EPILOGUE

Based on her research study, “Mourning Analysis: The Post-Termination Phase” (2002), Heather Craig provides us with a picture of the complexities of termination and mourning of analysis, including the risks that accompany this phase, and gives us recommendations about the ending process. In keeping with a traditional emphasis placed on mourning as a sine qua non of the termination process, Craig notes that 94% of her 121 subjects, that is, analysands who had completed psychoanalysis, mourned the loss of their analysis. She concludes that mourning the loss of the analytic relationship is nearly a universal process. The mourning process, however, will have distinctly personal meanings for each analysand that, at times, may be related to the reactivation of earlier traumatic experience. We wonder as to the meanings that termination had for those who did not mourn. Did it reflect, for example, a less intense involvement, an individual with a more secure attachment pattern, or the impact of an analyst’s different theoretical model of analysis that emphasized post-termination availability of the analyst?

The many personal meanings notwithstanding, Craig tells us of the risks of the termination process and how a number of the termination goals and procedures are counterproductive and exacerbate problematic endings. These traditional goals and procedures, as Craig spells out, have been anchored in a Western cultural bias toward independence, emblematically expressed and furthered in Mahler’s separation/individuation model. The traditional psychoanalytic goals of separation and independence dictates a procedure and criterion for a successful analysis called “radical separation,” that is, a termination with no further analytic contact. This model, in turn, pathologizes a person’s request or need of their analyst post-termination. Craig points out that these traditional goals and technical procedures increase the risk of doing harm to analysands during and after the ending of analysis. Craig found that “two-thirds of successfully analyzed patients contact their analysts within 3 years of termination” (p. 113), highlighting the importance of analysts’ attitudes toward post-termination contact. To pathologize rather than accept the legitimacy of the analysands’ needs is bound to undermine the analysands who return, as well as the confidence of their analysts.

In keeping with the well-known paradigm shift from intrapsychic to a relational field theory, Craig importantly anchors her work and considerations of endings within the perspective of this new relational paradigm. It is from within this relational perspective that Craig places a premium on the analysand/analyst’s negotiation of termination and their mutuality in expressing feelings to facilitate the termination process.

Susan Mendenhall first delineates a detailed history of the concept of termination in psychoanalysis. For Freud (1937, p. 219, quoted in Mendenhall, p. 118), when the symptoms and sufferings of the patient had been relieved and sufficient repressed material had been brought to consciousness to prevent a “repetition of the patient’s specific pathological processes,” termination was appropriate. The termination phase, as Mendenhall spells out, became viewed within the clas-
tical model as the final overcoming of tendencies to regress, that is, the final renunciation of infantile wishes "to be loved by the analyst, to keep in contact with him, to build a friendship" (Reich, 1950, p. 181, quoted in Mendenhall, p. 119). Final renunciation of strivings for infantile gratification, according to this model, fostered internalization of ego functions and object representations, thus, enabling an analysis to separate and individuate.

Resonating with Craige, Mendenhall points out that this formulaic ideal did not conform to the realities of clinical practice. This was especially the case when it came to "radical terminations," for patients often found their way back for additional analytic work. Citing several research studies (Hartlaub, Martin, and Rhine, 1986; Strupp, 1989), Mendenhall notes that anywhere from 40 to 66% of patients re-contacted their analysts within three years of termination. These clinical realities notwithstanding, the ideal of radical termination remained unchallenged for decades because, in our view, the intrapsychic and separation/individuation models remained dominant in psychoanalysis at large. To challenge the ideal of radical termination required, as Mendenhall makes clear, a paradigm shift from intrapsychic to relational field theory that prompted a reconceptualization of development that emphasized lifelong human interdependence.

Mendenhall recasts the concept of termination under the rubric of what she calls "variously evolving analytic relationships" (p. 126). Her emphasis is on the evolving nature of "analytic relationships that are unique to each analytic dyad. Her reconceptualization is based in what Lyons-Ruth (1991) has described as the attachment/individuation (in contrast to separation/individuation) model in which the analytic relationship, the attachment to the analyst, evolves and is maintained in many different ways. Mendenhall's model supports openness, creativity and continuity (whether in actuality and/or in fantasy) of the analytic relationship.

