Terminating Without Fatality

Heather Craige, M.S.W.

The psychoanalytic relationship is unique among intimate relationships, in that its ultimate goal is separation. After termination, the analysand mourns the loss of the analyst and while feeling vulnerable and bereft, faces demanding emotional tasks alone. The post-termination phase is a precarious time during which the hard-won gains of an analysis may be threatened or even lost. Given the analysand's vulnerability, it is disturbing that many of our common termination practices may undermine the patient's leave-taking and harm the positive internal images of the analyst and the analytic relationship that have been forged during the analysis. Findings from recent research about the patient's experience after analysis are presented and implications are drawn for practice regarding the termination and post-termination phases. The author recommends that our theory and technique of termination should be reexamined and revised in light of new research and within the context of contemporary two-person theories of psychoanalysis.

In real life, only death and hostility bring a libidinal relationship to an end. The kind of termination psychoanalysis demands is without precedent.

—Martin Bergmann (1997, p. 163)

No matter how prepared for termination the patient and analyst are, in the post-termination phase the patient must cross uncharted territory alone. The process of mourning that begins during termination deepens and extends well beyond the date of the final session. Mourning may be particularly intense when the analysis has been successful and when the analyst is beloved. While feeling vulnerable and bereft, perhaps even disoriented, the analysand must face demanding emotional tasks that cannot be rehearsed or scripted even if anticipated. My research study, "Mourning Analysis: The Post-Termination Phase" (2002), revealed that the hard-won gains of an analysis may be threatened or even lost during this precarious time.

Among the hazards of the post-termination phase after good-enough analyses are eruptions of latent transferences, the repetition of earlier trauma, and the corruption of the positive image of the analyst (Craige, 2002). Kubie (1968) writes that the transference that was essential to analytic progress and adequately analyzed may reemerge after termination in the form of retaliatory acting.

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1All further reference to my research will be to this article.
out or regressive symptomatic relapse. If the analysis does not adequately address problems with self-object differentiation, object constancy, and related childhood separation trauma, the analysand may experience separation from the analyst as a destabilizing repetition of an earlier trauma (Blanck and Blanck, 1988). In the post-termination phase, the internal image of the analyst may be transformed from one that was cathexed predominantly with love to one that the patient experiences as disappointing or even persecutory (Bergmann, 1988).

Given these risks, it is disturbing that many of our common termination practices may undermine the patient’s leave-taking and harm the positive internal images of the analyst and the analytic relationship that have been forged during the analysis. In this article, I describe findings from recent research about the patient’s experience after analysis and draw implications for practice regarding the termination and post-termination phases. I recommend that our theory and technique of termination should be reexamined and revised in the light of new research and within the context of contemporary two-person theories of psychoanalysis.

NORMAL MOURNING AFTER SUCCESSFUL ANALYSIS

Mourning after termination is a complex process, fraught with difficulties. Among psychoanalysts, mourning is defined as the mental process by which one’s psychic equilibrium is restored following the loss of a meaningful love object (Moore and Fine, 1990). Loewald (1988) writes about mourning as a normal response to any significant loss, including the loss of the analyst at termination, that is resolved by internalizing the lost loved object:

Mourning in its full sense involves the gradual relinquishment of a cherished relationship with another person, and its internalization. By internalization I do not simply mean remembering the person and the relationship in thoughts, images, and fantasies. I mean an increasing dissolution of the relationship as one with an external object—whether present or imagined—leading to an absorption into the very fabric of the subject... What is lost is being reconstituted in a movement of self-transformation [pp. 156-157].

When the unique analytic relationship ends, the patient experiences the loss of the analyst along multiple dimensions. The analyst is mourned as a transference object who holds wishes from all levels of development, as an expert with skill to contain and interpret transference, as the keeper of the analytic situation in which the patient receives devoted attention, as a unique individual who has an in-depth and compassionate knowledge of the patient, and as a partner with whom the patient has shared a unique therapeutic experience and love relationship. Losing the analyst may feel like losing a part of the self, or stated differently, the self of the patient may feel precarious as it loses the analyst who holds a loving and coherent picture of the patient in his mind. Finally, the loss of the analyst inevitably evokes pain related to past losses, separations, and abandonment.

We now know that mourning the loss of the unique analytic relationship is an important and nearly universal experience after termination of analysis. This was true for 94% of the 121 patients I studied who had completed psychoanalysis. The process of mourning continued from 6 to 12 months in relationships that were strongly associated with the analyst.

3Because the majority of the analysands in my 2002 research were female and the majority of training analysts male, the feminine pronoun will, for the sake of convenience and continuity, be used in this article to refer to the patients, and the masculine pronoun will be used to refer to the analysts, except where a particular male patient is quoted.

