Ending With Options

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No matter what has come before, if the ending of the analytic relationship is not managed sensitively, much good may be undone. Analytic endings are emotionally challenging for analysts as well as patients. What was missing from the classical approach, at least as interpreted by Freud’s American disciples, was appreciation of the personal relationship (Flank, 2006). In a relational view, the ending must be considered uniquely and mutually negotiated as part of a relationship that is both technical and personal. Accordingly, both permanent separation and separation with possible return are seen as just two of many possibilities for ending that the pair may co-create. Other options must also be considered.

Intrinsically, psychoanalysis—viewed through the lens of any theoretical perspective—consists of recurrent sequences of attuned relatedness, disruptions of that relatedness, and some form of loss and mourning leading to internalization, as basic to therapeutic change (Blatt and Behrends, 1987). Empathic failures are obvious examples of such disruptions that, when combined with their repair, are generally acknowledged as a source of structuralization through internalization (Atwood and Stolorow, 1984; Kohut, 1984). Attuned interpretations that have an impact, although fostering a sense of attachment, also involve this process in that they forge a growing recognition of the self as separate. Advancing dual processes of relatedness and individuation, the disruption-repair sequence occurs in a multiplicity of ways, often extraordinarily subtle, within each and every session—in interactions maintaining boundaries and the frame; in each session’s ending; in sessions begun late, ended early, or interrupted; in analysts taking vacations or otherwise missing work; when scheduling mishaps occur; when analysands’ phone calls are not immediately returned, and so on.

No other aspect of psychoanalysis contains or represents this elemental process more explicitly or dramatically than the process of termination. For many reasons, primarily to resolve once and for all the vestiges of the transference neurosis, permanent separation became woven into the fabric of the frustration model of classical psychoanalysis and has remained the standard form of ending analytic relationships. But as our models change, so must our methods. As practitioners, we find that changing our methodology is difficult even though many of the practices that we consider to be inviolable are, in fact, no more than part of a set of rules that, although logically coherent and often useful, are based on an earlier system, and within the new system, are without justification.

Their “violation” is a problem only if one assumes, to begin with, that the rules are essential and inviolate (Wachtel, 2002). In fact, the “rules” of psychoanalytic termination involving permanent separation, as it is practiced today, are based on classical model ideals and their persisting influence. Although some aspects of a single treatment might need to be free from such rules, as far as the patient and analyst are concerned, never ending might be ideally better (Flank, 1997), for among intentions is the cause to go against, not the post-term going sigr plorations of psychoanalysis (this issue detailed in v...)

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tence. Although most psychoanalysts have recognized the significance of relational ideas and pro-
cesses on an intellectual level, in actual practice many analysts, especially older ones, must strug-
gle to free themselves from the conventions and ideals of the earlier model.

As far as the practice of termination is concerned, analytic gains are no longer seen as coming
about or depending on permanent separation. Analysands’ experiences of personality modifica-
tion are understood to be cumulative and to develop throughout the analytic process (and after it is
concluded), paving the way, ideally, to the enrichment that eventual separation from the analyst—
never entirely final—is thought to bring. (I say never entirely final because, although formal meet-
ings may end, analysands’ internal representations of their analyst and of the analytic relationship
ideally become life-long and influential presences in the analysand’s relational world.) The pecu-
liarity of the harsh method of permanent separation has been a topic of discussion. Bergmann
(1997), for example, observed how unprecedented (we might say, unnatural) such an ending is
among intensely felt relationships. And Coltart (1996) described it as an odd practice that seems to
 go against the grain of our work with intimacy. In the light of relational developments, we have
cause to wonder whether it is really the only or best way to end analysis in every case.

This is the major issue Heather Craig addresses as she investigates termination and the post-
termination period, the internalization of the analyst by the analysand, and the analyst’s on-
going significance as a benevolent presence in the analysand’s internal world. Craig’s cogent ex-
plorations shed light not only on the termination process itself, but also on the broader processes
of psychoanalysis and therapeutic action. In discussing Craig’s “Terminating Without Fatality”
(this issue), I will draw from the overall literature, especially from Craig’s (2002) earlier, more
detailed report of her study and a related study conducted by Lora Tessman (2003). My overall ob-
jective is to advance our thinking about termination in the light of ongoing developments in rela-
tional theory. In so doing, I express my overall appreciation of Craig’s work and its value but also
my opinion that she does not go far enough in her practical recommendations.

COMPARING CANDIDATES WITH NONCANDIDATES

It could be argued that findings such as Craig’s (and Tessman’s) with graduate analysts are not
representative of the overall patient population because training analyses are atypical and have
atypical endings; candidates, because they are likely to have continuing contact with their analysts
professionally, never undergo a “true” mourning process and termination (Gabbard, 1995). A
study by Lord, Ritvo, and Solnit (1978) that compared candidates’ and noncandidates’ reactions to
the unusual situation of the analyst’s death during ongoing treatment lends support to this observa-
tion of difference. The investigators found that almost twice as many noncandidates as training
candidates experienced pathological mourning. This study raises the possibility that candidates’
analytic endings may be moderated by their being members of the understanding and supportive
psychoanalytic community, whereas, as Rendely (1999) observed, the bereaved noncandidate
who loses the analyst has no socially recognized role, no sanctioned mourning period, and is ex-
cluded from active participation in formal mourning rituals. At best, she may be a spectator at fu-
neral or memorial services. “The patient is outside, looking in, alone with her grief, her loss com-
pounded by isolation” (p. 137). The study by Lord et al. raises the possibility that candidates’
analytic endings, unlike those of noncandidates, may be shaped by their being members of the
psychoanalytic community and the support it offers. However, Craig discovered that virtually all
of her analyst subjects experienced a sense of loss and mourning, even though most had expectations of seeing their analysts in collegial settings after the analysis.

Additional caveats involve candidate pre-selection procedures for treatment, as well as possible systematic differences that may be associated with candidate–noncandidate treatments (such as different treatment goals or differing emphases on “expressive” vs. “supportive” approaches [Galatariotou, 2000; Wallerstein, 1994]). Further, candidates, unlike noncandidates, experience their analyses from two sides of the couch, as it were, with their overall experience and especially the developing self-analytic function being enhanced by didactic elements of their training experience in addition to the training analysis itself (Shapiro, 1976; Gabbard, 1995). Identificatory experiences also may well operate differently among candidates who, striving to consolidate their own professional identities, commonly identify with and actively invoke images of their analysts as professional role models both during and after their analyses.