In contributing to the development of a relational perspective, Kenneth Frank first objects to the term *termination* for its evocation of a morbid image of mortality, and replaces it with a more straightforward and less burdensome term, "ending." Interweaving Craige's (2002) and Tessman's (2003) research with contemporary theory and clinical experience, he evaluates the permanent separation model as potentially damaging to the analyst and analytic relationship. Frank agrees with Bergmann (1993) that prescribed permanent endings do not correspond with any natural human condition and emphasize individuation and separation at the expense of relatedness and interdependence.

Frank posits the goals of analysis to center around dual processes of evolving relatedness and individuation. These processes are advanced through multiple disruption-repair sequences that involve "attuned relatedness, disruptions of that relatedness, and some form of loss and mourning leading to internalization, as basic to therapeutic change" (p. 136). Ending "acts as a kind of 'last call'" (p. 139) that catalyzes dealing with transferences and the "reality that there are limits to everything, forcing a coming to terms with existential concerns about loss, separation, the limits and limitations of others and oneself, of time itself" (p. 139). Distinguishing between the "personal relationship" from the transference-countertransference relationship, Frank notes that prescribed endings undermine personal relatedness in the analytic relationship. Although he agrees with Craige's model of ending "in which the analyst continues to be available when needed" (p. 139), he finds it to be too prescriptive. He proposes, instead, that each ending needs to be negotiated specific to that pair and positions the analyst to more openly consider "ending with options."

Frank addresses Craige's conclusion that "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" (Craige, this issue, p. 114). Frank notes that to assure "the stability of a good-enough outcome" requires
“helping the analysand achieve, to the extent possible, a realistic image of the analyst and of the relationship” (p. 141). In other words, an analyst must become an internalized “good-enough” object, not an internalized “all-good” object. Although Craige emphasizes the maintenance of the analyst as internal object, Frank adds an equal emphasis on the “internal object relationship” and “internalization of interactions,” certainly a relational addition.

Frank emphasizes, in this and other writings, the importance of the personal relationship between analysand and analyst in addition to the transference–countertransference relationship. The personal relationship that evolves expands the analysand and the analyst and creates for the analysand the new, deeper, and more intimate “internal object relationship.”

Importantly, Frank focuses on the analyst’s process of ending, considering the many different feelings that the analyst struggles with during this time and offers a pilot survey study on the exploration of analysts’ experiences of endings. In this way, he contributes to filling out the analytic relational field that includes the analyst as well as the analysand.

George Moraitis describes personal and professional considerations in his choosing to retire, a novel departure, as he sees it, from the slowing down and fading away path of many aging analysts. A prerequisite for retirement is the analyst’s capacity to end with his patients, an ability that Moraitis makes clear is not a given. In his study of the analyst’s relationship to his patient, Moraitis fleshes out a variety of concerns that may hamper the analyst’s ability to move towards the ending of an analysis. One potential problem is the analyst’s use of patients to regulate his or her self-esteem—turning patients into love objects essential to the analyst’s self-organization—possibly making an analysis interminable. Not ending deprives the patient of a necessary growth-promoting experience.

One function of psychoanalytic models is to provide the clinician with guidance and structure that can counter the analyst’s use of the patient for self-regulatory needs. On the other hand, a possible risk of holding a theory too tightly may be the idealization of a theory and the particular analysis that exemplifies that theory, another way of solidifying the analyst’s standing and competence as judged by his professional community.

Moraitis considers termination to be a wished-for and willful act, a time to celebrate, rather than to mourn. In viewing a successful ending as a time of joy and pleasure in mutual accomplishment, Moraitis recommends self-disclosure at this time primarily to facilitate a deeper understanding of nodal events in the treatment, and to enhance a sense of shared achievement. He expresses caution, however, regarding the analyst’s participation in a grief process, for the analyst’s participation may encumber termination. If mourning becomes pronounced, he considers it to be an indicator that the analysis is not finished.