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TRIGGERING CHILDHOOD TRAUMA

Individuals with histories of early loss are particularly vulnerable during the post-termination phase. Although my study demonstrated that post-termination loss is primarily a reaction to the recent loss of the analytic relationship, for several patients the loss of the analyst evoked feelings associated with profound early childhood losses that swamped their otherwise good self-analytic capacity. For example, after termination one analyst experienced a global feeling of tragedy that took him by surprise:

I always thought that I would feel really proud of myself for having finished, but that only lasted for a couple of days... And then [I felt] a tremendous humility about the whole thing... that the human

3In my research study, 121 psychoanalytic candidates who had completed their training analysis responded to a survey about their post-termination experience. Twenty candidates were interviewed to obtain a deeper understanding of the mourning process that followed analysis. Ninety-four percent of the respondents rated an average score of 4 on a scale of 1 (not at all) to 5 (very much so) in answering the question, "How strongly did you feel the loss of the unique analytic relationship after termination?" On a different question, 76% of respondents experienced a sense of painful loss after termination that lasted, on average, between six months and a year, while 24% experienced no discernible sense of painful loss.

4The analyst also has a set of emotional tasks that I will address later in the article.
condition is ... so tragic that nobody really overcomes it... There was the feeling of having lived through something that was very harrowing ... and the permanence of some trauma [Craigie, 2002, pp. 532–533].

When this man returned to see his analyst after termination, he had begun to feel that his good analysis “almost seemed ruined.” During a series of weekly sessions over the course of several months, he was able to understand the connection between his global sense of “ruination” after termination and the feelings he experienced when his mother became paralyzed:

When I was real young [just under 2 years], my mother was in a terrible accident. She was in the hospital for three months and came home a quadriplegic... She just disappeared from my life one day... I have a vague memory of being taken to the hospital to see her and not believing it was her... So that my life was just never the same ... even though I did get her back, she was ruined in a way [Craigie, 2002, p. 533].

In this remarkable example, the candidate came into full emotional contact with the pain and tragedy of his mother’s life-altering accident only after analysis ended and his analyst “disappeared” from his life. One of the dangers of the post-termination phase, therefore, is that the final loss of the analyst may evoke in the patient affects at traumatic intensities that may overwhelm his ability to regulate and understand his feelings, leading to a loss of confidence in the self and the analysis. Fortunately, this individual and the others in my study with complicated mourning reactions returned to their former analysts and were able to understand and successfully metabolize their feelings.

Although complicated mourning reactions such as these may not be predictable or preventable, their pain and damage may be mitigated if patient and analyst are comfortable with the possibility of the patient returning on an “as-needed” basis or for a planned follow-up session after termination. Most importantly, the patient should feel that her analyst continues to be genuinely interested in her and available following termination. Given the vulnerability of patients in the post-termination phase, a “closed door” policy, the perception of a closed door, or failure to make the “open door” explicit may intensify the patient’s experience of termination as a repetition of traumatic loss, rejection, or death. Any attitudes, expectations, or internal object relations schemas that might interfere with the patient’s freedom to contact the analyst for help in the future should, if possible, be brought to light and analyzed during the termination phase (Craigie, 2002).

Some analysts hold an unfortunate ideal of never hearing from their patients after termination. This ideal seems to rest on the assumption that “detachment from the analyst signifies internalization, denoting maturity in the analyst’s and success of the analysis” (Tessman, 2003, p. 310). In our culture and in psychoanalysis, we have placed a high value on independence and autonomy (Hartmann, 1958; Mahler, Pine, and Bergman, 1975). Because of this attitude, both analyst and patient may feel that they have failed if the patient returns after termination.

Attachment research provides an alternative model of healthy, secure relating. In this model, the securely attached child (and later adult) is able to express affection unambivalently, use a parent as a source of help and guidance, and vigorously pursue the goal of comforting contact with the parent when under stress, as well as assert initiative and opposition without fear of rejection (Lyons-Ruth, 1991). Using this model of development, the securely attached patient would be comfortable with the wish to fly on her own and struggle with her problems independently, but would not hesitate to call for an appointment if she should feel the need. Likewise, the responsive analyst might feel more comfortable making himself available if he holds this model in mind.