Findings such as Craig’s (and Tessman’s) are based on systematic empirical data rather than on clinical or theoretical speculation, and, therefore, are of particular interest. In general, it seems to me that these findings reflect basic analytic processes, making it possible to generalize from them, if conservatively. Nevertheless, it is important to keep in mind the aforementioned caveats as we consider implications, and to distinguish what might be unique about analytic candidates’ terminations and overall analytic experiences and what might be similar to others’.

HISTORICAL PERSPECTIVE: THE CLASSICAL VISION
AND PERMANENT SEPARATION

From a historical perspective, Bergmann (1997) wrote that termination is the Achilles’ heel of psychoanalysis. Unlike transference and defense analysis, he asserted that the topic of termination has not been thoroughly considered, with the result being that there existed no true clarity about the “when” and “how” of ending an analysis. Freud never discussed the technique of termination, per se, and as late as the 1950s, the American Psychoanalytic Association did not regard termination as a particular phase requiring the analyst’s special knowledge and expertise. An important factor contributing to this deficiency was the prevailing commitment to the impersonal, rather than affective, role that most American classical psychoanalysts endorsed, guided by the triumvirate of the analyst’s anonymity, absencing, and neutrality.

Termination was originally understood mainly in terms of achieving the fullest possible resolution of the transference neurosis (Bird, 1972). The transference neurosis was thought to be consummated, finally, in the eventual dissolution of the significance of the bond to the analyst through permanent separation. The view of the individual as self-contained, the privileged role of frustration in early psychoanalytic theory and methodology, and a belief that therapeutic action occurred within the individual psyche of the analysand and not in the evolving analyst–analysand interaction, all contributed to the formation of this early termination method. The role of the affective relationship that developed between analyst and analysand and its significance were not recognized, and like the human response to the final ending of this important relationship, were not taken into account. They were, in fact, avoided (Friedman, 1978). Because assessment of readiness for termination was based on structural and metapsychological considerations that only the analyst was thought capable of making—such as that an adequate identification with the analyst and internalization of the analyst’s working ego had been achieved (Nunberg, 1932)—the decision to end was reached and stigmatizing “fully analy
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though most had expected treatment, as well as possi-
bility of candidate treatments (such as “supportive” approaches to noncandidates, experience in treatment and its resolution). The “Achilles’ heel” of the aforementioned caveats was about analytic candidates’ nailing to others’.

**AL VISION**

The American relational tradition that evolved (Mitchell, 1988; Mitchell and Aron, 1999) assigned the mutual, affective relationship between analyst and analyst much greater importance than the earlier Freudian model and challenged earlier, and what had often become prescriptive methods, for approaching technique (Greenberg, 1986; Hoffman, 1992). Shane and Shane (1984) hinted at Craigie’s recent findings when they proposed that the persistence of the transference neurosis, “rather than being an obstacle to successful termination and maintenance of the analytic gains, as many analysts have speculated, might be the vehicle for their sustenance and stability” (p. 750). Yet, even today, the practice of many analysts, perhaps most, reflects a commitment to permanent separation. As an example, Firestein’s (2001) revision of his earlier book (1978) on termination leaves the permanent separation model unchanged.

**A RELATIONAL (INTERSUBJECTIVE) VISION OF TERMINATION: EMPHASIZING A CARING RELATIONSHIP**

Compared with permanent separation, Craigie takes a position on termination that is radical. Citing her own and the work of others (Hartlaub et al., 1986; Schachter, 1990, 1992; Thoma & Kachele, 1994; Schachter et al., 1997), she asserts, “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” (p. 110). Thus, in direct opposition to the renunciation model, Craigie proposes that “the model of radical [permanent] separation at the end of analysis should be replaced by a model in which the analyst continues to be available when needed” (p. 105).

Analytic endings are crucial, often bringing to the foreground the vulnerability of the gains that have been made. As Davies (2005) described, the work of termination is like completing a tapestry: “There comes a time when we must somehow finish our tapestry, cutting the threads loose and binding the colors and textures and patterns together in a way that somehow manages to hold them
all, preventing the escape of an errant thread that can unravel the whole and destroy what patient and analyst have worked so hard to create" (p. 780). Termination also acts as a kind of "last call" that catalyzes dealing with transferences and other issues that have been unfinished. It confronts patients and analysts alike with 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, and the inevitability of ageing and death (Kantrowitz, 2004). These considerations pose significant and meaningful developmental challenges and existential tasks.

Must there occur a final and permanent separation in order for analysis to end beneficially? Analyssands inevitably experience the significant loss of the unique analytic relationship, including the intimate person-to-person contact that it involves, even when different forms of contact with the analyst are anticipated and actually occur after the ending of formal meetings. Craigie, describing the complexity of the analysand’s termination experience, wrote:

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 (p. 102).

The analytic relationship is a uniquely authentic, intimate one that is complex, challenging, and—when it goes well—richly rewarding for both parties. It is extraordinary in providing a safe setting for guided self- and relational discovery through open and direct self-expression. The analysand is offered another’s unparalleled attentiveness, an experience of being immediately and deeply known, understood and affirmed, and yet of being honestly confronted. It can be ultimately intimate and affirming for the analyst, as well.

In the moment of termination, the patient loses the analyst qua analyst, just as the analyst loses the patient qua patient. The patient must somehow integrate the way she has known the analyst and has been known through the affective experience with the analyst (Tessman, 2003). In that sense, this moment holds the potential to cast the destiny of the relationship as it will live on in the hearts and minds of the participants. In fact, because the multifaceted analytic relationship, with its intertwined personal and transference elements can be so fulfilling in many ways, the analysand’s loss is significant even if the relationship continues in another, more limited form.1 In this sense, the classical model of permanent separation is unnecessary and even potentially harmful.

