

What I have attempted here is in many ways a deconstruction of the concept of termination. It is also a post-modern point-of-view, at least as far as the concept of analysis is concerned. By post-modern, I mean post-structural, although, as you will see, I maintain an investment in the concept of the self as a structure. Yet this 'self' is very broad term in my usage and it often could be replaced with the word 'person.'

TERMINATION: A CONCEPTUAL HISTORY AND A CONTEMPORARY  
VIEW

By Paula B. Fuqua, M. D.

Our understanding of the meaning and proper conduct of the termination of psychoanalytic treatment has always been problematic (Freud, 1937). We have developed concepts that appear to explain what is going theoretically, but clinicians have complained throughout the history of psychoanalysis that few treatments conform to the ideal. Many cases do not terminate at all. Some stop because the analysand has financial reverses that make treatment impossible. In other instances, the analysand may experience symptomatic improvement, marry or advance at work, and find it necessary to move out of town. In still other cases, sessions go on and on, but with diminishing frequency. The

discrepancy between our actual experience with patients and our ideal expectations led me to explore the history of thinking about termination and to attempt a revision of our ideas that both reflects our everyday experience and utilizes current theoretical advances in self psychology.

In my view, we have been hampered by a traditional metapsychology that has produced the concept of psychoanalysis as a closed system with a beginning, middle and end. By shifting our perspective to the self and what sustains its stability and growth, we can envision many more possibilities. As I will elaborate, ending in a traditional way may be important to some analysands and termination may be a non-event to others. The handling of this issue ought to be determined by the developmental needs of the individual and not by criteria for a so-called ideal treatment. Otherwise, the treatment becomes a Procrustean bed into which we try to fit every analysand, regardless of her unique psychological needs and capacities.

Early in the history of psychoanalysis, practitioners believed that successful treatments come to a natural and complete end (Ferenczi, 1927; Freud, 1937; Glover, 1955). Later, at the time that self psychology and intersubjectivity were developing, psychoanalysts in general viewed a variety of endings as still consistent with a successful analysis (Bergmann, 1988; Schacter, 1992). I argue that the treatments most likely to come to an end are those that deal with issues common in adolescence. I developed this idea from the work of Hal Hurn (1970, 1971). Hurn was a little-known Chicago psychoanalyst who died early in his career, before he could elaborate on his contributions. As a result, his work has not received the attention it deserves.

## I. History and Theory

In "The Problem of the Termination of the Analysis," Ferenczi wrote to assure other analysts that the completion of a thorough analysis was possible, if all too rare, even in 1927. He stressed that one needed the freedom to continue as long as necessary in order to achieve success. He also emphasized the importance of the working through process and said that treatment could not be hastened by pressure from the analyst. Finally, the process would "die of exhaustion," as the patient mourned and turned away from the analyst to other, more real sources of gratification. Naturally, these ideas were generated out of the metapsychology of the day that located the origin of symptoms in conflicts between the drives, internalized prohibitions and the ego.

As is well known, Freud took a somewhat more pessimistic view in *Analysis, Terminable and Interminable*, written in 1937. He defined the elusive "successful analysis" as one in which symptoms have disappeared and there is no fear of their return. He observed, like Ferenczi, that many analyses do not seem to terminate as complete and thorough successes. Freud also stated that "The business of the analysis is to secure the best possible psychological conditions for the functions of the ego; with that it has discharged its task" (p.250). The strength of the traumas experienced by the analysand, the strength of instinctual and/or constitutional factors, and the extent of prior modifications of the ego determine the extent of our success (p. 252). To put it another way, the amount of energy the analysand has tied up in resistance and, ultimately, the strength of the death instinct are responsible for our failures. The specific manifestations of these instinctual impasses appear as intransigent penis envy in the female and the repudiation of innate femininity (homosexual anxiety) in men. Freud, like Ferenczi, was concerned with the deployment of the instincts, so the success or failure of an analysis was defined in these terms. Nevertheless, empirically, both Freud and Ferenczi realized that few treatments seemed to end in a fully satisfactory way, whatever the metapsychology of our expectations.