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The model of radical separation at the end of analysis should be replaced by a model in which the analyst continues to be available when needed (Hartlaub, Martin, and Rhine, 1986; Schachter, 1990, 1992; Schachter et al., 1997; Thoma and Kachele, 1994). Psychoanalysis does not provide an inoculation against life’s difficulties, and termination always introduces new challenges. To recognize when one needs a consultation can be a very real achievement and a sign of growth rather than an indicator of failure. In fact, allowing ourselves to know that we can call on a former analyst (or another analyst) for help can put us in the strongest possible psychological position for engaging in life after analysis with all of its uncertainties.

COMING TO TERMS WITH DISAPPOINTMENT AFTER TERMINATION

Post-termination mourning is a process of adaptation to loss that occurs over time. Three months after termination of a good analysis, one analassid in my study rated himself as highly disappointed with his analysis when he was caught off guard by intense pain related to childhood deprivation that was evoked immediately after termination:

[Since termination] I have encountered intensely unpleasant emotional states [that] haven’t vanished from life unfortunately.... It’s a bunch of old bad feelings ... [and] some of them are triggered by the actual loss of the analyst himself.... [What was surprising to me] is that the raw misery, the anguish of early childhood was still affectively available [Craig, 2002, p. 526].

On reflection, this man related his disappointment to having had unrealistic hopes for his analysis—that it would “erase bad memories” and “create a new past” (Craig, 2002, p. 527). Hopes such as these may be mourned during termination (Schafer, 1973), although they frequently remain unspoken unless the analyst helps to detect them. In this case, the analassid in the post-termination phase came to accept that the anguish of early loss would reemerge from time to time. “What was surprising—but really not at all surprising when you think about it—was that there it was [the anguish of early loss], and it has to be dealt with, probably again and again, probably for the rest of my life” (Craig, 2002, p. 526).

This analassid credited his ability to sort through and move beyond post-termination pain to his capacity to understand its historical sources—a skill that he had learned during his analysis. Further, the analassid’s strong self-analytic capacity saved him from foundering in disappointment and helped him progress through mourning. When interviewed nine months after termination, he was feeling considerably more solid and was actually surprised he had scored himself so high on pain and disappointment at the three-month mark.

Analassids like this man may be prepared for intense feelings of loss, pain, and disappointment during the post-termination phase, but they cannot be protected from feeling them. The more loving and intimate the relationship between analyst and patient has been, the more likely the mourning process will be a deeply felt experience, perhaps even a struggle to let go of the analyst. Pain and disappointment related to giving up hopes for a perfect analysis may be identified and mourned during the termination phase along with more archaic hopes (Mitchell, 1993), such as the wish for narcissistic wholeness or omnipotent control.

Disappointment may be more long lasting and difficult to ameliorate, however, when the patient feels that the analysis has not been entirely successful. In my study, a surprisingly high number of patients (28%) rated themselves as disappointed with the results of their analysis, some of
which ended in stalemate. Their experience of loss after termination was alloyed with anger and regret that they had invested so much time, emotion, and money in a relationship that might have been much better. Although the five analysands that I interviewed from this group did not paint a picture of an all-bad analysis, four of them described struggling for years with negative aspects of the patient–analyst relationship without ever reaching a satisfying outcome. For example, one patient experienced her analyst as hostile and dismissive of her complaints. Another’s analyst seemed so emotionally unavailable and cold that there was not enough of a person to attach to or a good-enough relationship to internalize. The finding that such a high number of analysands were disappointed with their analysis is sobering and signals the need for ongoing evaluation of the analytic process and a greater openness to using consultation when analyst and patient are stalemated (Shapiro, 1976; Elkind, 1992, 1995; Kantrowitz, 1992; Berman, 2003).

Analysts who feel frustrated with their patients may be tempted, at times, to threaten their patients with termination. This method of dealing with an impasse dates back to Freud’s treatment of the Wolfman (Freud, 1918; Novick, 1997). This is a practice in which the analyst sets a termination date in order to force the patient who is stuck to “fish or cut bait.” Even the thought of threatening a patient in this way should signal to the analyst that there is probably a serious problem in the treatment that needs to be understood and addressed with the patient. When the analyst in his frustration threatens to, or actually does, reject his patient, the patient will inevitably feel injured and the internal image of the analytic relationship is likely to be damaged.

Sometimes the best thing an analyst can do with a stalemated analysis is to transfer his patient to the care of a different analyst. When such a recommendation is made with the utmost care for the patient’s feelings and with great humility, the outcome may be positive. This applies to the post-termination phase as well. For example, one of the analysands in my study terminated treatment with her first training analyst several times but each time felt “lost and depressed” and returned to him for more treatment. Together they tried to understand what was wrong but were unsuccessful. Concerned that he had already done all he could do to help her, he suggested that she might benefit from another analyst’s approach. She undertook a brief second analysis with someone else to understand her inability to separate from her first analyst. After her second analyst helped her to understand the transference to her first analyst, the patient was able to negotiate the post-termination phase successfully on her own and maintained good internal images of both analysts. “I left [analysis] feeling like I was somebody. I mean that both my analysts had cared about me and that I was someone worthy of that” (Craigie, 2002, p. 532).