I certainly agree with Craigie that we now have sufficient theoretical and empirical relational information to warrant our revising our approach to the permanent form of analytic ending. However, I read her view as prescriptive, and therefore limiting, in offering only a single alternative solution. Other approaches (to be discussed), modified and developed by the individual analytic pair, can be considered to accomplish the valid analytic objectives of the relational model. A truly relational form of ending would be an individualized form that reflects unique personal differences and negotiation, rather than a general, prescriptive one. The outcome will not always be the same.

1Elsewhere (Frank, 2006) I have described the features of the personal aspect of the total analytic relationship—a term that is preferable to the "real" relationship. These features include emergent qualities of mutual recognition, authenticity, especially affective authenticity, and intimacy that develop between analyst and analysand.
WHAT IS A GOOD-ENOUGH INTERNAL IMAGE OF THE ANALYST?

I wish to address an important theoretical point that Craig makes that is related to the quality of the analysand’s internalization of the analyst. Agreeing with many others (Pfeffer, 1959, 1961, 1963, 1993; N. Schlessinger & Robbins, 1974, 1975; Tessman, 2003), Craig (this issue, 2002) concluded 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” (p. 106). Thus she recommended that 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 by the losses of termination (Novick, 1982; Novick & Novick, 2000, 2001, 2002). Such an assessment probably would reflect the resiliency of other emergent self-object configurations that had developed during treatment. There are three points I wish to elaborate in connection with Craig’s important conclusions about the internal image of the analyst.

First, it seems to me that one means of assuring the stability of a good-enough outcome is by helping the analysand achieve, to the extent possible, a realistic image of the analyst and of the relationship. Resiliency during the potentially perilous post-analytic course depends, in part, on the working through and adaptive modification of the patient’s problematic multiple transferences as they are manifested in self-other organizations that emerge with the analyst. This process results in the analysand’s ability to appreciate the unique personhood of the analyst, as well as the unique analytic relationship, the latter being in critical respects new and different from the patient’s old and problematic relationships because so many of the old self and other configurations have become reconfigured by emergent ones. Achieving a balanced and more realistic quality of relatedness assures, to the extent possible, that the analysand will retain conviction in the authenticity of this important relational experience and will be able to maintain trust in what occurred and what was mutative about it.

I recently had occasion to concur with a patient who returned to therapy a few years after her termination in order to deal with issues that emerged in connection with an acute physical illness. At first questioning her return and how I might feel about it, she wondered whether it diminished what we had previously accomplished together. After some consideration, my patient aptly concluded, “What I had to give up were my fantasies about you and my idealizations—not a very real, important, and loving relationship that fostered my growth through an extraordinary period in my life.” This patient, who, though not a psychotherapist was one of my finest teachers, had a talent for articulating what really mattered. It was as though she had read Guntrip (1969), among others, who wrote that “a really good result should leave the patient...with a quite realistic appreciation of him [the analyst] as a human being” (p. 332). I often felt very “known” by this woman who had helped me on many occasions to overcome my own blind spots and inhibitions.

The realism that is achieved in the analysand’s perception of the analyst results from a progressive, mutual authentication of the partners’ shared views of the interactions between them, arrived at from a gradually developed trust (McLaughlin, 1981). By the time of the ending of the formal relationship, much of the work of de-idealization (like that of internalization) already has been accomplished, with the activity of post-termination de-idealization being a continuation and extension of those efforts, now to be carried forward alone, usually within a process of mourning, by the analysand.

I emphasize that the analyst must become an internalized “good-enough” object—but not an internalized “all-good” object. The analysand’s view of the analyst is rarely unequivocally posi-
tive, and when it seems so, there is reason to suspect idealization as a limiting factor in the outcome. Because the analyst–analysand fit is never perfect, the analyst's personal qualities are not ordinarily experienced simply as positive. Moreover, the analyst has become associated with old negative transference patterns, as well as with new and reparative relational experiences, and because transference cannot be completely resolved, the analyst remains both good and bad in the internalization. As a result, disappointment is not uncommon among exanalysands (Craig found 28%) and, in itself, is not necessarily an indication of a failed analysis or a foreboding of an unstable result. If not extreme, disappointment can potentially contribute constructively to the continuing post-analytic gains associated with de-idealization. Having the continuing opportunity to reconcile remaining charged, conflicting feelings toward the analyst such as love and hate, admiration and disappointment at the intersection of transference wishes and more realistic perception can promote the patient's further growth.

Elsewhere, I (Frank, 1999) described a process that I called “righting the relationship.” If the work is to progress adequately, both partners must read and accommodate to the other's limitations, as well as positive attributes as they have been experienced in the relationship. Whether or not discussed, most analytic patients develop an implicit “feel” for the ways the analyst deals with certain affects, conflicts, and transference attributions (Cooper, 2000). Given that the fit between any patient and analyst establishes the nature and limitations of the changes that will be possible, righting the relationship enables the pair to negotiate the therapeutic possibilities of that relationship. I agree with Cooper (2000), who observed that “the ability to observe and work with the analyst’s limitations may be usefully regarded as a necessary part of grieving and mourning about the nature of limitations in relation to analysis, the analyst, and self-experience” (p. 101). An example of this phenomenon is the beneficial effect of the analysand's becoming aware of the analyst's sensitivity to not repeating the analysand's dreaded past, although nevertheless experiencing the analyst’s limitations in this regard. It is not just the actualization of the analyst's efforts that play a role in therapeutic action, but also the analyst's positive intentions and hard work on behalf of the patient, as sensed by the patient (Slavin et al., 1998).

Second, in discussing the internalized image of the analyst as a sustaining and helpful new internal object of the analysand, Craig, in my view, does not adequately emphasize the good-enough internal object relationship between analyst and analysand and the internalization of interactions, including those bearing on self-regulation. She notes the patient's need for such internalization but focuses on the maintenance of the internal object (the analyst) and not the internalized (analysand–analyst) relationship, as the major sustaining task of the post-termination phase. As McLaughlin (1981) concluded after analyzing an extensive series of follow-up studies of patients in therapeutic and training analyses, analysis produces change through the internalization, as new psychic structures, of attitudes and values experienced in the relationship to the analyst” (p. 658) and the “intrapsychic transformation of old transferences into new and more adaptive transferences, organized around a new object, the training analyst” (p. 657). The internalized image of the analyst, like the change process itself, is embedded in the relationship with the analyst.

