Good Enough Endings

Breaks, Interruptions, and Terminations from Contemporary Relational Perspectives

Edited by Jill Salberg
Chapter 7

How we end
Taking leave*

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It is never easy to say good-bye, to end a relationship, or to leave someone you care about and feel connected to. We start treatment with patients, each of us knowing that at some point this will come to an end. Despite this knowledge, both parties become engaged and, if things go well, deeply attached. What we ask of patients and of ourselves is not easy. The kind of attachment that is needed for the analytic work to be most effective is a thick, saturated kind of attachment with both known and yet to be discovered affective experience. By this I mean a form of loving connection whereby our mutual defenses start to ease away and the unconscious ways in which people engage each other begin to take the foreground. In such a holding type of transitional space, much work can occur. Without it, many ideas can be learned, but the potential for deeper affective experience may not emerge. How do we, patients and analysts, take leave of one another when we have developed such unprecedented closeness and richness of experience? Patients may fear ever replacing this closeness with others in their lives and so the loss feels too great. As analysts,† we too may resist losing the closeness to our patients but additionally we wonder, did we do enough, have things sufficiently changed for this person so that they can now carry on the work themselves? This is what Bergmann (1997) refers to as, “[replacing] the analyst by self-analysis and continue [ing] his/her inner development after termination” (p. 171). As a consequence, I believe ending treatment can create for many patients and for us a kind of crisis—the crisis of having to end and say good-bye. At that moment, we and the patient may wish for time to stand still, for things to not change while they are changing (Bromberg, 1998).

When the idea of ending treatment is raised, by the analyst or by the patient, the interesting thing that occurs is how time feels as though it

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† I will use the terms analyst and analysis throughout this chapter, but many of the ideas equally apply to therapists and patients in psychotherapy.
circles back on itself. You both remember whom you first became acquainted with while another version of who you have both become face each other. Time seems to collapse and expand simultaneously. Loewald (1972) understood one aspect of time in terms of its linking capacity, “We encounter time in psychic life primarily as a linking activity in which what we call past, present, and future are woven into a nexus” (p. 407). The expansive sense of time can be seen in the interaction of the multiple self-states of the patient and of the analyst. Like the visitations of the ghosts in Dickens’ *A Christmas Carol*, selves from the past and present, and future selves still to be fully formulated, can be present and interacting in the room (Davies, 2003). Perhaps nowhere is this more pronounced than during termination, when we entertain and speculate about the future as that possibility which now has arrived. Further, Loewald (1962) understood that when there was too great a denial of loss surrounding ending, the sense of time could collapse. He wrote, “either we try to deny that the other person still exists or did exist, or we try to deny that we have to leave the beloved person and must venture out on our own. Either the past or the future is denied” (p. 485). We protect ourselves from impending loss; our minds collapse time.

I want to underscore the disorientation implied in Loewald’s idea. To deny the past and/or the future is a form of dissociative thinking and creates an internal sense of an unmoored “liminal present.” This unanchored experience is in opposition to what Winnicott termed our sense of “being in time” and can leave us feeling out of sync with time. Further, Winnicott understood that the devoted mother, the one who provides the good-enough nurturing environment for the child to develop a sense of going-on-being, is simultaneously allowing the child to develop without the stress of time. Ogden (2005) saw this as vital and wrote, “I view Winnicott’s holding as an ontological concept that is primarily concerned with being and its relationship to time. Initially the mother safeguards the infant’s continuity of being, in part by insulating him from the ‘not-me’ aspect of time” (p. 93).

I understand Winnicott’s maternal sensibility as an aspect of what we provide as analysts in a similar sort of holding environment. But what happens when we are not always safeguarding timelessness? Consider the ways in which we, throughout the treatment, paradoxically limit and suspend time with patients. We give them set times for their appointments and limit the length of the hour, and despite all of that, we invite them into an ongoing dialogue, perhaps even an endless kind of conversation. Then at some point we say, time is up, the hour ends, and then further down the road we say that our talking has come to an end. This can be disorienting for many patients but something we all try to manage for them and ourselves. In ending treatment, we too are caught up in the disorientation because more is at stake for us.

In this chapter, I will be tracking my own evolving ideas regarding termination across three treatment endings—my own first analysis and my endings with two patients, while being mindful of the theme of time—its slippage, its presence, and then its passage. This journey reflects my own continual processing and reworking internally of overlapping endings. Although there is a last session, a final meeting between patient and analyst, I have found that the processing of the ending and consequently of the treatment itself often continues posttermination. Thus, time becomes quite subjective, endings become beginnings, and one treatment can illuminate another. Terminations are complex, affective transactions between both people that cannot be simplified or codified. These endings will directly reflect the specific analytic dyad and the relational dynamics at play during the treatment. Terminations are processes often primed for enactment for both the analyst and the patient. I discovered as much during an extended process of writing about ending with a patient who proposed “staying in therapy forever,” a kind of interimarability that ultimately led to my decision to terminate her treatment. (See, Salberg, 2009, for the extended case write-up). Even so, it was a case that continued to occupy a place in my ongoing thoughts and memory; it haunted me. It seems this was about mourning processes and the difficulties involved in termination. The story begins with ending my own analysis.

**First Endings**

After 13 years in analysis, I raised my desire to terminate to my analyst and was met with skepticism. Was I resisting further work? I listened to his concerns and stayed 2 years longer, wondering whether there were things I had not gotten to. It was perplexing: I felt ready, but my analyst saw me as unfinished. Although I continued, this other feeling persisted—that I felt ready to try life on my own, with the tools I had acquired. And so, 2 years later, I raised again that I felt I wanted to end, and again heard disagreement. I did not believe I could open up this stalemate between us and chose to leave rather than engage in further exploration. I terminated a 15-year analysis in what felt like a less than satisfactory manner. I was saddened to leave, in this way, what had felt to have been a transformative experience. I later wondered, what had been unconsciously enacted and in play for both my analyst and myself?