HOLDING ON TO A GOOD INTERNAL IMAGE OF THE ANALYST

After a good-enough analysis, the image of the analyst lives on in the mind of the analysand as a sustaining and helpful new internal object (Pfeffer, 1959, 1961, 1963, 1993; Schlessinger and Robbins, 1974, 1975, 1983; Norman, Blacker, Oremland, and Barrett, 1976; Craigie, 2002; Tessman, 2003). A successful analysis depends in part on the formation of a positive, emotional bond between analyst and patient in which the patient feels that she matters to the analyst and that the analyst is trying to be helpful. According to Tessman (2003), “the more satisfying the analysis has been, the more likely that the analyst’s inner presence remains vivid” after termination (p. 309).

Tessman (2003) has recently published The Analyst’s Analyst Within, a book that richly portrays the ways in which the internal relationship with the analyst lives on after termination. She conducted lengthy and deep satisfactions.on the analysands “dependence” relations with though self-actualizing connections.

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conducted lengthy interviews with 34 graduate psychoanalysts and describes the characteristics of deeply satisfying analyses in which:

the analysand felt a deep affective connection with the analyst … that went beyond “attachment” or “dependence” to include a sense of shared rather than unilateral discovery…. Progressively analysands felt deeply known and cared about, with a sense of acceptance of their individuality. Although self-analysis was seen as heir to the analytic process, it often also evoked conscious or precon-
scious connection to the image of the analyst, who remained affectively accessible within [pp. 32–34].

Participants in my study who had a successful analysis also carried predominantly positive images of their analysts after termination. One woman described the internal image of her analyst as a kind of champion: “He is Casper the Friendly Ghost in my head who … fights off the bad ghosts from my past” (Craigie, 2002, p. 529). Another patient described an image of his analyst that encour-
gaged and sustained him: “He’s this imagined parent who would have come along and adopted me. He’s … all parental things … very supportive of me … sees me from the sidelines, looks for-
ward to my progress … and is very pleased” (Craigie, 2002, p. 529). By creating and maintaining these positive images, once an analysand has mourned the loss of the almost daily relationship with the analyst, she may come to feel enriched rather than impoverished by the loss.

However, images of the analyst and of the analytic relationship are not immutable. After ter-
nmination of successful analysis, the patient’s good internal image is vulnerable to ruin by becom-
ing tangled in negative transferences. Without the analyst, the patient is on her own with the self-analytic task of sorting out the actual analyst from transference distortions. In my study, the first test of the analysand’s self-analytic capacity during the post-termination period was to con-
tain and understand her reactions to the loss of the analyst, including the tendency to feel aban-
don or rejected by the analyst after termination.

One participant in my study began to feel bitter about his analysis after termination and noticed that the good image he had held of his analyst had begun to sour. He returned to his former analyst for help and came to view his post-termination bitterness as a manifestation of an unanalyzed nega-
tive transference related to a disengaged father rather than to his analyst’s lack of concern for him (Craigie, 2002).

In another example, an analysand recalled that after the apparently satisfactory termination of her good-enough analysis, she was very unhappy. “In retrospect,” she reported, “it became clear that I was very angry. I felt [my analyst] should not have let me go; if he had really cared for me, he wouldn’t have let me go.” She felt as if her analyst had actually rejected or “banished” her from her “safe refuge.” Gradually she came to appreciate how the intensity of her feelings of abandonment and unhappiness had deep roots in her father’s going off to war when she was two years old and separating from her mother when she was ten. Unable to work through her feelings on her own, she returned for a brief second analysis to sort out the negative paternal transference. After the second termination, she experienced sadness, but she did not interpret it as abandonment: “I could step back … it hurt … I missed him … but I felt much more ready … to handle things on my own, as opposed to feeling … I’d been dropped” (Craigie, 2002, p. 531).