There is added value in conceptualizing the good-enough internal image of the analyst as part of an internalized object relationship encompassing the self (the analysand), the other (the analyst), and the interactions between the two (the analysand–analyst relationship), including affects (Sandler, 1990), with all of these elements seen as inseparable. For example, Craig described that successful subjects tended to experience the enduring internal image of the analyst as a strong, positive soi presence to part of an o typical sub me...sees r ence implie yst watche to the patie into the fab

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positive source of support and guidance which, although not replacing bad objects, was felt as a presence to counteract their force. If we look further, we see that including the internal analyst as part of an object relationship is phenomenologically warranted, based on empirical findings. One typical subject, referring to the internalized former analyst, reported, "He's...very supportive of me...sees me from the sidelines, looks forward to my progress...and is very pleased." This experience implies an affectionate interaction between the self and other—the internalized benevolent analyst watches over the ex-patient, conveying appreciation, encouragement, and optimism, leading to the patient's sense of well-being, hope, and self-esteem that are destined to become absorbed into the fabric of the former analysand's personality.

There are many advantages to considering the mutability of the analysand's image of the analyst and the self in terms of interactions. Such a view permits us to contextualize and more thoroughly appreciate the internalization of the analyst through the interactions of the many aspects of the selves of the pair that are evoked, including the specifics of old as well as emergent self–other organizations. Conceptualizing in this way helps us understand affective self states and transferences in terms of role-responsiveness and precursors entailing significant figures and relationships from the childhood past, and thus, in assessing change, what specifically is new and different, why, and how. We are helped to grasp the patient's psychodynamics and action patterns more fully as we understand the old and emergent self–other organizations that have emerged with us that mesh with those that are enacted with others. Acting as influential inner presences, internalized relationship schemas shape the contemporary meanings of experience and direct behavior, providing the analyst with understanding of the sorts of actions and interactions that are likely to represent constructive new relational experiences for the patient, as opposed to enactments and retraumatizing ones. Because the attempt at actualization often brings subtle, unconscious attempts to involve other persons in ways that play wish-fulfilling roles, conceptualizing in this way also helps us to understand and appreciate the individual's changing action propensities in the relational world. Ideally, the analysand will internalize the analyst's interpretive activity (an interaction pattern that forms the basis for the self-analytic function) as well as sensitivity, compassion, and acceptance (analytic interaction patterns that facilitate self-regulation and realistic self-acceptance—a kind of empathy for oneself).

The third point I wish to make in this connection is that, on one hand, it is very useful to sensitise analysts to the importance of the good-enough internalized image of the analyst and the internalized object relationship with the analyst. To do so encourages analysts' conscientiousness about bringing their analytic ideals to the relationship. Harry Stack Sullivan (1940) is widely quoted, in referring to analysts and analysands alike, as saying, we are all "more simply human than otherwise" (p. 16). It is true, as well, that analytic relationships are ultimately extremely personal, human relationships. In them, we must aspire to rise to the highest standards of our shared humanity.

But there is also a potential danger here. When we privilege the internalized image of the good-enough analyst, we must take care not to court the positive at the expense of being sensitive to, and probing for, the negative—that is, subtly developing negative transferences. Few post-termination dangers are as great as latent or unresolved negative transferences that potentially may arise after the formal analysis ends and assimilate the positive results that the analytic experience has had for the analysand. Mendelsohn (2002) discussed the value of the analyst's willingness to take considered risks such as disturbing our patients when we think it will promote growth—what he calls our "bad enough participation." Such participation can be extremely useful to certain pa-
tients when it is informed by countertransference and theory. Findings such as Craig’s may predispose some readers, in their desire to promote a good enough internal image, to avoid the sort of participation Mendelsohn describes. It is important to keep in mind the importance of eventually achieving the status of an internalized good-enough object for the analysand. But this awareness is best implemented not by simply striving proactively to be a good object for the patient, defined as what the analyst believes the analysand needs (Alexander and French’s [1946] manipulative corrective emotional experience, but as a reflection of thoroughgoing analytic work that involves the analyst’s authentic presence, which includes taking responsibility for actions both positive and negative.

TERMINATION AND THE LOSS OF THE PERSONAL RELATIONSHIP

A point that cannot be stressed enough is that the loss felt by both partners in ending the formal relationship is the loss of the person-to-person relationship the pair has shared. The analytic relationship is composed of both “as if” moments, when, in order to advance understanding, we indulge, give play to, and “live in” what we understand to be the transference with the patient, and moments of more authentic connection, when transference elements seem less prominent and a more personal connection, characterized by directness and openness, is sensed by both partners as authentic. All moments are, in fact, blends of both. Mutually shared moments of authentic affectivity contribute to a deeply felt personal relationship that develops as the work, including transference analysis, occurs over time. As an example of a lack of personal connection, one of Craig’s dissatisfied subjects complained of having a negative experience with her analyst: “There was not enough of a person to attach to” (p. 106). Contrast that report with one given by a satisfied subject of Tessman (2003): “He didn’t put any pressure on me to have him mean less to me—in fact, in some ways it was the opposite because I got to know him better and better toward the end... he meant more to me and he seemed okay with that” (p. 232).

A relational view calls attention to the person-to-person, or personal, relationship that coexists and interacts with the transference–countertransference relationship. Craig found that a warm, loving, and intimate relatedness was positively correlated with a successful analytic experience and strong sense of achievement, a strong sense of loss of the analytic relationship, and a positive progression during the post-termination phase. These findings suggest that favorable outcomes are associated with analysands’ experiences of the spontaneous personal involvement and participation of the analyst and their loss, as opposed to the analyst’s more restricted, role-related actions.