My own experience has, not surprisingly, affected my work with patients around ending treatment, as you will see in my work with Ellen.* She was an attractive and deeply sad 32-year-old woman, single, unemployed, and living at home with her widowed mother. She came to see me telling me about the losses in her life: her father’s death from a brain tumor and her

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older brother's long history of drug and alcohol abuse and early death at age 32. Ellen had retreated from life and her pain was palpable. She talked about her wishes and yet profound fears to move out of her mother's house into an apartment of her own. She fantasized about becoming a paraplegic, which captured her feeling of paralysis and deep wish to be taken care of. She feared that leaving her mother was tantamount to killing her. I felt sympathetic toward Ellen, who was caught in such a life and death loyalty battle. Her guilt was heroic, she was ready to sacrifice her life, and in fact she had sacrificed “real” living, being stuck in the past with no sense of hope about her own future.

Growing up, Ellen became the target of much of her troubled and acting-out brother's hostility and contempt. Whenever she walked past him he would spit at her. They shared a bathroom and he would spray urine all over the walls. She would feel disgusted and then impotent rage because her parents seemed unable to effectively control him or help her. We talked about her feeling abused by him and overlooked by her parents. Her brother had always felt like a constant crisis, and since she was quiet, did well in school, and behaved well, she had felt completely forgotten about. Her brother, married with two children, had never worked steadily or been able to manage his life. He was in and out of drug and alcohol rehabs, never staying sober for long. Finally his wife asked him to leave. Ellen recounted the following scene to me many times during our work. She had moved back home to help her mother with caring for her father during his terminal phase of battling cancer. Soon after the father died, her brother arrived at the family home with a paper bag of his things, hoping to move back in. Ellen answered the door only opening it a crack. He asked to come in, saying he needed a place to stay. Ellen flatly refused to let him enter, closing the door on him. Two years passed after Ellen refused to let him “come home” and he was found dead in a motel room in a neighboring state, probably from a drug overdose. She felt very guilty while also relieved over his death. He was dead and she believed she had killed him by wishing him dead all of her life, culminating in the act of closing the door.

In this punishing and pervasive way, Ellen kept her brother alive albeit as a fixed image that resisted any change, as if time stood still. In some way, this would haunt our work in terms of what use Ellen could make of me, my words, my feelings, my thoughts, and even my presence. If, as analysts, we are to be what, in Winnicottian terms might be considered “good-enough” objects, then our goal is to help our patients make use of us, to help them transform their sorrow into digestible, usable experiences. Within that enterprise, we facilitate seeing how they are trapped by the past, fearful of the future, and need help living within the parameters of today. Berry (1987) saw the analytic function as using time as a container: “The links the analyst makes through his interpretations connect moments that are far removed from one another in time, and they help time to become a container for the patient” (p. 121).

Ellen envied her brother, deeply wanting the attention and place he held in her family, but she was unable to see that he might have envied her as well. Neither one felt powerful. Envy can have that kind of hold on people when they are locked in age-old struggles and time stands still. Envy battles bleed into other arenas, and the present becomes a reflection of the past. Ellen and I became locked into our own kind of envy—power struggle where either you were the one filled with envy or you became the object of envy, and there was no place safe to stand. This was brought into focus by Ellen's anger when I moved my office and she saw the decorative style of painting I had done on my walls. I had somehow, unwittingly, done what she had secretly wanted to do but had been unable to accomplish in her apartment. I had not known about her desire for this particular wall treatment. While she had complained about being unable to fix up her apartment I had, without knowing it, invited envy fully into our relationship. My new office had upended her wish for a sense of superiority, leaving her holding the step down, powerless position. This was intolerable to Ellen and unsettling to me.

A recurring enactment had been set in motion—one, at that time, I had been unable to see. Ellen was often crying and feeling envious longing for what she perceived others had, and I was often feeling inadequate and ineffective as her analyst. In reliving her memories of her brother and family drama, I was to relive a version of my own familial envy. Neither of us felt effective or powerful, and we did not seem to have access to a way to transform the enacted memories into usable forms.

In the seventh year of treatment, Ellen had been raising the idea of ending, not in a deeply serious way—partly out of despair and partly as a threat. In one session, she said, “To acknowledge that this isn’t working, my immediate conclusion is that I have to stop. I come and do my part but you're really supposed to be doing all the work, [tearly] you are to fix up my life.” I was struck by the complex conflict Ellen was beginning to express that she and I had been in. Ellen could not allow anything I said to really affect her, thereby revealing me to be weak and helpless to help her. She could then remain in control and feel superior to me but at the cost of her own suffering. She tells me it both keeps her separately superior to me and also is a way of taking care of herself, a way of dealing with feelings of hurt or disappointment.

I was intrigued; this is something new, and I ask her to tell me more. She tells me how fearful she is of being disappointed if I cannot help her. Helping seems to entail full participation, and a deep struggle becomes clearer. She says, “I don’t know if you can help me. Something has to do with you taking over. I think I have resentment about your telling me what to do. Like my parents, they can’t tell me what to do sometimes and not other times. It’s not fair to come in and out of my life. I guess by acting
incompetent and not knowing what to do its asking someone to come and take over. Maybe that’s why I resent you. You want to come and tell me what to do sometimes, but then you say it’s your life, you can do whatever you want to do. It doesn’t change my life and it’s not fair.” I ask, “What would be fair?” She says, “You have to be there all the time. I have the image of your teaching me how to ride a bicycle and you disappear, disappear too soon.”