Moraitis’ position is that analyses should be “open-ended, but not interminable,” with an openness regarding follow-up appointments, depending on the particular clinical situation and diagnostic considerations. To that end, the analyst’s role is “to help the patient assess with candor the progress of the analysis and the extent to which further analysis can be beneficial” (p. 166). He speaks of the difficulties encountered in what are often interminable analyses in patients with severe character pathology, wherein an analysis can become a caretaking proposition. It is up to the analyst, Moraitis argues, to take charge in such situations and to develop an innovative but pragmatic exit strategy in which these patients can enjoy a feeling of self-sufficiency and satisfaction. Moraitis addresses the potential limitations of psychoanalytic treatment, and the need for the analyst to examine his expectancies of himself and his patient. Desired goals that are overly ambitious may engender a mutual sense of failure and unacknowledged shame that creates an impasse.
Finally, Moraitis highlights aspects of the analyst’s vulnerability in sustaining a solid professional sense of self that may have a bearing on his ability to effect a successful termination. A lack of consensus on what defines a “good enough” analyst and analytic institutes that encourage lengthy psychoanalyses and, implicitly, a dependent status can combine to compromise, rather than support, a graduate analyst’s further differentiation, innovation and capacity to end analyses with his or her patients.

Joseph Schachter centers his discussion of termination and post-termination contact on the paradigm shift from the one-person (intrapsychic) to the two-person (relational field) model of treatment. Noting that the concept of termination grew out of Freud’s medical treatment model for the cure of a disease, Schachter believes that the traditional concept of termination began to be questioned when it was recognized that transference is never fully resolved. Viewing the analytic relationship as a loving (using parental love as a model), deeply intimate, growth promoting relationship, Schachter questions the concept of termination and the traditional views of post-termination contact.

Although recognizing that Craig attempts to shift into a two-person model, Schachter feels that her efforts are too limited. In his view, Craig focuses too singularly “on loss and mourning and the patients’ responses within a transference theory that emphasizes psychopathology” (p. 194). In contrast, Schachter conceptualizes this ending process as a “graduation,” as a rite of passage emphasizing growth and positive developments, rather than mourning.

Regarding post-graduation contact, Schachter clearly states his position: “The intimate, loving patient–analyst relationship, which has enhanced the patient’s development, should be able to continue in some form after the end of treatment unless substantial, unresolved problems of either patient or analyst preclude such meetings” (p. 188). Schachter notes that patient and analyst naturally want some post-graduation contact and emphasizes the importance of this to be discussed and negotiated. In contrast to the traditional emphasis on loss, renunciation, mourning, and continuation of the transference, Schachter suggests that the patient may be interested “in relinquishing patienthood in favor of collegiality” (p. 189). In his view “the goal of contemporary analytic treatment is not separation, but rather the facilitation of the patient’s adaptation and comfort with self and others” (p. 189). With his emphasis on growth and graduation, including the possibility of forming a more collegial relationship (what happens, it seems to us, organically as an analysis progresses), we view that Schachter has substantially re-conceptualized the “graduation” process as part of a developmental process and has opened the door to a potentially evolving, growth-promoting relationship beyond the formal ending of the analysis. Whereas both Moraitis and Schachter speak of the celebratory, development enhancing aspects of analytic endings, Schachter, in contrast to Moraitis, emphasizes the possibility of post-termination contact to facilitate continued growth.

In dialogue with herself, Estelle Shane contrasts her current open-ended, nonlinear dyadic dynamic systems perspective of the termination process that privileges one’s continual growth and development as part of ongoing, emergent life experience with her view, over twenty years earlier, of termination as fixed and well defined. Replete with clinical examples, Shane asserts that psychoanalysis is a process that is never completed and involves “a relationship that... has such depth and enduring meaning, in one sense it cannot, and in some cases, perhaps, should not, be terminated” (p. 168). Unlike her earlier position, in which she saw the critical tasks of “successful” termination to be the working through of the loss of the analytic relationship and the renunciation of the analysand’s “infantile” strivings as projected onto the analytic relationship, Shane now em-
phases the "individual and idiosyncratic nature" (p. 168) of the analytic relationship. The particular way each member of the analytic pair has understood and shaped their relationship reflects the needs and tendencies of each one in the pair and the intersubjective processes and understandings that have developed throughout the analysis.

Underlining the meaning of "a successful analysis" to be one marked by a sense of jointly experienced accomplishment in a context of an enduring, loving connection, Shane re-frames the view of a failed analysis to be one in which the intimacy that had been established does not lead to a continuing connection. From this perspective, a successful analysis is one in which the committed relationship endures and remains available to be returned to, if necessary, when new experiences and life events provide challenges and upsets.

Alexandra Harrison, a child analyst, considers the question of how termination in child analysis is the same or different from termination in an adult psychoanalysis. From a more classical developmental conceptualization, there are two distinct views. One holds that child and adult analyses are fundamentally different because the essential requirement for termination in a child analysis is the resumption of the child’s developmental trajectory. The other view posits that a successful termination for both the child and adult analysis calls for the evolution and resolution of the transference neurosis.

