients with accessible opportunities to recognize and/or celebrate their accomplishments in therapy. This may involve not only verbal discussions but also the use of musical experiences that underscore achievements.

It is also important for therapists to allow their clients to have the verbal and musical space that they need to recognize and acknowledge challenges that were experienced during the music therapy process (Theme category II: Recognition of challenges). The literature has also reported that clients have a need to express previous difficulties within their process and that a review of "unfinished business" is necessary in order to have an adequate closure (Marx & Gelso, 1987; Yalom, 2005). Again, music therapists have the advantage of being able to use music experiences to facilitate this process.

The emergence of Theme category III: Negative feelings [experienced] in response to termination was not surprising, as the literature has also noted that clients often experience reactions of abandonment, guilt, anger, and disappointment (Baum, 2005; Fortune, 1987; Marx & Gelso, 1987; Mohammed & Smith, 1997; Murdin, 2002; Roe et al., 2006; Rutan et al., 2007). Gutheil (1993) also indicated that it is easier for a client to express disappointment in aspects of the therapeutic work when the information is elicited through an organized discussion. In the present study, the opportunity for participants to express their reactions to group termination was provided both in the final group session and in the interviews. They also had musical opportunities through which to express these reactions. Ultimately, these opportunities appeared to facilitate a constructive process for the participants. Music therapists need to ensure that they do not shy away from addressing negative reactions to termination, as they may provide opportunities for further therapeutic growth.

Participants exhibited various ways of coping with termination (Theme category IV). Similar to what has been noted in the literature, this study's participants sought out alternate resources, which could be perceived as an attempt to replace the

group (Yalom, 2005), and some also sought out ways to hold on to the therapist (Theme IVd; Murdin, 2002; Roe et al., 2006). Interestingly, Theme IVa (Providing support and reassurance to each other) may add a new perspective to the literature, as no writings were found that explicitly explored this theme in relation to clients' reactions to termination. Finally, clinicians cannot overlook the importance of including termination rituals in music therapy groups. In the present study, it appeared that it was important for the group members to have experiences that made the ending feel special (Theme IVe). Rituals are culturally recognized markers that endow events with special meaning and allow for continuity at times of transition, tension, and uncertainty (Gutheil, 1993). Relevant closing rituals not only celebrate and mark the ending but also help the client to fully experience all of the layers of feeling associated with termination (Yalom, 2005). Furthermore, when transitions such as termination "are insufficiently marked and integrated, they may continue to be sources of pain, stress, and dysfunction" (Laird, 1984, p. 126). In the present study, the termination session included an opportunity for each participant to choose a song (recorded or performed live in the session) that represented her own process in this group. They also had the opportunity to create and improvise a good-bye song wherein all members created a lyrical verse for each other—including qualities that they had appreciated and would miss about each individual. Music therapists need to incorporate relevant terminations rituals into their planned termination processes.

Finally, some authors have indicated that termination themes emerge from the midpoint of therapy until the end of limited-term groups (Mohammed & Smith, 1997; Yalom, 2005). The present study also took the stance that all material from the last session, whether implied or expressed, was related in some way to the termination of the group, and this stance seemed to be supported by this study's findings. Therefore, music therapists should consider the possibility that all material from the final sessions (including musical material) may have direct or indirect relevance to termination of therapy. In other words, impending termination may be consciously and unconsciously affecting both individual clients and the group as a whole throughout the therapy process. The therapist needs to keep this in mind as he/she analyzes and facilitates the entire therapeutic process.

Music material. Bruscia (1986) stated that musical progress also follows group process progress, and in the final stage of healthy group development, individuals are able to maintain their musical and personal identities within the group. The music created in the last session of the present study appeared to contain elements of conflict, chaos, celebration, togetherness, anxiety, and autonomy. Furthermore, many of these qualities had either not been present or seemed more pronounced than they had been in previous sessions. Various authors have also noted greater musical independence and creativity in the last sessions of their individual clients (Hibben, 1991; Nolan, 2003; Smeijsters, 1999). All of these findings imply that careful analysis of the music material contained in the final sessions may help the therapist to assess client progress and inform future recommendations that the therapist may make for particular clients. Furthermore, it may also help the therapist to facilitate a highly constructive termination process. For example, a client who lacks musical and/or personal confidence may feel a sense of increased confidence if given the opportunity to play a solo or assume a leadership role in the latter sessions. In the present study, S openly stated that she had felt frustrated with her musical ability; however, having a chance to showcase her vocal ability by singing a solo during her selected song may have helped to prepare her for the separation and aided in the formation of her personal and/or musical identity.