Ellen wanted a kind of presence that she could control but that felt as if it came wholly from me. Ellen continued, “I guess if it was up to me I would stay in therapy forever, we’ll grow old together. But I also feel I’m going to show you, you’re so good, well here’s the patient who seems alright but, I don’t know why I have to do all the work? Can’t I just show up?” This sounded promising in that Ellen was verbalizing the conflict I had felt so embroiled in with her. But I also felt her undertow. She deeply wanted to just “show up” and have it happen for her. She just as strongly needed to undo anything I said or did which might suggest that I did have something to give. I began to feel we were locked endlessly in the past, enacting and arguing with very little sense of things changing.

In the fall of what would become her ninth year in treatment I decided to suggest termination. Ellen was furious, feeling that I was “kicking her out.” I said “I think I have said everything to you I can say. It is really up to you now if you want to make changes in your life or not. Sometimes the changes can be better seen or risks more easily taken when you are no longer in treatment. She was very angry, feeling it was akin to my pushing her off a bus, abandoning her and forcing her to leave before she reached her destination. I said, “I know you are angry about this idea. But I do feel that it’s about doing things in your life now outside of here. I propose we spend the year working on this. If at the end of the year before we break for vacation we feel that something has shifted and there is something else to continue to work on, then we can reconsider. If not, then we will end.” We spent that year in what felt like a stalemate, mostly with Ellen feeling justified in raging at me for “kicking her out of therapy.” We ended that summer at the end of July.

A FEW YEARS LATER

I had written up this case and knew I would have to call Ellen for her permission to present our work together. That is what made her call to me feel so uncanny. She wanted to come in for a session, something had happened and she wanted to “check in.” Ellen arrived and was somewhat nervous and chatty. She told me that something had happened at her apartment’s co-op board meeting which had left her agitated and when she arrived back home she fell off a step ladder. She worried that she might be hurting herself out of a feeling of guilt. She was now the president of the co-op that she lived in, and that night she had helped the board reach a difficult decision for the building, refusing a request that the prior president had made. When I asked her what had left her agitated, she said, “It’s just like when I locked my brother out of the house, didn’t let him back home and I killed him.” I asked, “Do you really still believe that you killed him?” She said she did.

Suddenly, I had a new picture of our work together and what had felt to me as my unilateral decision to terminate. I now realized in retrospect that the termination had been an enactment in two ways. First, just as she had closed the door on her brother, I had closed the door on Ellen. I believe that, unconsciously, I had understood that something had to be repeated, and relived for her to be able to metabolize and fully process her experience of her brother’s death. Ellen and I reexperienced that moment when I fully insisted that she had to leave, and she had to accept those terms. However, unlike with her brother, this time no one died; rather both of us maintained the capacity to have independent lives. Only then could Ellen be freed from the shutting down of her life, a self-raised prison of memory and guilt. I too had become a prisoner, held captive by her and by my own memories. Additionally, I realized that my wish that my analyst had supported my ending treatment was revitalized and enacted in my insisting on Ellen’s ending. Aron (2009) posits that “we mistakenly polarize memory and enactment, inner experience and outer behavior” (p. 14). I understand Aron to mean that enactments are a form of memory, and I would add that they are a form of working through. I am suggesting that my ending the treatment with Ellen, albeit an enactment, had been a kind of reparative activity around the original trauma of her brother’s death.

When I could, I told Ellen that I had suddenly realized that my insistence to end our work created a reliving of what had occurred with her brother. “In some way I had to close the door on you and say, you can’t come back; but in a way in which no one died, no one was killed.” I felt that Ellen understood what I was saying, and she then began telling me the ways in which her life had improved. We spent the rest of the session discussing what had been enacted between us. I ended the session by suggesting that she think about this and by inviting her to call to continue processing this with me. At the same time, I assured her that it would be alright not to call. I did not hear from Ellen, which felt like a good thing.

AFTER IT IS OVER: FROZENNESS

How do we really know when to say good-bye? Some patients come to see us and are wary of attaching, keeping us at arm’s length, while others eagerly connect, sharing the intimate details of their lives. I have found that some patients haunt us during the work, while others haunt us after we end. Ellen
did both for me. I now believe that she and I were engaged in a forestalled mourning process. Clearly, Ellen had real reasons to be in mourning and that is how she first came to me, but less clear were the ways that she and I would become entangled and enmeshed in parallel and intersecting mourning struggles, which had kept memory fixed. Separation issues, which here involved a sorrow for what never was, dotted Ellen's life and resonated with aspects of my own. Some of this I knew about and some I did not.

What I was less aware of was the impact of my unfinished and consequently undigested mourning process around ending my own analysis and how it would implicate me in my work. What obscured this was the fact that Ellen and I were in reversed positions; I had wanted to leave analysis and had wanted my analyst to support this—while she wanted to stay forever and wanted to be welcomed in doing so. Clearly our situation was primed for an enactment. I have come to believe many, if not all, terminations, are primed for enactment. The mutual processes of attaching and detaching, of growing close and then saying good-bye, elicit powerful feelings and equally powerful dissociative processes.