Harrison offers a contrasting developmental model, derived from infant research and consonant with the principles of dynamic systems theory. Following Tronick (Dyadic Expansion of Consciousness Theory), Harrison emphasizes the potential for growth and change that psychoanalysis provides. This is accomplished, in her view, through the central interactive task of meaning-making processes that are co-created by the analytic pair. Therapeutic change involves the opening up of rigid meanings and meaning-making processes. A continually evolving process of meaning-making both regulates and takes apart old meanings through the simultaneous co-creation of new ones. This continually evolving and, at times, fluidly straining process provides mutual regulation, coherence, and complexity as development and the analysis proceeds in a nonlinear, untidy, variable, and co-constructed fashion. Although her view of a successful analysis resonates more closely with conceptualizing change to involve resumption of one’s developmental course, rather than resolution of the transference neurosis, her model diverges from that of a linear conceptualization of development or developmental lines (A. Freud). The more classical Freudian model would likely consider meaning-making to be the result of the analysis of the patient’s inner conflicts as uncovered through the method of free association in which unconscious fantasies are eventually unveiled, or, in work with children, through their play.

While reviewing videotapes of a child and an adult patient, each suffering from severe separation anxiety, Harrison focuses on the co-created bit-by-bit interactive meaning-making process of the ending of the child analysis which reverberated with similar processes apparent in the first session. She then compares these processes with those occurring during the termination of an adult analytic patient. Harrison illustrates how playing with rhythm and repetition, keeping meanings in the air, maintaining awareness of self and interactive regulation, and providing a framework in which new meanings can accrue and change the old all inform the analytic process and her view of termination as a unique relational process rather than as a final ending.

Craigie, Frank, and Moraitis view the ending as a time that facilitates growth, a time to foster internalization of the analyst and analytic relationship—a subtle tilt, perhaps, toward independence and self-regulation. Schachter and Shane view a successful analysis to be one in which the com-
mitted relationship endures to partake of in the future as needs arise—a subtle tilt, perhaps, toward interactive regulation.

In conclusion, it is strikingly evident from our authors that the conceptualization of termination and related clinical practice is dramatically evolving. No longer is an analytic ending viewed as a permanent separation, but as a growth-promoting ending that does not preclude the continuation of the relationship in the form of post-termination contact. No longer is it viewed as an exclusive time of mourning, but as a time of celebration, as well. No longer is it viewed primarily as an intrapsychic process, but as a deeply interpersonal, relational process, as well. No longer can termination be a prescribed procedure, but must be a co-created experience unique to each analytic dyad (for example, stopping at a session rate of high frequency or titrating the sessions). No longer is post-termination contact viewed pejoratively, as indicative of regression or a failed analysis, but post-termination contact is allowed and even encouraged to continue in some form a deeply healing human engagement. Although gifted clinicians most likely deviated from the previously hard-cast technical procedures involving termination, the ongoing paradigm changes in contemporary psychoanalysis have fostered a rethinking of the termination process and clinical practice. These reformulations now provide a solid theoretical and clinical base that supports the needed flexibility and creativity in fashioning analytic endings.

Post-ending contact is, of course, complex. The analyst may be available for additional sessions, maintaining the analytic frame. Some former analysands, however, may request a brief meeting outside of the analytic office, for example, a lunch or coffee. Such an occasion can facilitate a sense of mutuality and a final leveling of the playing field, overcoming old idealizing relational patterns (wherein idealization serves to diminish, rather than enhance, a person's sense of self). The various forms and meanings of postending contacts can now be investigated.

Moreover, in light of these changes, we agree with a number of our authors that the term termination accurately portrays a permanent separation model, including a sense of morbidity. The term analytic endings however, captures the variability, uniqueness, and open-ended qualities of contemporary psychoanalytic endings. We hope that “analytic endings” will be adopted in the psychoanalytic community at large to reflect more accurately contemporary views on this subject.

We wish to express our gratitude once again to each of our authors: Heather Craig, Susan Mendenhall, Kenneth Frank, George Moraitis, Joseph Schachter, Estelle Shane, and Alexandra Harrison. They have individually and collectively provided us with a rich panoply of contemporary views of the theory and clinical practice of analytic endings.

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REFERENCES