As previously noted by other authors (Bright, 2002; Odell-Miller, 2005), music therapists need to remember that they have the unique and effective medium of music through which feelings toward the ending of therapy (both difficult and celebratory) can be processed. In the present study, the music helped to underscore positive changes (such as increased independence and increased togetherness within the group) and marked the ending of this stage of the therapy journey through a special song for each participant.

Post-termination interviews. Post-termination interviews may also be seen as a ritual and may be an important part of individual clients' termination processes whenever it is possible and appropriate to conduct them. Although similar theme categories emerged in the last session and in the interviews contained in this study, the interviews still provided each participant with the opportunity to discuss issues that were not brought forth in the group. In some cases, these issues were more appropriate to discuss in private with the therapist (e.g., conflicts). Participants also discussed issues related to their own unique needs for future support. The interviews gave the participants a second chance to resolve any issues that they did not resolve in the group termination session. As noted previously, it has been my personal experience that despite preparation, the last session often "catches participants off guard," and some issues may arise that still need to be resolved. Furthermore, in the present study, the interviews seemed to focus less on participants' personal struggles within the therapy group and more on future plans and outside relationships. This is similar to what Rolvsjord (2010) reported, as her clients also focused more on achievements and future plans during the post-termination interviews than they had in the last sessions.

Ethical implications for music therapy. Although ethical implications of the termination phase are outlined in the codes of ethics of various mental health professions (Barnett & Zur, 2010), the professional documents of music therapy associations contain only general information on this topic (e.g., Canadian Association for Music Therapy, 1999, and American Music Therapy Association, 2009). As outlined above, notable information on this topic is contained in Cheryl Dileo's book *Ethical Thinking in Music Therapy* (2000), where she outlined the music therapist's responsibilities in terminating treatment. Although Dileo's recommendations are certainly relevant for all music therapists, results of the current study also indicated that there may be additional ethical implications related specifically to the musical aspects of music therapy contexts. Even though music can be used as a nonverbal medium through which to process feelings related to a termination experience, it is also a highly emotional and/or stimulating medium that may be overwhelming for some clients—especially during a sensitive time. In the current research, it is possible that S used humor and sarcasm to protect herself from the emotions that were evoked by the music, in addition to the emotions evoked by termination in general. S's jokes or sarcasm usually occurred after intense musical playing. Music therapists must maintain a heightened awareness around the power of their medium and be especially sensitive as to how it is used during the termination phase.

Implications for Future Research

Therapist reactions. As the purpose of this study was to examine clients' shared lived experiences of termination of a music therapy group, it was beyond the scope of this research to investigate the therapist's (my) reactions. It is important to

note, however, that I did maintain a personal journal, which I used to process my reactions during all phases of the therapy process, and I was also receiving clinical supervision during this time. Prior writings have indicated that the therapist does not remain unaffected by the departure of clients or the termination of a group (Rutan et al., 2007; Yalom, 2005; Young, 2002). It is important for the therapist to not inadvertently add to the disappointment surrounding unattained goals, and he/she must let go of the frustration that time-limited therapeutic goals often arouse in both therapist and client (Mohammed & Smith, 1997; Murdin, 2002). Research on music therapists' reactions or lived experiences of termination would most certainly make a much-needed contribution to the literature.

Termination rituals and techniques in music therapy. As "making the ending special" was one of four main theme categories that emerged in the present study, it would be interesting to explore the effectiveness of various termination rituals (good-bye songs, CD compilations, performance activities, etc.) as they relate to particular clinical contexts or client populations. This could provide much needed practical guidance for music therapy practitioners and students.

Musical material. It was also beyond the scope of the present study to transcribe and analyze the music from the last session in and of itself. However, descriptive and subjective interpretations of the musical material sometimes appeared to support and reflect themes that emerged from the verbal data. It may also be the case that the music may contain information that was not captured in the verbal data or that is contrary to what was found in the verbal data. Therefore, studies that analyze the music contained in termination sessions should be conducted, as they may reveal new and interesting information (for approaches to researching music, see Austin & Forinash, 2005; Bonde, 2005).

Implications for Education

Given the impact that termination appears to have on therapy outcomes as well as the ethical considerations outlined above, it is essential that students receive training on how to facilitate constructive termination processes for clients. However, it is not known if and how this training is occurring, and the literature has identified a need for further research on education practices related to termination (Wheeler et al., 2005). The ending phase can be particularly difficult for the therapist in training, and many students may respond by putting off, avoiding, or minimizing the unavoidable ending of their therapeutic relationships (McGuire & Smeltekop, 1994a). However, if termination is avoided for whatever reason, the client is deprived of an essential part of the therapeutic process (Rutan et al., 2007; Wheeler et al., 2005). Student music therapists must be made aware of the importance of termination and of the role that their own personal issues play in this process.

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