I can no longer think of my treatment and termination with Ellen without conjuring up the ending of my own first analysis. While working on this, I received in the mail two articles written by my former analyst with a brief note: “Dear Jill, I hope you and your family are very well. Enclosed reprints one old and one new. Best wishes.” I was quite surprised, shocked even, to say the least, but I was equally puzzled. We had not seen or spoken in many years and I could not figure out the reason for this contact. Additionally, while brevity had been his long-standing style, this note felt positively cryptic. Why was he contacting me in this manner? As I saw the large manila envelope with his characteristic handwriting, which I simultaneously recognized and disbelieved, I thought to myself, has something happened? He is probably in his eighties, having retired from private practice a number of years ago. I felt a mixture of fear and curiosity. Why contact me now?

I wrote back to him: “I was surprised to receive your two papers without much of a note letting me know why the contact after so many years.” I also filled him in on my life and my family and sent him two pieces of my own published work as well—one a memoir essay in which I felt he would recognize many of my family stories from our work together. I received back a letter in which he was noticeably conversational about life in retirement and he responded quite positively to the pieces I had sent him. But also, embedded in the letter, was a paragraph in which once again I could distinctly hear the voice of my former analyst, “I wish you would not be so harsh with yourself or with me and could ease up and enjoy more fully the present without marring it with grievances and disappointments of the past and being too critical. No one likes to be admonished or made to feel guilty.”

I was stunned. I read this part over and over again. I had not been in treatment with him for 20 years and he still sounded as if he thought of me as his patient, and I still heard him as my analyst. Had I been admonishing? How was it, that in an instant I was back in time, back on the couch and filled with recrimination with his feeling the necessity to enlighten me? Did we both still hold each other in mind in some unchanged form from the time that we had ended?

I no longer believe in some idealized termination in which the transference-countertransference relationship, now fully analyzed, loses its affective gravitational pull and the analytic dyad, diluted of its intensity, becomes normalized. This kind of interaction between my former analyst and myself has suggested to me that in some way we may remain for each other, as if, frozen in time, within memory. Despite long discussions prior to ending, I now can see that my terminating my analysis with him and his ending with me, in essence “our ending” had been incomplete on deeper levels. Our “frozeness” was a signifier of a loss not fully acknowledged and thereby incompletely mourned.

Before I say more about this, I want to turn to my most recent contact with Ellen that occurred a few months after I received my former analyst’s letter. Although she had given me permission a long time ago to present our work, I knew I needed to speak with her again about the possibility of publishing it. I called and explained this to her, suggesting that I would mail her the write-up and then we could meet to discuss it. When she came in and sat down, I could sense how anxious we were both feeling. She quickly said she was upset by the write-up and that it explained a great deal for her, for example, why she never thought to send me holiday cards. She was upset that I had not portrayed her in an attractive light and that I obviously had not liked her. She repeated this again and I responded by saying that I did like her and cared very much about her but that I had not liked what she had stirred up in me, how I had ended up feeling so stuck—that no matter what I tried I felt unhelpful and, worse, inadequate. It was hard to process all that I was feeling with Ellen. After our meeting, I remembered that I had liked her a great deal earlier in the treatment but that it had gotten lost in the struggles we had been continuously enacting with each other. I could see how the focus of my writing on those difficult feelings might have left her seeing only the most challenging and worst of my feelings.

Interestingly, she also did not remember, or fully believe, what I had written about her intense angry reaction to my new office and the way the walls had been painted. She remembered a dream, which she now spontaneously reported: “I dreamt that the walls in your new office were white and that you had brown bookcases. When I actually saw your office I felt relieved that it wasn’t what I had dreamt.” She then said, “I did wonder if we had been too close in age and that I had envied you, your life.” I agreed that we were close in age and wondered as well if that had been a problem. I then suggested that my recollection of her reaction to my new office decor had brought her envy into the room and into our relationship while the dream
she now reported kept envy at bay. She responded that she did not like me very much at times during our work.

I began to feel like I used to feel in sessions with her. Things felt slippery, moving quickly from what she felt was inside of me (you do not like me) to what was felt to be inside her (I do not like you). This rapidly shifting landscape, in which I never quite knew where I stood or what I was feeling, felt very familiar. I was amazed that we were back in the deadlock all over again. Was she right? Did I not like her? Did I paint her in a poor light to make my own case regarding ending her treatment? At the time we were ending, I had hoped I was doing what would be best for her and the treatment. Now I was no longer so sure.

The hour was almost over, and I raised with Ellen that if there were particular things she wanted me to change in the paper I would consider doing that, or if she wanted to write something herself I would consider including it. I also clearly stated that I would not publish this if she did not want me to. It felt important to me that this meeting be reparative, not injurious to her. She left saying she would think about it and get back to me.

During this waiting time, I thought how reminiscent it felt to be with Ellen and the uncanny parallels with what had simultaneously transpired with my former analyst. Once again, I wondered how is it that we are frozen, locked in our memories of each other? Frozenness has multiple aspects; it preserves something from the ravages of time while preventing anything from changing. However, in this kind of dormancy, some memories slumber while others are awake and active. Ellen and I reentered a part of our prior transference-countertransference struggle as if no time had passed, and I might add, as if we had not terminated our work. We were once again, as if time stood still, remembering each other by enacting our prior relational positions in the most intense and alive way. I also became aware that the way we were remembering each other at that moment also meant a forgetting, perhaps even a refusal, of our having ended our work. We were each keeping the relationship alive in a way that precluded knowing how we could be different with each other. Perhaps this is what often becomes protected when we “forget”; we prevent ourselves from recognizing a separation, a loss, and the necessary alteration that a full acknowledgment would mean.