In 1950 Annie Reich offered her own clinical experience. She noticed that the analyst remains overly important to the analysand at termination, and ascribed this to the omnipotence that the child attributes to the parents and later to the analyst. Today we would say that the analyst continues to be idealized. Reich never saw an analysis fully completed and “dying of exhaustion,” as Ferenczi described. Often, she said, slight pressure is necessary to overcome the attachment to the analyst. The attachment has been reinforced by the “real relationship,” consisting of the analyst’s attentive and helpful presence. There is a real loss and mourning of this relationship when treatment ends. Reich advises that a long period be allowed for working through any new revelations that may come up once termination has been agreed upon. No rigid date should be set, however, because that creates too much pressure and anxiety.

The next significant development in the theoretical thinking about termination came in 1955, with the appearance of Edward Glover’s historic tome, *The Technique of Psychoanalysis*. Many authors credit Glover with the invention of the concept of a termination phase (Hurn, 1970, Novick, 1990). Glover’s notion of a termination phase expanded on Freud’s and Ferenczi’s definition of a complete analysis by proposing that termination involves **the complete dissolution of the transference**. Despite this ideal, Glover acknowledged that many indissoluble transferences and stalemates occur in analytic treatment. All the same, he exhorted the analyst to continue the analytic attitude to the end, without deviation.

At that point in the 1950’s, with such little evidence of success in achieving ideal terminations, even according to prominent practitioners of psychoanalysis like Freud, Ferenczi and Glover, one might have wondered whether we were asking the right questions, or defining our

expectations in the proper way.

Hal Hurn, a Chicago analyst, was firmly planted in classical psychoanalysis, while simultaneously exposed to the new ideas about self psychology. In 1970, he wrote that there is often a great deal of acting out during termination and that we often do not recognize the revival of an adolescent transference in such cases. What he meant by an adolescent transference was a significant striving to adapt to reality, despite the reactivation of infantile conflicts. Hurn recounted the details of an analysis of a married woman in her thirties, who was depressed and inhibited. She had begun treatment with an analyst in another city. During the final phase of her treatment her husband was transferred to Chicago; she and her analyst decided she would resume analysis with Hurn in order to finish properly. She experienced further significant improvement with Hurn and they decided to terminate in about a year. During that year the analysand became rebellious and depreciating toward Hurn, yet reluctant to leave treatment. She threatened to divorce her husband and seek out a third analyst after she left Hurn. There were long periods of silence. The analytic pair interpreted the silences as a representation of the unbridgeable gap in communication between the patient and her peasant-like, insensitive mother. Hurn tells us that in adolescence the patient's striving for independence was met with misunderstanding and opposition. She left home at the first moment she was able to survive without maternal care. She and her mother did not discuss her feelings about leaving. The analysand was expecting the same behavior from Hurn and re-enacting her expectation in the transference. Because of her anxiety they suspended the termination date until they were able to arrive at a more genuine collaboration and to achieve a separation geared to affirming the competence and independence of the analysand. Hurn says:

That the terminal phase is attended by the re-arousal of early infantile separation experiences of the most archaic times is now a well understood and accepted phenomenon. Yet the full and final separation from a loved object takes place long after infancy and conventionally marks the entry into adulthood. The phase which can be viewed as a long preparation and rehearsal for this critical achievement is adolescence. It is suggested here that transferences from adolescence might well be expected in the terminal phase simply on this *a priori* basis ... (p. 355).

Hurn did not dispute that infantile factors are primary at termination in some analyses; however, he wanted to emphasize that adolescent issues can also be a significant factor.

A year later, Hurn attempted to define a paradigm of the terminal phase. He worked from classical theory, but he was also influenced by Kohut's emerging ideas. For Hurn, termination is the phase that marks the natural end of an analysis. It begins with the analysand's realization of the impossibility of gaining infantile gratification from the analyst. There is an "irreversible degree of resolution of the transference" (1971, p. 346). At the same time, the analyst becomes a "contemporary real object" to the patient. The therapeutic alliance is augmented; the analyst is more comfortable and relaxed with the patient, while both analyst and patient mourn. The analysand's libido shifts toward extra-analytic concerns, and her view of the analyst becomes more objective. Hurn's paradigm is an extension of Glover's maxim that the transference neurosis is completely resolved in a successful analysis.