Post-termination contact between patient and analyst influences and shapes the analysand’s internal image of the analyst. A good image may be corrupted by the analyst’s behavior after termination. Tessman’s (2003) book contains a particularly painful example of a woman who had a deeply satisfying analysis but was very dissatisfied by the time of her interview. Her former ana-

lyst had been censured for sexual transgressions with patients about which he had lied to her and others. She states:

I think I left the analysis with the sense that it was a good analysis, not perfect.... [Afterward] I carried on the analysis in myself—and had a sense of his real presence or being, turning more into an introject of some kind.... If this had never happened, the bad stuff, I would have retained a very good, solid feeling about myself and psychoanalysis. So when I found out about what had gone on, I knew that my whole life had changed. Then I began to lose empathy for my analyst and to spend a year or two with what felt like extracting... because a good introject had turned toxic, and I had to get that out of me. It was a lot of work on my own [pp. 268–269].

More commonly, a positive internal image of the analyst may be spoiled after termination when the analyst behaves in ways that the patient construes as rejecting. Most analysts give careful thought to how they handle social contact during treatment. They should give equal consideration to post-termination contact. Whereas extra-therapeutic contact that takes place while treatment is underway can, of course, be analyzed, this is not true for social contact that occurs after termination. If the analyst should injure his former patient, there may be no opportunity for repair of either the relationship or the internal image of the analyst.

For example, it is common practice among some classically trained analysts not to respond to patient’s contacts initiated after termination, including phone calls, letters, or e-mail messages. This deliberate nonresponsiveness probably stems from the idea that analysts should not gratify their patients, intrude into their lives, or encourage post-termination contact. During the course of conducting my research, I heard many examples of analysands who were hurt after termination by analysts who did not respond to phone calls or to announcements of births, marriages, graduations, and other achievements. The most flagrant example was of an analyst who did not respond to a former analysand’s letter in which she related that her child who had been gravely ill during her analysis had recovered! Most people, including sophisticated mental health professionals, would experience this kind of nonresponsiveness as discounting and rejecting.5

In the words of Leo Stone (1961), “a failure at a critical juncture to show the reasonable human response which any person inevitably expects from another on whom he depends deeply, can invalidate years of patient and largely skillful work” (p. 55). It is hard to imagine how the patient can maintain a positive internal image of the analyst unless the analyst responds to his former patient in a socially appropriate way, keeping in mind her sensitivities and history. The analyst might also take his cue from the patient by responding in the same manner in which he was contacted by her. For example, if the patient calls, then the analyst might call back, or if the patient e-mails, the analyst might e-mail back, adopting, as Borenstein and Fintzy (1980) recommend, a friendly and cordial manner, steering a path between excessive aloofness and excessive intimacy.6

Novick and Novick (2000) write that the analyst’s role after termination is to maintain his stance as analyst, available for future consultation if needed, while acknowledging his continuing “respect, admiration and objective love” for the patient after analysis (p. 31). In contrast,

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5Stephen Firestein, author of a large body of work on termination of psychoanalysis (1969, 1978, 1982) writes (personal communication) “it is for me incomprehensible for an analyst to refuse to respond to a patient’s post-termination communication, whatever its form.”

6Should the analyst feel uncomfortable with the informality of certain forms of communication, such as e-mail, a more formal manner of reply such as sending a note by postal mail might be considered (Ellen Pinsky, personal communication).
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Schachter (2004) believes that the therapeutic contract ends with termination. He argues that the
terms of the post-termination relationship should be renegotiated during the termination phase.
Rather than the analyst unilaterally taking the stance, “once your analyst, always your analyst,”
Schachter recommends that analyst and patient consider a variety of possible post-termination re-
lationships, including the possibilities of no contact, therapeutic contact, nontherapeutic contact,
or friendship.

Even if analyst and patient develop a nontherapeutic relationship after termination, however,
loss is not avoided. In my study of analysts in training, 94% of the participants strongly ex-
perienced the loss of the unique analytic relationship, even though almost all of them (97%) would
continue to see their analysts in the context of their shared professional community.7 Further, in a
nontherapeutic, and thus potentially more symmetrical, relationship after termination, the analyst
would never behave as he does when practicing analysis, e.g., focusing entirely on the patient and
making interpretations. These are losses that the patient may not realize she is likely to experience
in seeking a friendship with her former analyst. Once an analytic relationship has become a friend-
ship, in my experience, the analyst can no longer be comfortably used as analyst, making the loss of
the analytic relationship, in a sense, irreparable.

In contrast to ordinary patients, analysands who are mental health professionals or analysts
themselves are in a position to have extensive nontherapeutic contact with their former analysts. In
Schachter’s view (2004), such contact provides former patients with a unique opportunity to deal
with their idealizations of the analyst that may not have been worked through during analysis.
Tessman (2003) observes that these contacts may be enriching if there is opportunity to view the
analyst as a person in his own right, to feel both separate from and connected to the former analyst.