At the end of 2 weeks, Ellen called and requested another session. She said she had realized after we met that she had not told me how much she felt I had helped her. She said, “I have so much to be grateful for, my mother is in her nineties and is in good health, I am also in good health.” While she was telling me this, I remembered how many deaths had occurred in her family—good health was something not to be taken lightly. I also recalled our original ending, years before when she was so angry with me until the very end, feeling I was kicking her out. Afterward, she had written me a letter of gratitude for my caring and work with her. I thanked her for telling me this, feeling the wish to repair our ruptured ending and the role I had played in it. I said I wanted her to know that when I ended our work I had worried that I had failed her, and that I had not helped her enough to change jobs or in her desire for a long-term relationship. Perhaps that was part of my need to end the work, but I had really cared about her. She said she thought that we both had become too stuck on her changing jobs or meeting someone. She informed me that she is still with the same firm but working mostly on matters she is interested in.

Ellen then said she wanted to give me full permission to publish. I thanked her for this and for the opportunity to truly work something through with each other, to say goodbye in a new way, a more mutual way that freed us both from the old ways we had been stuck in. I believe that I had communicated to her my own wish to repair our ending. I reached out to her hoping she could meet me halfway. It was in between and during our second meeting that shifts had begun to occur internally for us both, and we were able to undertake a fuller explication of the difficulty we each had in ending the treatment. In this reliving of memory and action, a deeply reparative moment was allowed to occur and I believe we could now free each other to make greater use of the past. The protective inflexibility of memory had prevented both of us from knowing fully how we could be changed in the future by our past analytic relationship.

Quite a few months later I wrote back to my former analyst. In realizing that I had been keeping the termination of that analysis somewhat on ice, I had not let myself continue a certain process, which I now opened myself up to and entered. I realized that subtly in my response I had indeed scolded my analyst for the manner in which he contacted me. I was still harboring an injury over a kind of nonrecognition of my need to terminate. By coming to this awareness, I further realized that I also had withheld a deep gratitude for the work we had done together. I wrote to him explaining my complicated responses and telling him how much our work had given me and done for me. He wrote back saying how much he appreciated hearing my warm feelings about our work. I cried reading his letter, both glad that I had extended to him my deep gratitude, and truly feeling this loss because we had now fully ended.

**ENDING ON HER TERMS**

Many of these ideas were already part of my internal lexicon when it was time to terminate with my patient Shelley, someone I had worked with for close to 20 years. When Shelley first came to see me she had just turned 40 and was quite upset over being single and alone. Time had been kind to Shelley who did not look anything near her age, but she did not fully live in time either, believing she had plenty of time to meet a man and have
children. She was strikingly beautiful and dressed in a decidedly sexual and fashionable style. She literally turned men’s heads in the street and often easily met and dated men, but not very much would develop beyond this. It would take years for her to let me in as a person in her life and for me to feel connected to her. Before that, I came to inhabit her loneliness while working with her long before she could feel it herself. This loneliness had been some version of what Shelley had felt growing up in her family.

Shelley was the youngest of four, born ten years later than her next oldest sibling, and felt more isolated by dint of the years separating her from her older siblings, though no one in the family really seemed to feel any better connected. Shelley’s mother had polio as a young girl, which left her legs badly weakened and necessitated leg braces and a cane for her to walk. Her father worked hard as an electrician and was chronically depressed. She often described him as if he were ghost-like, barely registering a presence because of his withdrawn, silent states. Shelley’s earliest memory is of being in her crib, alone, with no one to pick her up. She spoke of feeling invisible in her family and of playing alone on the floor, never able to sit in her “crippled” mother’s lap. This became a metaphor for us, first raising the question of whether she could feel welcomed into my lap. Much later, once she felt able to climb into that safe, warm spot with me, I wondered if she would ever leave to venture out into the world to attach, play, and partner with someone else.

Despite her longing for an intimate attachment, her relationships with friends and romantic relationships with men often seemed like ships passing in the night. Chemistry is what she stated she wanted with a man. True intimacy was a foreign land that had not yet been identified on her internal map. As far as I could tell, sex was the only idea of closeness that Shelley had. She simultaneously longed for and feared intimacy. Her template for closeness had been Saturday mornings with her father, her head on his chest as they watched cartoons together. Her father never spoke during this, and neither did Shelley. There were practically no other memories of being with her father except for her playing on the stoop outside the apartment building when he returned home from work. He would walk past her, without acknowledging her presence. She felt invisible at those times, a painfully vulnerable sense worsened by the shame it aroused and the nagging question, what was so wrong with her? These contrasting versions of being in relation with a significant person, of complete dependence and complete absence, haunted her relational world. What she feared most with a new man was his finding out how desperately needy she felt. To prevent this, she tried to project a “smooth as marble” exterior, no bumps or flaws, but also no way to enter. Her sense of a relationship was equally fashioned by her mother’s compelling pleasure in reading romance magazines. Shelley felt this set the stage for her own fantasies of beautiful women awaiting the desire of a man. Not surprisingly and despite her considerable beauty and ability to easily attract men, her relationships quickly either drifted apart or left her more clinging and anxious. Shelley did not know what the “glue” was that kept people together and so when sensing a man’s withdrawal she would feel confirmed in her worst fears—that her dependency drove him away.