Yet Hurn also comments on analyses that do not come to a natural termination because "a full blown transference has not been established." Hurn says:  
... in certain analyses the analyst's meaning to the patient has never progressed

much beyond that of what Kohut refers to as a transference-like structure; as such a structure the analyst constitutes a needed component of the patient's psychic functioning, yet an external one (Kohut, 1968). Oftentimes, the patient's pathology prevents the full internalization of such a function with the consequence that the patient maintains a poignant, yet real dependence on external figures for a continuing exercise of this function. Under these circumstances the relationship with the analyst cannot be considered terminable and is most wisely considered by patient and analyst as interrupted (p. 345).

Hurn suggests that we call the ending of this type of analysis a "terminal period" (p. 347). He gives us a vantage point from which to consider that there are different types of endings in a good treatment, even, perhaps, non-endings.

In self psychology little was being written specifically about termination at that time, but other clinically important psychoanalytic work was being done which addressed the meaning of termination. During the 1980's, Schlessinger and Robbins confirmed an observation originally made by Pfeffer in 1959 that former analysands undergo a repetition of their analyses in miniature when re-interviewed over a series of six sessions. During follow-up interviews, ex-patients again develop a transference, re-work their major conflicts and resolve them as they had in their analysis. Schlessinger and Robbins felt that this process was reproducible internally in the analysand as well as externally with a follow-up interviewer. Internally, the process represented an identification with the analyst in re-finding solutions to conflicts. They conclude:

Accretions of insight were evident but the more significant outcome of the analysis appeared to be the development of a pre-consciously active self-analytic function in identification with the analyzing function of the analysts, as a learned mode of coping with conflicts (p.9). ...Former patients reported that in confronting problems they would utilize a 'benign presence' externally or in

fantasy to facilitate efforts at solution of conflict. (Schlessinger & Robbins, 1983, p. 10; Pfeffer, 1959)

This adds up to a definitive refutation of Glover, and, further back, of Ferenczi. The transference is never wholly resolved. Schlessinger and Robbins ideas challenge us to understand the ongoing post-termination functioning of the analysand and the further effects of treatment after it formally ends. I also want to flag their emphasis on the importance of self-analysis, which contrasts with Kohut's later views.

By 1988, the insights of Schlessinger and Robbins and advances in object relations theory and self psychology were becoming widely influential. Martin Bergmann wrote in *The Psychoanalytic Study of the Child* that what we ought to aim for in an analysis is not the resolution of the transference neurosis and of transference love, but the establishment of a growth-promoting inner structure in the life of the analysand (Bergmann, 1988).

In the midst of this same period, Kohut had been developing self psychology and now had his own criteria for termination (Kohut, 1977). Notice that I did not say criteria for a complete analysis. Kohut did not believe that an analysis should be complete in the old way. For him, a successful analysis meant that the analysand would become self-propelling, self-directed and self-sustaining, with a central purpose and a sense of meaning in life (p. 139, *Restoration*). Selfobjects and their functions would be sufficiently transformed into psychological structure for a person to maintain a sense of vitality and to function on his or her own with adequate ambitions and ideals. Kohut termed this result "functional rehabilitation." Functional rehabilitation might result from addressing the primary defect in the self (the defect that arose from the aspect of the selfobject experience most significantly absent or distorted), or it might result from



strengthening the healthier dimension of the self after analyzing the effects of the original trauma on the primarily affected pole. The latter process Kohut termed the enhancement of compensatory structure (Tolpin, 1994). In his opinion, working through the effects of the original trauma and strengthening the less affected pole of the bi-polar self qualified as a successful analysis as much as repairing the most affected pole did. Thus, a man who experienced a lack of interest from two parents preoccupied with a failing family business (a mirroring deficit producing a weakened grandiose self) might be well served by an understanding of this deficiency along with the fortification of his steadfast intention to live up to the demands of being a good father (a reinforcement of his ideals). The process of enhancing compensatory structure could also work in the other direction. A woman who was disappointed with parents who didn't seem competent in life (a weakening of the idealizing pole) might, after understanding the effects of this environmental failure, be vitalized when she developed the capacity to perform on the stage to acclaim (grandiose pole). With this conceptualization of compensatory structure, Kohut opened the way to a clearer understanding that a variety of self organizations are healthy and functional once the effects of deficiencies and traumas are understood. He also opened the way to the consideration of different sorts of terminations.