Following Hoffman’s (1983) seminal work, it has become a well established belief among relational analysts that patients are often able to reasonably observe the analyst’s psychology. It is striking to note how sensitively analysands in Tessman’s (2003) study were able to read their analysts’ experience of them, and how important that reading was. Tessman (2003) compellingly described this knowing as crucial in the context of mutuality and interaffectivity:

It became evident that a crucial dimension of the Participants’ recalled experiences were based in their feelings about how the analyst experienced them. Commonalities...in satisfaction did not reside in specific behaviors or techniques of the analyst (such as amount of silence, self-disclosure, interpretation of defense or of the transference), but rather in the meanings attributed to the affective messages through which interpretations and other interchanges with the analyst took place (pp. 5–6).
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Analysts’ “meta-messages” (Wachtel, 1986)—unintended elements of communication, such as
the analyst’s tone, rhythm, facial expression, posture, and timing, for example, that accompany
verbal communications—unavoidably reveal analysts’ affectivity toward their patients.

What the analyst feels toward the analysand is sensed by the analysand over time. That famil-
arity is very important, not just in termination but throughout the therapeutic process and in
the enduring internal representation of the analyst and the relationship. Inevitably conveyed
meta-messages play a role in the sort of *implicit knowing* that Stern and his colleagues (Stern et al.,
1998; Stern, 2004) have described. These authors asserted (correctly in my opinion, when com-
bined with promoting explicit self and relational awareness) that what is critical for change is “the
relative lack of transference—countertransference and the relative presence of two people experi-
cing one another outside of their professionally prescribed roles” (Stern et al., 1998, p. 915).
Others (Kantorowitz et al., 1990; Blum, 1992) also have acknowledged how patients’ perceptions
of their analysts as real people often can have considerable reliability when compared with more
“objective” evaluations.

In ending therapy, unique aspects of the nature of the analyst, as experienced by the patient,
influence the particular meaningful termination has for the parties and form fundamental elements
of what is internalized and what becomes consequentially memorable. The analyst’s unique attitude
toward termination, capacity for intimacy, willingness to let go, experience of loss, and ability to
tolerate mourning are among the many personal characteristics of the analyst that contribute to the
shape of the termination as well as to the ultimate nature and quality of the analysand’s overall ana-
lytic experience and the internalized relationship with the analyst. The acid test—and greatest
value—of a fully developed relational treatment model, in my opinion, is the thoroughness with
which it integrates the individual contribution of the analyst, as well as the analysand’s.

In my view, every moment of an analysis, every interaction, is most usefully regarded as both
real and unreal. As I am using the term, the unreal is contingent on a temporal assumption—it is,
generally speaking, a reflection of the rigid influence of the past in the present, whereas the real—or
what I prefer to call the personal relationship—reflects the individual’s flexibility and direct
responsiveness to the present context—specifically, the actions and characteristics of the individual
analyst and the analytic situation. Accordingly, each and every moment of an analysis blends the
past with the immediate, old with new, the pregiven with the emergent (or cocreated), and thus the
real and unreal—as well as the technical (analyst–analysand) relationship with the personal (per-
ton-to-person) relationship (see Frank, 2006).

In ending, a moment has been reached when new self–other configurations are strong enough
to endure separation from the analyst. If, at termination, the analyst remains emotionally honest,
authentically respectful of the other’s feelings, and sensitive to the vulnerability of the moment,
then, as Davies (2005) wrote, “the relationship can be jointly grieved and may yet be remembered
with warmth and a preponderance of loving feeling that supports the narcissistic injury imposed
by the loss and separation” (p. 783). The ending of a successful analysis of a hypothetical patient
with, say, abandonment issues, provides a good illustration, with many transferences having been
brought to light and/or modified. The treatment’s ending would be experienced by the patient as
the loss of a very real, important, and special relationship. However, while being experienced as
similar to, and activating self–other configurations related to childhood abandonment (assimila-
tion), it also would be experienced as necessary and constructive (accommodation), unlike earlier
experiences of loss that were equated with abandonment because of a predominance of assimila-
tion. Accordingly, the relationship’s ending, which formerly would have been devastating, now
would be painful but tolerated satisfactorily, would facilitate a “good-enough” internalized image of the analyst and of the relationship, and would even involve positive feelings associated with one’s analytic achievements and the new promise of the future.

Craigie found that neither the pair’s analytic work with the anticipated loss of the analyst during the termination phase or the expectation of continued contact with the analyst after completion of formal meetings necessarily protected the analysand against painful feelings of loss after the analysis. This finding corresponds to that of Lord, Ritvo, and Solnit (1978), who examined reactions to the analyst’s death and found that “certain analysands with a definite sense of their analyst as a real person also gave the clearest evidence of... the most intensely felt mourning” (p. 195). These authors “affirm the concept that the analysand’s mourning process does not derive solely from the broken and unresolved transference relations to the psychoanalyst. It is also significantly based on the loss of the analyst experienced as a human being in his own right” (p. 195). With all moments understood as a blend of the transferential and the personal, it is not simply the analyst qua analyst that is lost in ending the special relationship, but the valued analyst-as-person, as well. The analysand’s loss of the personal relationship cannot be analyzed but ultimately only borne (DeBell, cited in Robbins, 1975). It is this heightened awareness of relational factors and the significance of the human dimension in psychoanalytic practice, overlooked by early analysts, that now predisposes us to end the analysis with greater regard for it as a mutually caring, rather than a strictly technical, relationship.

HOW ANALYSTS EXPERIENCE TERMINATION

As I read Craigie’s study, it occurred to me that it would be of value to use the questionnaire method to learn more about analysts’ experiences of ending, both during the end phase of an analysis and afterward. Among other reasons, the idea occurred to me because we feel—and actually are—so isolated in ending. We experience few, if any, analytic terminations during our formal training, and since there is little in the literature regarding the analyst’s subjective experience in ending, many analysts have little knowledge of the experience of others and often have a sense of fumbling during the final phase. Moreover, mutuality and cocreation are ubiquitous in analytic (and all) relationships, so to look only at one partner’s (the analysand’s) experience in ending and not the other’s (the analyst’s) is getting only half the story, as it were.

Thus, in preparing this article, I circulated a brief, informal questionnaire inquiring about colleagues’ (all graduate analysts) reactions to planned terminations with analytic patients. The findings, involving only ten graduate analysts (with fairly similar training but wide-ranging clinical experience), were, of course, most preliminary. They were nevertheless revealing, and suggested that a more ambitious study of this sort carried out with a larger sample could provide a wealth of valuable information in a realm in which little is known.