For many years, I had the feeling of being an outsider, someone she dropped in to see and tell stories to but nothing more. Feeling oddly used and useless, I would wonder to Shelley what she thought I might feel about many of the things she told me. She found the question strange and had no clue how she would know what I might be thinking. Despite her striking outward appearance of sexual vivacity, she was quite deadened to any inner world. Although chemistry is what she claimed to want with men, taking action was how she responded to any hint of a feeling. I was struck by her lack of “reflective functioning,” sensing that for Shelley action was always a relief. We spent many sessions working on my having an internal world filled with thoughts, feelings, hopes, desires, and reactions. I also imagined what she might be experiencing and filled with. I would suggest possible feeling states, painful emotions, which I believed made sense and that I could appreciate. This painstaking work with Shelley on what Fonagy and Target (1998) termed “mentalization and the self-reflective function” slowly allowed her to begin to feel more. I then began to hear about how humiliating it had felt to have a mother who was crippled, and her shame knowing she felt this way. At times she felt emotionally crippled like the mother and therefore unlovable. Additionally, her rage at her father slowly eroded the overidealized cartoon of closeness. She wept over his being gone and her not being able to even attempt talking with him, now that she had begun to learn how to speak to and with others.

Her mother’s health deteriorated and she was now in a nursing home. The care was poor and so Shelley would often travel to her mother and spend the weekend caring for her. The roles became reversed as she bathed her mother, carefully rubbed moisturizer over her skin, and sometimes read the newspaper or a magazine to her. I was struck by Shelley’s devotion and ability to be present as her mother’s health worsened. After her mother died, there was a marked shift in Shelley. She had been grieving for so long that she now seemed finally released from the grip of both parents who had so little to give her. Soon after, she began to date more serious men which, ultimately, resulted in her living with a man for 2 years. We talked about how her mother’s death left room for someone else in her life. Although it eventually did not work out with this man, Shelley now had the lived experience of commitment, the attempt to live a life with someone and to stay connected to him and to herself.

I had for some time thought ending might be nearly impossible. Despite the great deal of work we had done and the many improvements in her life, Shelley still felt to me to be very alone. Although she had a few close
friends, there was no one special to her to spend time with or consider living with. She had often mentioned how much she wanted to get into a relationship while she was still in treatment so that I might help her work on it. Time continued to pass, as it does, and then Shelley brought up ending. I was surprised and unsure if she meant it. We talked about it, and she felt that I really had given her a great deal and that there was nothing new for us to work on. She did want to know that she could call me if she needed to; if she did become involved and wanted help with the relationship, she wanted to make sure that I would see her. This all felt very reasonable, perhaps too reasonable.

We set a date for our last session and then nothing much seemed to happen. Shelley would come into sessions without thoughts or feelings. When I would ask what she felt regarding our ending, without much affect in her voice she would say fine. As we got closer to our ending date Shelley went into a tailspin. Business was suddenly very bad and she was now in a crisis and could not imagine stopping our work. Shelley’s business had always been variable, and I knew her deep anxiety when she believed the “bottom” had dropped out. Here is a place that time reenters: Back in historical time, her family struggled and was poor. For many years they lived in a walk-up building because it was cheaper, despite her mother’s great difficulty walking stairs. Shelley’s panic was partly related to memories of “hard times” of her family’s struggles. Her perpetual high-alert system was to prevent history from repeating itself. But I felt that she was additionally recalling the internal poverty of her emotional environment and as a consequence the impoverishment of her own resources. This is what Winnicott refers to as the breakdown that has already happened or what Loewald might see as the past still too alive in the present. From this position, I felt it unreasonable to ask her to now face relinquishing her tie to me, one that had taken many years of difficult work for us to find our way. Her work had been in letting me care, believing that I would remain available to her so she could risk feeling what she had spent a lifetime trying to not know about.

This is the exact sort of crisis that termination can pose for many patients and for us. Past and present time begin to feel as if they are collapsing. I had already seen how holding a firm line with my other patient Ellen around a termination date had prevented both of us from fully accessing the dissociated feelings around that enactment. I was now of the mind to try something different and see if I could be and stay more flexible and curious about what was being enacted between Shelley and me. Therefore, I agreed to cancel the ending; Shelley calmed down and things in her life then seemed to improve.

We went through this scenario several times over the better part of a year before I fully realized that, despite real work crises, despite it not being talked about, both Shelley and I were enacting our reluctance to terminating our work. It took our enacting this several times for me to fully understand how overwhelming it was to her, and perhaps to me, and could not yet be known in thought and then put into language. These enactments held for her the dissociated feelings of the collapse of her internal world as well as her disbelief that she could calm herself down and function in her life. In response to our ending, she inhabited the helpless child self-state. My part of this enactment was a kind of complementary panic response feeling. I began to feel guilty that I was somehow pushing her into leaving—it had been a long treatment and somehow she could not leave. My “guiltiness” led me to believe, in the face of her panic, that I could not abandon her, necessitating my calling off our ending and rushing in to shore her up. I saw her more fragile self-state and believed that that person could not terminate. She would calm down and this other self-state would reemerge, this other Shelley who no longer felt desperation. As I began to better understand my own part of the enactment, I realized that in agreeing to set an end date, I now had, unwittingly, become a rejecting, bad object. Despite the request coming from Shelley, I began to realize that not all of her had wanted me to agree.

Often this deep ambivalence, stemming from the multiple self-states and the competing wishes those selves may have, dominates treatment endings (see Davies, 2005). I propose that this is an aspect of the destabilization during termination that analysts get caught up in as much as patients do. I have come to understand that we enter a sort of liminal state: a place in between the shank of the treatment when both of us are engaged in the work and that future place of posttermination. The analytic dyad is not there yet, so it cannot feel real. In some way it is both out of sync with time and beyond time. Perhaps we, both the analyst and the patient, panic because in not knowing what the future will be like, we fear that there is no future. It is then that retreating into a past and known self-state becomes compelling.