Integrating new views of the analyst with the existing internal image may be painful, however,
particularly if the new views are disappointing or negative. As colleagues at a psychoanalytic insti-
tute, for example, candidates have the opportunity to view their former analysts from a new vantage
point and may be disappointed or even shocked by their former analyst’s values, manners, or ways of
negotiating with others. Such contact may threaten a good-enough internal image to the extent that
the former patient requires consultation from someone other than the former analyst in order to bear
ambivalent feelings. In situations in which the patient has been massively disappointed, as in the
case of the analyst’s egregious sexual behavior described by Tessman (2003) above, another treat-
ment may be required to eject a ruined internal object and provide a new object relationship.

EVALUATING READINESS FOR TERMINATION

The analyst’s assessment of readiness for termination should encompass an evaluation of the
analysand’s capacity to hold onto a predominantly positive image of the analyst when challenged

7Novick (1997) has argued that analysts do not have first-hand experience with termination mourning, because they
never really lose their own analysts. Rather, they become colleagues with their former analysts, often working closely to-
gether in the same professional community. However, my findings indicate that analysts-in-training do have a strong ex-
perience of the loss of the unique analytic relationship after the termination of their training analyses. The unique features of
the analytic relationship, including the analyst’s nondemanding empathic preoccupation with the analysand’s inner life, is
lost with termination and can never be replaced by a collegial relationship or friendship with the former analyst. It is on the
basis of this finding that I have generalized the results of my study of analytic candidates who had completed their analyses
to all analysands.
by the losses of termination (Novick, 1982; Novick and Novick, 2000, 2001, 2002). Patients who do best after analysis carry a predominantly positive image of their analyst and become skillful in utilizing what is called the self-analytic function (Schlessinger and Robbins, 1983; Craige, 2002; Tessman, 2003).

The patient’s capacity to hold onto a good-enough image of the analyst may be evaluated in an ongoing way during analysis. Before or after separations, for example, the analyst may listen for indicators of how the patient imagines their relationship. When the patient makes no mention of how she internally holds the relationship during separations, the analyst might comment: “You never mention how you think about me or our relationship when we are apart.” Making an observation like this may open the door to a rich discussion of the internal object relationship. Similarly, during the termination phase, the analyst may explore how the patient anticipates viewing him and their relationship after termination. Such exploration may smoke out ideas and attitudes, revealing the patient’s inner script for separation that may erode the otherwise good image of the analyst after termination.

As one of my own patients approached termination, she imagined me sitting alone in a dark room crying after she completed analysis. At another point, she imagined that my attitude toward her leaving would be, “Don’t let the door hit you in the ass.” We were able to understand that these ideas were associated with her depressed mother who had had great difficulty allowing my patient to separate. After thoroughly examining her associations, I was able to help strengthen her ability to distinguish the real me from the negative transference, along the lines suggested by Renik (1998), by asking, “Do you really think I’ll feel that way after you leave?” Using Novick and Novick’s (1996, 2001) model of therapeutic action, we were able to move from closed-system thinking in which she was trapped in a sado-masochistic relationship with me, to open-system thinking in which she could experience me in a new way as someone who could enjoy her growing strength and support her ability to separate.

Self-analysis is the patient’s lifeline during the post-termination phase. Self-analytic capacity enables the patient to use knowledge of her typical patterns of conflict, transference, and defense to understand and address, outside the analyst’s presence, disturbing experiences she may encounter. The termination phase provides an opportunity to test this “emotional muscle” (Novick, 2001, p. 116): the ability to observe oneself, to think and to use new solutions in the context of preparing to leave the analyst. This capacity develops during analysis in part because the patient identifies with the analyst’s functions and attitudes toward her. It is strengthened when the analyst recognizes and highlights those moments when the patient successfully analyzes a problem without his assistance. It may be helpful for the analyst to remark as termination approaches that this ability is what the patient will use, after termination, to solve problems and to right herself.

BEGINNING TO EXAMINE “STANDARD” TERMINATION TECHNIQUE

When patient and analyst terminate a successful psychoanalytic treatment, they are ending a unique love relationship. This is a painful choice even as it frees the patient’s time and energy to engage in new relationships and pursuits. The analyst needs to help the patient end in such a way that will foster and not undermine the internal analytic relationship and will preserve the feelings of loving and being loved. What might interfere with the analyst’s role in participating in this separation in the most respectful, sensitive, and flexible manner? The analyst’s own discomfort with affects relate to (2003) as well and relate to manner in which to certain psychological and empathy.

For example, sessions per week has become real in order ever, when the termination.

Many patients for whom “painful” pain “Relationship play an imp Some of the be the sudd analysand’s

Some an ideal. Once hear and an ending an
termination feel that she may serve a own.