Kohut differed from others in his assessment of the importance of self-analysis. To him, self-analysis is learned in treatment and is a capacity to which one turns in periods of stress. It disappears when it is not needed for self-righting. Ordinary coping mechanisms that result from the internalization of selfobject functions are unconscious when they work well. When they break down, and depletion or fragmentation occurs, even on a minor scale, one may turn either to external selfobject experiences or to the intellectualizing function of self-analysis for repair (p. 154, *Cure*). Thus, for Kohut, neither conscious insight nor the capacity for self-analysis *per se* holds the same importance as a measure of a

successful analysis as they do for Glover and Schlessinger and Robbins. In fact, if an analysand feels the need to analyze constantly and intensely, one might wonder whether her treatment is really at an end. Yet self-analysis is not therefore unimportant to Kohut. It remains a mechanism for self-stabilization in times of threat to the self.

As is well known, Kohut emphasized the ongoing importance of selfobject relationships in people's lives after termination. The ability to recognize and make use of appropriate selfobjects in a more mature way is another of the hallmarks of a successful analysis, along with a sense of self-cohesion and vitality. He likened such relationships to oxygen; we need the capacity to use oxygen, but we also need to exist in a world in which oxygen is available. These needs do not end with the cessation of treatment.

Regarding clinical aspects of termination, Kohut felt that it is a good idea to trust the perceptions of the analysand as to when the treatment is ready to come to an end. Naturally the analyst also examines the situation from her own perspective and shares that with the analysand, but Kohut believed in the wisdom of each analysand to tend toward what is best for him or her. A case described by Evelyne Schwaber illustrates this point. Her patient was a male photographer who felt detached and empty. He experienced an addiction-like involvement with the movie "2001" and idealized Stanley Kubrick. His mother had been remarkably distant during his childhood. In the analysis he came to life and formed a deep attachment to his analyst. He felt more able to regulate his affective states and decided to move to Hollywood to work in film. The decision was appropriate professionally, but occurred before Schwaber felt he was ready to terminate. She told him of her opposition, but gave in because of Kohut's advice to trust the patient. Conceptually, she felt her patient's capacity to idealize his father, and the analyst in the transference, was enhanced and that this

improved capacity to idealize represented a strengthened compensatory structure. A six-month follow-up indicated he was still doing well.

Not a great deal more has been written about termination from a specifically self-psychological viewpoint. Morton and Estelle Shane presented an overview of ideas about termination in JAPA in 1984, but from a more general psychoanalytic perspective. Also from a broader perspective, Goldberg and Marcus (1985) wrote of a case in which the analysand was allowed to decide spontaneously the day he would stop. The issues around stopping and what it meant to the patient had been discussed extensively prior to that moment. Then one day he came to his session and said, "This is the day." This seemed to work out well and is consonant with Kohut's injunction to trust the wisdom of the patient to know what is best. Presaging the relational perspective, Goldberg and Marcus emphasize the importance of mutual understanding over any particular rule of technique.

Ernest Wolf gives an overview of termination in self psychology in *Treating the Self* (1988). He suggests the analysand should become cohesive, vigorous and relatively stable. He also says, in the last sentence of his book, "It is well to encourage staying in touch [with analysands] because it is in the spirit of an appropriately responsive relationship," (p. 170).

Joseph Schacter argues likewise, that the taboo on post-analytic contact with patients makes no sense. He writes from a mainstream psychoanalytic point-of-view, but is also influenced by self psychology. Citing Kohut's observation that selfobjects are important throughout life, Schacter proposes that a follow-up interview be scheduled six to twelve months after an analysis terminates. This interview would be an extension of the analytic situation and would sustain the "physicianly concern" that is part of the analyst's contribution to the analysand

(1992). The mere fact that Schacter sees no potential harm in such a procedure highlights how far we have come from the simple-minded reliance on an object-instinctual metapsychology that would view post-analytic contact as a failure to resolve the transference properly.