In my believing I was helping Shelley to end when and how she wanted to, I was nonetheless inexorably pulled into the drama of how hard it is to detach after years of working with someone whose attachment issues are linked to compromises and loyalty ties. It is hard to give up feeling needed in the ways in which we feel needed by our patients and to relinquish the pleasure we derive in reparative work. We ask a great deal of our patients and of ourselves in trusting this new kind of relationship. Further, when the end is reached, we must be ready to wave and say “so long.” And so each time I agreed to a new termination date, I became for Shelley the mother who was too willing to let her go and who was not fully engaged with her. Each cancelled ending became a triumph for her child self-state who was finally no longer invisible and could impact her environment. In doing so, however, she was trapped in the past, a prisoner of time. I was able to start discussing this with Shelley and how such crises were what life is like now—in its ups and downs—and that I felt her panic had more to do with some terror over our ending. For me to begin these interpretative
discussions, I had to be willing to accept that I would be disappointing one part of Shelley. I had to believe in a future that I could not know. I had to assure Shelley that she could continue “going-on-being” without me.

We were now able, after close to a year of end dates, cancellations, and renegotiations, to truly complete an ending process. Nonetheless, I do believe we needed that year and it was a critical part of our ending process, how Shelley and I needed to construct it and find our way. She was terrified of being alone, and I was frightened as well. Our enactments stirred up my own internalized history of being left alone too early, of becoming a parentified child and, as a consequence, precociously independent. I had not fully appreciated how much I felt the interior poverty of her object relational world which I then reacted to with worry that “she” was still alone in her life. Somehow, I felt she needed to have formed an intimate attachment, other than me, in order for her to be able to leave treatment. Although Shelley had grown a great deal, she still felt limited in her ability to truly feel another person’s feelings. She could show more caring and interest in another person and could, after much discussion, understand another person’s point of view, but it was not automatic, not yet in her bones. This was also an aspect of my countertransference of a worried maternal attachment. Termination pulls for these types of early, perhaps even primitive states in the analyst, and I needed to understand this so I could contain it for myself. In this regard, I grappling with whether I felt more work could help her and how long that would take. We had worked together for nearly 20 years, hardly a short amount of time. I certainly did not want to invoke the authoritative stance of my own analyst who, like many people in the field, had believed that “unfinished business” should be deemed indicative of and necessitating more work. I continued to wonder if I could trust Shelley to be a better judge here than I.

Despite my concerns about incompleteness, I decided we could do more work through the process of terminating, and that I needed also to support her desire to be on her own. We set a new end date 4 months away. This felt right to her, longer than her usual request of a month and shorter than my request of 6 months. I began to realize that it was most important for Shelley to be in control of this. Her entire childhood was colored not only by aloneness but also by her inability to have an impact on people. Shelley had to be the one in control of our ending, not without input from me, but not planned by me. My experience was one of encouraging her efficacy in decision making and in supporting her leave taking. (See Bonovitz, 2007, whose patient “needed” to be the one to leave as well.)

I have long felt the working-through process to be an abstraction without the experience-near quality of what it might look and feel like. Contemporary analysts of many persuasions now would agree that enactments are ubiquitous and are part of the analytic process. McLaughlin (2005) writes, “This, then, is how I see insight derived from analytic work being accomplished: from bits and pieces of experiential self-recognition gained, at times for both parties, in the immediacy of the actual relationship between the analytic pair, acquiring shape, meaning, and eventual articulation over analytic time” (p. 98). What I have come to see is that the working through, particularly when ending the treatment, contains and is comprised of enactments and dissociated self-states. It is important to understand that it is not regression that is occurring; rather, it is a deep resonant response to the possible rupture of the profound attachment between analyst and patient. We need to appreciate that this attachment is one we have been spending the entire treatment developing and understanding in terms of the patient’s history and internalized relational world, as well as our own. Even with a great deal of time spent preparing for ending, it is nonetheless a rupture, an experience in many ways without precedence. Who ends a relationship that is close, nurturing, communicative, and is going well? Ending treatment for the analytic pair foreshadows an unknown future that can arouse not only past endings, ruptures, and losses, but a rupture that is occurring even as it is being considered and discussed as a possibility.

The tenor of this ending process was possible directly because of what I had gone through with Ellen years earlier. The ancient Greek philosopher Heraclitus, as well as Buddhists, have posited that you never step into the same river twice. I certainly felt I was changed by what I had lived through with Ellen. The meaning of the earlier enacted ending had only been accessible to me retrospectively, when Ellen came to see me and we were able to process it once again. This is the way in which time, not in its concrete linearity, but more in its linking capacity, is actively involved in our psychic lives. Now with Shelley, I was “linked” in my mind and in time with Ellen, our reworked endings and my own complicated ending of analysis along with the prior and current enactments with Shelley. We bring and live all of these versions of our enacted selves, creating a kind of rupturing moment that catches our attention. Within these moments with Shelley, multiple versions of each of us entered the scene and held the possibility for the creation of new links. Bergmann (2005), in writing about the difficulties in termination, states: “Psychic life is so constructed that nothing that once existed can cease to exist; our past is always with us” (p. 23). He is affirming the longevity of unconscious life which I believe makes us all vulnerable to its undertow while simultaneously allowing a kind of creative reworking all the time. Reis (2006), expanding upon Freud’s concept of nachträglichkeit, writes, “Perhaps much of the most important work of an analysis is done after termination occurs, through a deferred action, an après coup, a nachträglichkeit” (p. 6). He reminds us that memories are always interacting with other memories, and current experiences interrelate with former memories and self-states so that posttermination work is in many ways a continuation of the work.
Shelley started grieving. She was amazed at what she was now able to feel, to imagine, and to recall. Her early years of being alone came back in a fully felt manner, and I could feel a shift in me, feeling more fully with her. She brought in the following dream:

I walked into an empty room; people are in it, adults and family. There are big casement windows, the walls are white; it's a cold room. I came because I was friendly with one woman in the room. I saw this small girl crouched behind the couch. I leaned over to touch her cheek. It was me. She was feeling criticized, lonely and isolated with all her family members around her. I started to tell her that I loved her. There were these big antennas, steel structures. The family made fun of her because they felt she was crazy. I said I won't leave her.