How the patient is expected (2003) would be referred to terms (p. 2 negotiated while the:

8It is my year of graduation 8Stone (1974) plays an obvi matic role in the process.
Patients who may be evaluated in an open relationship. Similarly, an image of the analyst as sitting alone in a dark room that my attitude toward him makes no mention of it might comment: “You are apart.” Making an observation, he may note: “What about the analyst?”

Self-analytic capacity transfere, and defense mechanisms she may encourage muscle” (Novick, 2001), a the context of preparing use the patient identifies when the analyst recognizes a problem without his roaches that this ability is pht herself.

MOURNING TOGETHER

How the patient and analyst face their feelings about losing each other will affect how the termination is experienced, at first with the patient and analyst together and later in solitude. In Tessman’s (2003) words, “A unique opportunity springs from the fact that the very person whose loss is being mourned—that is, the analyst—is initially still present to receive and respond to the emerging affects” (p. 235). Both participants struggle with feelings of mutual abandonment; the patient, in a negotiated termination process, has to take responsibility for “killing” the analytic relationship while the analyst must “survive” his feelings of being discarded or seen as flawed (Winnicott, 1970).
1968; Loewald, 1988; Orgel, 2000). As the analytic engagement ends, both patient and analyst together must find ways to hold onto the love between them while acknowledging disappointed wishes, the limits of the analytic relationship, and the necessity of terminating the analysis.

I believe that when the struggle to let go of the analysis is mutually experienced and acknowledged, the patient is better able to metabolize the loss (Novick and Novick, 2000; Pinsky, 2002; Tessman, 2003). If the analyst can find a way to acknowledge his sense of loss of the patient, as well as his admiration for her growth and desire for independence, the patient is put in a stronger position to internalize the relationship in which one human being loves and values another, while respecting the other’s freedom and separateness. An exploration of the mutual loss may open up for analysis any lingering distortions in self-image and meanings associated with termination, such as abandonment and rejection, which might otherwise create distress during the posttermination phase. The patient cannot be expected to leave analysis in a new way—to develop “novel interactional possibilities” (Loewald, 1971, p. 309)—unless the analyst helps her to experience a kind of separation from him that differs from earlier traumatic separations. The analyst needs to do something more than analyze the patient’s reactions as if they are only related to past separations and have nothing to do with himself and the current relationship.

How, then, should the analyst conduct himself as his patient prepares to leave? While the analyst continues to analyze the patient’s experience of loss and guilt that accompanies her thrust toward independence, he may also experience and defend against feelings of loss and disappointment within himself. The analyst’s struggle to acknowledge his sense of loss is a task that will be conducted, for the most part, privately and internally. In her essay on the analyst’s mortality, Pinsky (2002) emphasizes that the analyst’s behavior cannot be prescribed: “how any individual analyst manages the heightened experience during this farewell, and how he determines what he will articulate or will hold private in the course of the ending, is always a matter of clinical judgment and temperament” (p. 185). I believe that if the analyst can somehow, in his own way, acknowledge to himself and to his patient that he, too, is affected emotionally by the termination, that he, too, is losing a partner in a mutual, though asymmetrical, libidinal relationship, then the analyst may not feel so alone in his grief.

Pinsky (2002) argues that the analyst, at least as represented in the termination literature, tends to avoid or deny the loss of his partner at ending not because of “an absence of feeling for his patient but rather from a struggle with what the clinician, as well as the patient feels— ... [from] a well of feeling that swamps articulation” (p. 194). It is not the analysts’ incapacity to feel that is the problem so much as it is “the incapacity to know what to do with how they feel” (p. 201). Our literature, Pinsky notes, is of little help with this crucial task and sometimes employs its technical language “in a motivated, if not always conscious, effort to deflect and avoid what might be more fully felt, if it were only more plainly articulated” (p. 194).

Pizer (2005) writes: “more needs to be written about the life and love and losses in a good treatment from the analyst’s side; about those creative sources that ground the analyst’s need to give, or risk, and then let go when it’s time to let go of relationship without such acts collapsing into selfless sacrifice” (p. 73). Also working from a relational perspective and commenting on a case in termination, Davies (2003) writes about the importance of having enough reciprocity and we-ness in the termination process: “My own work with this patient might have focused on how I could share, in an appropriate manner, some of what the work with him had meant to me—something of what I take with me from it, something of my sadness at its ending, something of how I imagined him in the future” (p. 73). When judiciously used, disclosure of this character is a gift that may be carried by strictly on exploited 1 2003).