The ten participants confirmed that not only the patient loses a real (and often loved) person, but so does the analyst (see Shaw, 2003). All the participants also agreed that analytic endings can be a “disturbing” time for them. Significantly, the major source of distress was felt to be the giving up of a “rich, intimate relationship.” Those analysts who found the termination phase most disturbing tended to judge it as “more challenging than any other phase of treatment.” When an analysis seemed “good enough” to the analysts questioned, it tended to soften the distress of ending, but endings were characterized as “bittersweet” in any event. How individual practitioners experi-enced anal ways” to e ing, presur significant In an ea analysts. R ations—frojects attrib ysts in he summarize analyst. (T study, term the analyti own need s of distress, lated to ge special anc Throug they us, dc anyone els selves.) It i relational more pron self-reveal through th pati ents, to c them (Kan

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enanced analytic endings varied a great deal; for some analysts, planned endings were thought “always” to elicit “strong feelings” but for others strong feelings occur only “sometimes” (depending, presumably, on the unique analytic interaction). Ending with some patients was felt as so significant a loss that it warranted the analyst’s seeking post-termination consultation.

In an earlier study of analysts’ termination experiences, Viorst (1982) interviewed 20 graduate analysts. Reporting her findings anecdotally, she, too, described a wide range of analysts’ reactions—from claims of having no problems at all with endings (which, remarkably, one of her subjects attributed to “professionalism”) to endings always found to be traumatic. Most of the analysts in her sample also seemed to experience grieving at some time or other. Viorst (1982) summarized why she believed the termination phase was apt to elicit the greatest difficulty for the analyst. (This was not found in my pilot study, perhaps because, during the period since Viorst’s study, termination has received more attention both in training and in the literature.) She described the analytic relationship in terms of “symbiotic relatedness” and called attention to the analyst’s own need satisfaction. She described the analyst’s loss of a “whole, real object” as a major source of distress, referring, I believe, to what I found as the analysts’ disturbance and strong feelings related to giving up the richness and intimacy of an important relationship, discussed above as the special and person-to-person, relationship.

Through our involvement with our patients’ struggles and growth, we come to know them, and they us, deeply; we are often experienced by analysands as knowing them more profoundly than anyone else. (Have no illusions. They often come to know us deeply, too, sometimes despite themselves.) It is often difficult for us to lose patients with whom we have worked deeply. In the light of relational (intersubjective) insights, rather than following prescribed methods, we currently are more prone to follow a road that can feel uncontrollable, frightening, personally disorienting, self-revealing—and that ultimately brings us much closer to our patients. As patients work through their transferences, reciprocally, analysts come to more fully know, respect, and trust patients, to consequently become more open and vulnerable, and to unconsciously move closer to them (Kantrowitz, 1997).

There are many personal sources of gratification that analysts must give up with the ending of an analysis—analysands’ admiration and gratitude, our fascinating learning from them—and, too, financial gain, to name a few. As Gabbard (2000) pointed out, “a satisfying and hard-won gratification stems from establishing and maintaining [and I would add, deepening] a human connection through the slings and arrows of outrageous transference and countertransference” (p. 713). In ending, analysts are often deeply conflicted—both sad and joyful. Craige noted, “As...analysis 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 relationship” (p. 112). “Love” is, of course, subjective and difficult to define. Although many analysts might not subscribe to Craige’s strong assertion, they probably would acknowledge their developing very strong positive feelings toward many of their patients that are more than countertransference in the narrow sense. Indeed, Freud described psychoanalysis as a “cure through love” (Jones, 1955). At termination, the analyst, like the analysand, often may feel that she is losing a very important person. In part, I am describing the reciprocal of Craige’s idea of the analysand losing the unique analytic relationship—the ending of a special relationship which, although limited by its formal structure, is uniquely intimate and often personally gratifying in many ways. Because treatment endings—whether planned, unplanned, or abrupt, as well as rare occasions of patients dying—can cause a deep sense of loss, it is not surprising that analysts some-
times experience mourning for their patients (Buechler, 2000). Ultimately, reactions to the loss of the patient and the unique relationship must be borne by the analyst. One must wonder about the effect of such repeated losses on the analyst, a matter about which our literature has very little to say.

Many of the mutual gratifications (and difficulties) of the relationship are the result of the particular fit between the members of the pair. For instance, as Viorst (1982) pointed out, analysts may sometimes be responsive to a role precisely because it is one they have played before, a development that recapitulates an important relationship for the analyst as well as the analysand. The analysand also can offer the analyst an array of reparative opportunities through direct and vicarious gratification. Other factors can make the ending very difficult for analysts. In many of our most challenging and successful cases, the analysand tests the analyst’s personal limits, forcing the analyst to face herself and grow, personally as well as clinically, in order to facilitate the analysand’s further growth. In addition to the analysand’s “teaching” the analyst, analysands have their own therapeutic strivings toward their analyst and, to some extent, may wish and indeed be able to “cure” the analyst (Searles, 1979). For this and other reasons, we may feel understandable gratitude to our patients.

What often has been downplayed in discussions of termination is the analyst’s experience of loss of the individual patient she has come to know personally, intimately, and deeply—this person’s traumas, dreams and ideals, triumphs and defeats, strengths and vulnerabilities, joys and sorrows. This valued individual, who had the courage to place trust in us and to risk vulnerability, and who has revealed herself deeply, acting as a determined collaborative partner, is moving on. When our formal relationships with analysands ends, our interest in them does not; we may miss former patients and at times struggle with an impulse to reach out to them; we are delighted to receive good news from them. Orgel (2000) has suggested that the analyst’s memories of the analysand, like the analysand’s of the analyst, are rarely neutral but are often surrounded by an aura of transference and countertransference, with lingering elements of unreality, unexpected intensity, and even an at least latent regression that has a potential for being revived into activity.