In this paper Schacter continues the transformation of the concept of analysis from a discrete entity into a process of development which goes on both in and outside of formal treatment. This represents a further turning away from Glover's model of beginning, middle and end phases in analysis, and leads to a picture of analysis as an elaboration of processes within an individual, facilitated externally by the analyst. The contrast is with analysis as an entity in its own right, in which the patient participates. In systems terms, analysis as a discrete entity would be a closed system and analysis as a process of development would be an open-ended system. In this shift, the centrality of the transference neurosis is necessarily lessened

## II. A Contemporary View

In my opinion, the view of psychoanalysis as a discrete, closed entity or process is what has led to the frustration with understanding termination. If we assume there is an end and that this end has some type of ideal characteristics, we are already off on an impossible tack, since so few actual treatments seem to conform to this model. The alternative view I propose is a "self-centered" one. By this I mean centered around the optimal functioning of the analysand within the realistic matrix in which she finds herself. This "self" is not a self-contained self, but a structure with porous boundaries, at least as far as function is concerned. These boundaries are open to sustaining interactions provided by the selfobject

environment and they are also porous temporally. The analysis extends backward in the familiar terms of re-working the past, but also forward into the future in multiple ways. For instance, we see an example of the forward thrust of analysis in an analysand's transformed expectations of others in terms of trust and optimism. This picture of termination is an intersubjective one because the self is defined within the matrix of relationships (as well as the matrix of culture, time and the non-personal environment) in which the analysand exists (Atwood and Stolorow, 1984).

If we conceive of psychoanalytic treatment as an open-ended system, many types of evolution are possible. One is a traditional termination; others might be attenuated frequency, Schacter's type of post-analytic follow-up, stopping and starting treatment at various moments, or, as actually happens much more than is acknowledged, occasional social contacts after formal treatment is ended. All types of endings and evolutions ought to occur with the analyst having a continuous eye on what is best for the analysand in sustaining and developing her self. Knowing what is appropriate or inappropriate in terms of post-analytic contact is bolstered by the knowledge that the transference never completely resolves. The analyst will endeavor (1) to sustain what has already been internalized in a stable way and (2) to act in ways that allow further growth. This might entail activities that have not traditionally been part of the analyst's behavior, such as attending a performance or a wedding.

Going back to Hurn, I postulate that those analyses that *do* end in the more traditional form of termination initiated by the analysand are those in which adolescent issues are important. Just as many adolescents want to prove that they can succeed outside of their childhood family, so too do some analysands want fervently to show that they can function independently of their analyst. If we adopt a "self-centered" point-of-view, we will see how intermittent contact

with the analyst after the end of formal treatment could consolidate the experience of continuing relatedness that some adults need. Yet other, fully adult persons may need to be off on their own re-working a task begun in adolescence. Consolidating achievements is not more or less mature than confirming one's independence. Both are developmental achievements, re-worked ongoingly. The solutions in analysis should fit the individual case, so long as they are functional.

One might wonder whether my point of view, if universally applied, would lead to a preponderance of interminable treatments. I do not think so because the internal logic of each situation would often evolve into an end. And if it did not because it was not an optimal solution, so be it. We must have the courage of our conviction that our first goal is to sustain the self and promote its continuing growth. Even back in 1950 Annie Reich said, "It is not right for the analyst to terminate the analysis, because as long as the patient wants to come, he belongs in analysis." (p. 127)

### III. Clinical Illustrations

Here are three illustrative cases. The first depicts the resumption of an adolescent phase of development during termination, the second describes a treatment that ended and resumed twice, and the third is an example of a treatment that ended formally with ongoing post-analytic contact occurring. The third case raises some problems with such an approach. Since a few cases can not prove any theoretical stance, these descriptions are meant to elaborate the ideas I have presented and provoke further thought and discussion.