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mination literature, tends to body of feeling for his patience feels— ... [from] a capacity to feel that is the feel” (p. 201). Our liter employs its technical lan avoid what might be more and losses in a good tre analyst’s need to give, or acts collapsing into self-commenting on a case in reciprocal and we-ness focused on how I could want to me—something of anything of how I imagined character is a gift that may be carried by the patient for life (Tessman, 2003). When the analyst handles termination loss as a strictly one-sided experience, however, some patients may feel foolish, seduced, abandoned, or exploited because of the lack of mutual mourning (Ghent, 1990; Hoffman, 1998; Davies, 1998, 2003).

RETURNING IN DISTRESS AFTER TERMINATION

Two-thirds of successfully analyzed patients contact their analysts within three years of termination, typically seeking support of the self-analytic function and an opportunity to report significant accomplishments (Hartlaub et al., 1986). When a patient returns in distress after termination, the analyst can use his understanding of post-termination mourning and its tasks (Craigie, 2002) to sort out the trouble. Although analyst and patient may feel as though the analysis has failed at this point, both participants need to keep in mind that all analyses are, to some degree, incomplete (Oremland, Blacker, and Norman, 1975) and that the post-termination phase poses its own new challenges.

Based on his understanding of the patient's tasks during the post-termination phase, the analyst can ask himself a series of questions to help guide his inquiry into the patient’s distress: How is the patient experiencing the loss of me and of the analysis? What are the transferrals of our separation? What is the current state of the patient's internal image of me and of her own self? How well is the patient engaging her self-analyzing capacity to understand her reactions to the loss of the analysis? Rather than thinking globally about why the analysis has “failed,” focusing on specific difficulties with post-termination tasks may enhance the analyst's self-analytic functioning. Some analyses may need to return to treatment. Others, with just a few sessions focused on the meaning and affects related to the loss of the analyst, may be able to progress again on their own to a resolution of mourning.

CONCLUSION

“The kind of termination psychoanalysis demands is without precedent” (Bergmann, 1988, p. 163). What Freud (1907) called “a cure through love” begins with the understanding that the analytic relationship will end one day. From the very start, and most especially during the termination phase, patient and analyst must grapple with a painful paradox: “the goal of this special form of closeness is separation” (Pinsky, 2002, p. 175). The challenge of terminating without injury is significant but by no means insurmountable, especially if both participants face this paradox head on during the termination phase and become aware of the dangers the analysand may face while navigating the post-termination phase alone.

How the analytic relationship ends has important implications for how it will be remembered and used in the future. If the analyst rigidly imposes a termination schedule, denies his own feelings of grief, or fails to convey his continuing interest, availability, and regard for the patient, he may jeopardize the work that the analytic couple has done. No matter how much the analytic pair prepare for termination, ending treatment may still trigger unexpected negative reactions that can disturb a good result. Because some latent transferences only emerge after termination, even a skilled analyst and astute analysand may not be able to predict how the analysand will experience loss in the post-termination phase.
The analyst’s availability after termination is essential, for example, when termination triggers overwhelming affects associated with earlier losses. The analyst’s anticipated, imagined, or actual unavailability will most likely intensify the patient’s experience of termination as an abandonment or death. Finally, the quality of the post-termination contact between patient and analyst, whether respectful and responsive or rejecting and disregarding, will continue to shape, for good or ill, the internal image of the analyst.

Analysts should reevaluate their termination and post-termination practices in light of their potential impact to strengthen or destroy a sustaining, good-enough internal object relationship within the patient. Because standard termination technique grew out of a one-person psychology rather than a two-person model in which the analyst’s role in shaping the process of treatment is more fully appreciated, our techniques and expectations about termination should be systematically reconsidered in the light of newer theoretical models. My ideas about termination are not couched in any particular theoretical perspective but grew out of recent research on the experience of analysands after termination. Viewing these issues through different theoretical lenses may deepen and refine our understanding and practice.

Termination and post-termination are times of both vulnerability and opportunity, offering the analysand a new chance to “leave home” in an active and more conscious manner, to grieve old and new losses, and to gain confidence in her ability to “acknowledge, bear, and put into perspective” (Semrad, cited in Rako and Mazer, 1980, p. 104) the pain of separation, loss, and ending. After a good-enough analysis and the successful negotiation of post-termination mourning, an internal image of the analyst lives on in the patient, providing a sustaining and helpful new internal object. In this way, once the analysand has mourned the loss of the almost daily relationship with the analyst, she may come to feel enriched and transformed rather than impoverished by the loss. Having successfully navigated the post-termination passage, alone or with support, she may consolidate her analytic gains and feel more resilient and accomplished than ever before.

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