Shelley knew this was an important dream and I agreed. The opening has the feeling of an actual memory, as if she was seeing and describing for me what her family's apartment looked like and felt like, all within the safety of our work. She said that she now understood what I had been saying about her being able to love the shameful, hurt, and unloved child inside of her. Shelley knew that the little girl in the dream was a part of her whom she had to take care of and love. This was very poignant for me and I became teary. She felt she could now do that, love that lonely child, and knew also that our ending did not mean abandonment. We had planned our final session a week after her 60th birthday. One of her cats, a particularly beloved one that she had been nurturing through cancer for over a year became sicker and died. Again we postponed terminating, with both of us realizing that this was a loss we needed to weather together.

As Shelley and I continued to talk about ending and what seemed to make it so difficult, I began to notice that the further away a termination date was set, the calmer Shelley seemed. The closer it became, the more upset or even panicky she became. However, my own internal states were a puzzle to me as her calmness made me quite anxious and her distress was perplexing. As I raised this with Shelley, she was able just then to share a latent fantasy that she had not spoken about with me. During the many years of our work, she maintained the idea/fantasy that, had we met outside the therapy relationship, we would have been friends. She imagined us having coffee, meeting for lunch, and so on. As we approached each set termination date, this fantasy began to feel impossible—we were not friends and could never be friends. Shelley further expressed the wish for us to become friends in the future, that friendship would be her "prize" for ending. This fantasy had to fade in the light of our actual ending. I now understood my feeling perplexed. I had not known of this fantasy, she had never spoken of it. In our ending, she would be relinquishing a wish for attachment while simultaneously giving up the very real attachment we had shared.

The nature of my termination with Ellen, years earlier, was not so much in the foreground of my mind, but clearly I had been deeply affected and changed by it. I was reluctant to exert that kind of "knowing" insistence over ending just because we had set a date. It felt more important to empower Shelley to choose to be able to walk away, for her to be the one to leave me. With this in mind, we set a new date for the summer. My only caveat was not to have it coincide with my summer vacation. I told her that we needed this to feel not like a summer break and unreal; there needed to be a time when she did not come to my office for her appointment but knew that I was there working. Again, it felt necessary for this to feel both real and to be her choice. We set a date and then soon after she requested an extra week, which I agreed to.

I also asked if she would write something about ending, explaining that I had been writing on this subject. I explained that I had been trying to create an ending with her that fit her needs and feelings. Shelley wrote the following:

For me, I came to find out that termination is a process in of itself. I knew it was time for me to let go but it always seemed "not quite yet." Each time I came close to either setting an ending date or actually setting the date I would have a change of heart. Looking back I am not surprised that it has taken 2 years; in fact I am glad it did. It gave me the time to fully process moving on from a 20-year relationship. If I hadn't had the 2 years I would have missed out on knowing myself on an even deeper level. I remember when I first brought up leaving therapy; you thought 6 months might be a good amount of time to process leaving. I'm sure you remember that I thought 6 months was too long and not necessary. It turned out that I didn't have a clue as to what lay in store for me. I am grateful that you supported me in experiencing all my thoughts and feelings that came to the surface each time I got close to my cut-off dates. I remember what you once said to me when after 2 years of therapy I was impatient with myself for my lack of progress. You reminded me that I was dealing with 40 years worth of issues and that perhaps it was unrealistic for me to think I could deal with that in only 2 years. I can say for me the same holds true for the issues that arise when ending a 20-year experience, especially one that has been as beneficial as this.

I was deeply touched by what Shelley had written. She felt, at first, that the writing was something that had been imposed on her, and she was not going to do it. I had suggested it because, earlier in our work, when it had been hard for her to hold on to her feelings in between sessions, I had mentioned starting a journal. At that time, writing had made things more real for her, allowing her a felt continuity to her inner life. It was equally beneficial now; it gave Shelley a way to further reflect on this experience.
The second to last session arrived and Shelley walked in calm and relaxed and announced, “Today is our last session, I really don’t need another session next week.” Although I was surprised, nonetheless it felt right to me, Shelley was ending on her terms. At the end of the hour she asked if she could hug me good-bye. I said yes and found myself being not just hugged, but squeezed so tight that it hurt, and I spontaneously said “ow.” Shelley let go of me and laughed saying she did not realize how strong she was.

POSTSCRIPT

During the time of this book and chapter’s incubation, I had the following dream: “I dreamt that Stephen Mitchell had come back. I saw him and was showing him around NYU and thought to print out my paper on termination, the one that I was dedicating to him, to show to him. I tell others that he has come to visit.” Stephen was a force in this field that many of us have been touched by and grateful for having had in our lives. He had been my teacher, supervisor, and mentor. For many he was a leader. His death was an unanticipated rupture for so many people—for his family an unimaginable loss—but for psychoanalysis and, in particular, relational psychoanalysis a great presence was now felt as an absence. His untimely death is yet another kind of forced termination in terms of supervisees, study group members, and patients. It has taken me many years to process how much he challenged me, inspired me, and instilled within me. It is in this way that Stephen has come back.

REFERENCES