Mary is a married woman in her fifties who entered treatment because she had

been depressed for the last two years. Her husband Jack had a chronic heart condition, which was getting progressively worse. Mary was very successful in a business she had started single-handedly. She regretted having to curtail her activities to take care of Jack. She also felt a lack of confidence in her work, despite stellar success. As her company grew, she had given more responsibility to her employees, but she felt let out to pasture, no longer important.

Mary had an analysis in her twenties, which had been very helpful. She sought treatment at that time because of perfectionism and excessive guilt. She saw a male analyst with a traditional Freudian orientation. Mary was struggling with the expectations of her powerful, demanding and judgmental father. Her straight A's and the lead in the school play were not enough to win his approval. He always had to mention to her that her hair was in disarray when she went on stage, or that she missed a question on the test. In the first analysis Mary reported that her problem was traced back to oedipal roots. This process helped her to free herself from her intense longing to please her father. Now these urges to live up to impossible standards were surfacing again. From my point of view the reason was a re-surfacing need for healthy mirroring, which had been interrupted when her leadership role in her business diminished. This particular aspect of her self-structure had originally been weakened by her father's criticisms.

Mary's mother, on the other hand, approved of everything Mary did, but wanted Mary to remain dependent on her in exchange. Mary felt smothered and longed to escape from her mother's neediness. At the same time she was guilt-ridden and afraid of separation.

Since Mary was still a busy executive despite feeling like a failure, we agreed to meet once a week. We saw each other for a year and a half. Mary easily slid into

the habit of free-associating as she had in her prior analysis. I conducted the treatment and tried to understand Mary in the same way I would handle an analysis. The early part of the treatment focussed on her relationship with her father. She still longed for his approval. She also longed to be seen as successful and admired by her peers and by me. Mary was ashamed of these urges, but relieved I didn't demean her because of them. My flexibility about appointments made her feel important, she told me later. This was the leading edge of her still-active need for a mirror falling into place (personal communication, M. Tolpin).

Toward the latter part of her treatment, we began to talk about Mary's mother more often. Mary believed that to maintain her mother's love and approval she had to appear needy and dependent. This meant avoiding separations. Mary tried as hard as she could to be a good daughter, but she was aware of deep resentment. We noticed how this situation was replayed with me when she frequently expressed a wish to end her treatment. At first, I had interpreted that the desire to terminate was a wish to flee from shame stirred up by Mary's re-activated longings for mirroring in the transference. When I made interpretations along those lines, I only seemed to reinforce Mary's wish to pull away. The effect of my misunderstanding was that I seemed to be holding on to Mary just as her mother had. Finally, I realized she was expressing an adolescent wish to establish herself apart from her mother and now from me in the transference. She wanted to escape being smothered and re-assert her autonomy, but with my ongoing approval. This issue had not been discussed in her previous treatment, so I concluded we were in new and useful territory. The same issues were being re-enacted outside the transference with her ill husband, whose care she unconsciously found stifling to her own ambitions.

I told Mary that I thought she and I were re-working her struggle to become independent of her mother. She wondered if I meant that she shouldn't leave. I



said no. She then spontaneously expressed confidence that she could come back. She found that reassuring and therefore was ready to go.

I believe we were enacting, interpreting, and working through an adolescent process that originally went awry between Mary and her mother. Mary's wish to separate from me arose partially out of that adolescent process and was also developmentally appropriate in the context of our current relationship. This is an example of an adolescent process that, in its re-working, brought us to a classical form of termination in the sense that the patient initiated the process and it was a natural evolution of the transference and lead to a discrete end.

To those who will say, "But this was not analysis," I answer that the treatment re-established a healthy process of self-development. In my view, this is what constitutes analysis, not the number of sessions, use of the couch, or even the emphasis on the transference, though the transference turns out to be a core element in most treatments anyway. This is an illustration of the **self** centered approach.

For the sake of example, I would like to present a different form of evolution in treatment. Here there were several episodes of treatment and both the analysand and I have a sense of an ongoing relationship whether we are seeing each other or not. I believe many analysts have similar cases in their practices.