Just as our experience of loss may be mitigated by a sense of the analysis having been very worthwhile, it is also eased by the analytic arrangement itself—that is, the patient has but one analyst to lose, but the analyst can find consolation in there being other current and future patients. It is of note, too, that as for the analysand, it is so for the analyst as well that termination is a time of opportunity—an opportunity for integration. As Viorst (1982) observed, if the analyst is open to, and conscientious about working with countertransference (her own subjectivity), in termination she is given a chance to learn about herself more deeply and extensively and to progress in working through her own issues with separation and loss. Certainly we are justified in raising questions when, in dealing with ending, the analyst experiences little or no significant feeling—a state we certainly would question in the instance of the analysand.

**THE MANAGEMENT OF ANALYSTS’ FEELINGS ABOUT ENDING**

We have seen that analytic endings are capable of eliciting strong reactions that have complex sources in analysts, and that ending analysis is a mutual and asymmetrical process. Endings are mutual in the sense that both parties are deeply affected by and affect the other and asymmetrical in the sense that, although both partners are influenced similarly in certain respects, there are meaningful in actions.

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meaningful and consequential differences in their management of these feelings and, especially, in actions taken.

The effectiveness with which we analyze and manage our emotional reactions and resistances to them is crucial for successful endings. A very important requirement that we share with analysts is the willingness to approach our own responses analytically. We must remain open to and questioning of our own experience, especially its possible detrimental contribution, as well as to analysts’ observations and process commentaries about our participation. We must be willing to experience our feelings of loss rather than avoid them by resisting ending and defensive mechanisms such as hypomanic denial. When we deny or try to conceal feelings of loss, we leave analysts to live out their mourning as a one-sided affair, which, seeming stilted, disingenuous, manipulative, and ultimately humiliating, can create many problems for analysts (see Craig, this issue; Ghent, 1990; Hoffman, 1994; Davies, 1998, 2003). Craig asserts, correctly in my view, that when the struggle to let go of the analysis is mutually experienced and acknowledged, the patient (and, undoubtedly, the analyst) becomes better able to metabolize the loss (Novick & Novick, 2000; Pinsky, 2002; Tessman, 2003).

Difficulty resides in surrendering the illusion of the “foreverness” of the formal analysis. As ending is confronted, with its inevitable frustrations, disappointments, and disillusionments, the analyst’s self experience as a “good” object, in part a reflection of the patient’s positive perception of her, frequently turns to being a frustrating and depriving “bad” object (often similar to the original bad object of childhood). Even if the analyst has been extremely sensitive to the analysand’s feelings about termination, the analyst can still be “blamed” for leaving. The patient, often experiencing the reemergence of earlier symptoms and self-other configurations during this phase, threatens the professional ideals of the confused, discouraged analyst. The analyst must endure the analysand’s anger in order to facilitate the mourning process that is usually needed, a task that can be very difficult when the analyst is having trouble coping with her own guilt, especially if withdrawing self-protectively. Further, once a termination date has been set, it becomes difficult for the analyst to accept the realization that the analysand will have to face on her own the elusive issues that emerge only now. Feeling no longer useful or needed may contribute to the analyst’s distress (Orgel, 2000). To complicate matters further, there can be a temptation, sometimes valid, to extend the analysis.

Another potential problem may lie in the affectionate, trusting, and hopeful image of the patient held by the analyst. Although this image can play a very constructive role in therapeutic action (Frank, 2004), in ending it can arouse another set of difficult feelings that the analyst must manage. An idealized image held for the patient, associated with an overestimation of what is truly possible (and therefore also of the analyst and her capabilities), can become a source of problematic mutual disappointment. In ending, unspoken promises, understandings, shared fantasies, defenses, and confusions that have protected the narcissism of both parties are apt to surface. Like analysands, we are forced to come to terms with our own idealizations, ambitions, and perfectionism.

The analyst must be willing to let go—but not too willing. By balancing the relatedness and individuation that inhere in the analytic relationship, and notably in its ending, the analyst can advance analysands’ developing capacities for both (Tessman, 2003) found that analysands who came to feel unwelcome or pressured to relinquish their inner attachment to their analysts after termination did not feel as positive about their analysis as those whose analysts seemed more accepting of these feelings. She also found that analysands who tended to be most satisfied with their
analysis either introduced the idea of ending themselves, or came to it consensually. In contrast, the analysts of analysands who were dissatisfied more often introduced ending unilaterally.

In the absence of definitive criteria and amidst much complexity, in exploring the appropriate-ness of ending with analysands, analysts must take care to manage their self-interest and influence. For the analyst, a willingness to let go may reflect a respect for the patient's autonomy and the readiness to absorb and contain the distress associated with losing and/or being rejected by a valued person. However, despite the analyst's good intentions, patients may often experience their analyst's willingness to let go as a rejection, especially when analysts go too far to avoid having influence over the patient when we believe remaining in treatment is best for the analysand. Although it is generally counterproductive for analysts to act in a possessive manner, it often can be equally counterproductive to respond to analysands' thoughts about leaving acquiescently or enthusiastically.

It can be extremely difficult to remain emotionally open and fluid, and therefore able to respond analytically rather than manipulatively to our patients' largely unconscious, and often simultaneous, needs to both attach to, and yet to leave us, throughout the analysis and especially in ending. An analysand's desire to leave, rather than being motivated realistically, may, at times, be an expression of a fear of repeating the dreaded past, and in that sense may be best understood as a paradoxical expression of the wish for greater closeness. Under these conditions, the expressed wish to end treatment must be challenged by the analyst. Although perhaps overstating the case, Orgel (2000) captured the difficulty analysts experience in ending when he wrote, "One impossible task in analysis is this essential requirement of analysis—letting go (p. 737).

ENDING WITH OPTIONS

I gather from Heather Craige's title, "Termination Without Fatality," that I am not alone in finding an unfortunate irony in the use of the term "termination" for ending an analysis. As Schlessinger (2005) pointed out, there is value in having a specific term to designate analyses that come to a scheduled, organic end, based on intrinsic, or process, considerations, as distinct from endings caused by intrusions from extrinsic factors such as a patient's need to relocate, or finances—or even from a patient's resistive need to take abortive flight. Yet, although I am not given to morbid thinking, for me this stilted term has always conjured images of physicians pronouncing patients dead and of sallow, austere men in white lab coats performing post-mortem examinations. The term "termination" has seemed oddly cold and sterile for describing the moment when two individuals, upon reaching the end of a profound and caring, shared human experience, and with one, at least, likely facing a richer beginning than was possible before, go their (sometimes) separate ways. The term seems anachronistic, a century-old vestige of medical origins. Craige's title refreshingly reminds us that the relationship may end (externally) but everyone (including the relationship, internally, at least) survives. Perhaps, preferable terms would be "organic," "natural," or "planned" endings. Analytic endings are extraordinarily sensitive moments and can be painful for analysts as well as analysands. But they most resemble death when the pair consummates a process cutting off any further contact between them.

Emphasizing a relational model, Craige offers a different prescription for ending, a form of termination developed from attachment research (Lyons-Ruth, 1991) and suggesting that the analysand, like the adult child, must have the maturity to "be comfortable with the wish to fly on her own and the a...

I agree...
her own and struggle with her problems independently but would not hesitate to call for an appointment if she should feel the need" (p. 104). Craig recommends separation with availability and the analysand's option to return, as opposed to permanent separation.

I agree with Craig that permanent separation is not only unnatural, but often counterproductive. Moreover, it is important to note, as Wallerstein did (in Schachter and Johan, 1989), that practically speaking, many patients simply do not have the capacity for renunciation that permanent separation and the classical model demand. That model, in maintaining a view of the integrity of the individual as a monadic, self-contained system, developed a method of treatment that emphasized the inner, intrapsychic world, and sponsored a form of ending that emphasized individuation. It helps the individual embrace a life that entails the tragic realities of separation, loss, sadness, and even death—facts of life with which every individual must come to terms. A relational view more strongly promotes the growth of relationality—mature attachment, mutuality, intimacy, and a deepening of the individual's capacity for compassionate and caring relatedness (Wachtel, 2002). If we no longer privilege individuation over relationality—and I believe most of us do not—but instead recognize their interdependence, then we must reconsider the value of the standard practice of ending analysis "all at once."

There is wisdom in Craig's proposal and yet, based on the overall sway of relational developments, her recommendation does not seem to go far enough. "Good-enough" endings result not from following prescriptions, but rather from analysts' sensitive management of them (Hoffman, 1998). I (Frank in Carnochan et al., 1997–1998) have taken alternative forms of ending a step further. What seems to me most important in ending is that practitioners feel free to consider all of the many constructive clinical options in arriving at a form of ending that seems most suitable for that specific pair. Rather than a prescribed ending, processes of mutuality and co-creation (relational model ideas) shape an emphasis on flexibility and negotiation based on analysands' and analysts' personal characteristics and considerations. When we approach analytic endings flexibly on a case-by-case basis, termination potentially becomes an opportunity to develop a unique ending that has the most appropriate meaning for the members of that analytic pair. What is emphasized is that the analytic ending and the fate of the analytic relationship afterward are—and always should be—uniquely crafted for and by the individual pair, while giving preeminence, of course, to the best interests of the analysand. Accordingly, one can imagine an analyst who, in collaboration with the analysand, might agree to pursue permanent separation from an analysand who has experienced traumatic losses in order to provide an opportunity to rework such past separations, and also a pair who might see only retraumatization and its dangers in such a course. Viewed as unique co-creations, every ending is different and every ending is accompanied by uncertainty.

Loewald (1989), among others, following the permanent separation model, emphasized mourning as the single most important aspect of termination. Undoubtedly, a strong case can be made for the growth-enhancing benefits of analysands having the opportunity to master the loss of their analysists and to grieve on their own without the analyst's impingement. For many analysands, that may be the best way to end. However, Craig and Tessman showed that candidate-analysands who retrospectively valued their analyses highly expected to, and often did, see their analyses afterward; nevertheless, they underwent a mourning process, a phenomenon that relates to the inevitable loss of the analyst qua analysand the intimacy of the person-to-person relationship. Our literature reveals several alternatives to permanent separation, in addition to the "open door" policy: tapering sessions (Lorand, 1946; Glover, 1955; Saul, 1958; Stone, 1961), "trial" terminations with reassessment (Rangell, 1966; Firestein, 1974), and scheduled follow-up visits (Schachter and
CONCLUSION

The different emphases of the historical classical and relational models shape very different ways of conducting treatment and termination. A heightened awareness of relational factors, overlooked by early analysts, now encourages analysts to end an analysis with the greatest regard for it as a caring, sometimes loving, but certainly personal, relationship, rather than just a technical one. If we privilege neither individuation nor relationality, recognizing the importance of both and their interdependence, then permanent separation, as well as Craigie’s separation with the analysand’s possible return, rather than being prescribed or even preferable ways of terminating, become just two of many possibilities for ending an analysis. A form of ending based on a thoroughly relational model would be a negotiated, individualized form that reflects unique personal differences and growth potentials, a course that, because it does not follow prescriptions, carries with it the analyst’s heightened uncertainty and anxiety. Tapering sessions gradually, having a trial ending with potential reassessment, or offering the possibility of a later follow-up visit (the latter seeming responsive to the need to address post-termination issues and especially useful when the decision to end has been ship is a po while ben eces signit the analyst. Whatever analysts, to of loss of ar with our ov ment we sh own respon cially its po and process naliza be manager


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Under p may also be possible se. No matter how much negative reactions carry of a follow-up session consideration, especially that a residual negative t-treatment relationship, caution may aid the patient. Weigh these hazards, and other such interventions: the weight of the evil of good and little, if any, nature but never adopted her and Bauer, 2001).

Whatever may have come before, the manner of ending an analysis is crucial. Like analysts, therapists, or face many challenges in ending an analysis, including managing disturbing feelings of loss of an important personal relationship and resistance to them. Analysts’ dealing effectively with our own subjective problems with termination is essential for analytic success. A requirement we share with analysts, especially significant in ending, is a willingness to approach our own responses analytically, that is, to remain open and to question our own experience and especially its possible detrimental contribution, as well as remaining open to analysts’ observations and process commentaries about our participation. In achieving good enough endings, the internalization of the analytic relationship, including a realistically positive image of the analyst, must be managed by the analyst with great sensitivity.

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