Valerie entered analysis in her early twenties because of uncertainty about her abilities in her academic field and difficulty separating from her boyfriends and her parents. Her mother was a self-centered former fashion model who regarded Val as her closest confidant. Val saw her mother as leading a glamorous life, which she could never hope to replicate. Mother often forgot to pick up Val from school when Val was staying late for an activity. A typical anecdote from Val's

treatment occurred when her mother gave her some money “to spend on anything she liked.” Val bought a hat. Her mother was incensed, saying, “You know I don’t like hats.” A lot of the treatment centered on Val’s striving to stabilize an independent self, both in relation to her mother and me. She was drawn to the same professional interests I had and felt I gave her legitimacy, but she struggled within this to develop her own interests and successes. She feared I would “kick her out of treatment, “ especially when she did anything well.

After eight years of treatment, a happy marriage and significant professional advancement, Val had clearly established her own identity and had overcome her fears of abandonment by me. She expressed interest in terminating. We worked on this and a few other issues that surfaced, and ended as scheduled, about five months after we set a date. I was eager to have this happen because I needed a terminated case to complete the requirements of my analytic training.

I have seen Val twice for periods of about a year in once-a-week therapy since then. Both times she came to deal with professional insecurities and our contact enabled Val to move forward. My understanding is that she needed intermittent, ongoing contact to reinforce the work of the analysis. In the context of the maternal transference, this probably means that she is reassuring herself that I have not forgotten or abandoned her. After the two episodes of additional treatment she called every six months to a year to “catch up.” The contact is important to Val. She states this and seeks it out. I believe I continue to be a sustaining part of her subjective world. On my part, too, I retain a fondness for her and an interest in what is happening in her life. Theoretically, this is an example of the ongoing need for a selfobject in Kohut’s terms. It is also an illustration of Schlessinger and Robbins discovery of the constant possibility of re-awakening the transference. Val’s case reminds us again that we must revise our longstanding ideas about termination toward a more flexible view. My

countertransference eagerness for Val to terminate caused me to rely too heavily on traditional thinking. I was using the constricting idea that a successful analysis comes to a clear-cut, definitive end. If I had had the perspective then that I have now, I might have allowed the treatment to evolve in a more gradual way that was better for her and more like what Val managed to create later on her own initiative. In effect, this was a case with a too hasty termination, reinforced by traditional thinking on my part, and did not meet the needs of the patient. Many analysts have patients like this, who come and go in treatment. If we can “go with the flow,” continuing to try to understand and interpret as we do, I believe we can support the development of the individual much better.

A third case is more controversial. Alice, a shy, inhibited writer, felt her husband always put himself first and had little interest in her feelings. When she came to see me, she was depressed and still in phone contact with Guy, her former analyst in another city. There were declarations of sexual longing on both sides. Guy told Alice he had to keep their relationship secret from his wife. He was physically dependent on her as a result of a disability and feared she would abandon him. Guy and Alice never acted out any of this illicit feeling in a physical way. Before coming to see me, Alice consulted another therapist who insisted she break off her relationship with Guy immediately. I took the position that the relationship with Guy must be fulfilling some important need. I didn't want to interfere with something she didn't want to give up, at least until we knew what it was providing. On this basis Alice was able to continue with me. Her interactions with Guy gradually diminished as she got more involved with me. She reconstituted a feeling of being understood that she got from Guy and worked through her emerging feelings of betrayal by him. Their phone contact ultimately stopped.

Most of Alice's subsequent treatment centered on her need for my interest in her

feelings, dreams and writing. Alice became much more active, assertive and confident. She began to get a lot of attention in the literary community. I saw this as a strengthening of the grandiose pole of the self. I was performing the same function that Guy had in her psyche, but without the extreme boundary violations he presented. These functions were gradually being internalized.

After about four years of treatment, Alice and her husband decided to buy a retreat away from the city where Alice could work and the family could take vacations. This decision meant she could not afford to continue to see me. She felt ready for this step. I did not think she was altogether finished with her treatment, but did not oppose her. I thought she still needed the reinforcement of my attentive interest in her; the changes she had made were not completely stabilized and integrated. Yet the retreat also seemed to promise the privacy she needed to consolidate her artistic work ego. I recalled Kohut's advice to Schwaber to trust the patient's wisdom to know what she needs. I was aware that Alice intended to call me from time to time, to invite me to her readings, and maintain the contact she still needed. Kohut would probably see this as the ongoing need for a selfobject. Because of my flexibility about post-termination contact and my belief that no analysis ends perfectly, I went along with Alice's plan. I also knew I was threading my way between the Scylla of a rigid, unempathic response to Alice's growth, and the Charybdis of repeating Guy's boundary violations.

Alice called me several times a year to have coffee or lunch and I almost always responded to her initiatives. I viewed my participation as an enactment, but still part of the treatment. I continued to wonder if I were doing the right thing. Sometimes the contact was burdensome to me, which reinforced my worry. A couple of years after the end of the formal treatment, Alice reported an incident that I found reassuring. She and her husband were on vacation, hurrying to

check out of their hotel. Alice received a phone call telling her that her work would be included in an anthology. Her husband was dismissive, saying, "Fine, now let's get packing." Alice was able to tell herself, "That's just Bill. I know he's glad. He just gets pressured and worried so easily." She did not brood, but let it go. To me this meant that Alice was able to maintain her self esteem under duress without me. I felt that her growth had continued after the analysis.

Alice still calls me every few months. Some people will probably criticize this particular evolution as a boundary violation, but it seems to be working for Alice. One of the differences between what is going on now and what went on with Guy is that, as far as I can tell, this activity is not sexualized. I conceptualize it as what happens in a healthy way between parents and children. Both the parent-child relationship and the therapeutic relationship are designed to promote growth. There is continued, attenuated interest and responsibility from both therapists and parents throughout life. The real question is whether an activity is harmful or helpful to a patient. To put it another way, the important issue in the conduct of treatment is whether an activity sustains the growth and stability of the self. In the best way that I know how, I am trying to do that for Alice. Still, this case raises certain problems with my approach. One is the importance of the continuing countertransference and its effect on the analytic evolution. Another problem is that when someone is not in formal treatment, it is sometimes hard to tell what is really going on psychologically. It is impossible to address all these issues in this paper, but they do need to be acknowledged and considered further.

## V. Summary

We have many possible endings in treatment. Some terminate; some do not. The

trend in theory and clinical experience has developed from the early concept that there are discrete transferences that are completely resolved in analysis, to the idea that it is the capacity to work through conflicts and disruptions and to stabilize the self that is the mark of a successful analysis. This self exists in the intersubjective matrix of the analyst, analysand and the rest of the significant environment. I have proposed that we think of treatment as evolving, not as terminating. A traditional type of termination is only one sort of evolution. With an open-ended concept of treatment, we no longer have to struggle like Freud, Ferenczi and Glover did to explain why so few analyses conclude successfully. Termination as it was understood earlier is no longer the litmus test of psychoanalysis. Our goal is, as Ernest Wolf has said, the development of a cohesive, vigorous, and relatively stable self, within the context of ongoing relationships. In supporting this goal, treatment is a process, not a destination.

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Another exception to the relative dearth of writing on termination is the article by Hyman Muslin dealing with failures in analyses of patients with self disorders (Muslin, 1989). He attributes these failures to a self-selfobject fixation, which he imagines might be explained by extreme fear of re-traumatization or a very severe disintegration anxiety. Muslin calls this “psychological bedrock” akin to Freud’s concept of penis envy and masculine protest. In effect, persons who have been severely traumatized are unwilling to take a chance on someone new and the analysis ends in a stalemate. For me, this paper is problematical because it fails to distinguish between a positive self-selfobject bond which is re-established but requires the ongoing presence of the analyst (a good treatment which isn’t over), and a chronically unsatisfactory bond in which the analysand is frustrated but cannot give up hope (stalemate). Overall, the paper seems a re-tread of classical thinking in self psychology language because of the recourse to “bedrock.”

It is interesting that Schacter still regards the capacity for self-analysis as one of the goals of psychoanalytic treatment.

See Stern (1985) for an elaboration of the ongoing parallel re-working of multiple tasks in development.

