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Approaching Termination: Ideal Criteria
Versus Working Realities

Estelle Shane, Ph.D.

I’m happy to have been asked to be a part of this issue devoted to a consideration of the concept and process of the termination phase in psychoanalysis. I’m especially intrigued at the prospect of revisiting, with my respected colleagues, a topic that I, along with my coauthor, Morton Shane, had thought about and had researched in the psychoanalytic literature more than twenty years ago (Shane & Shane, 1984). The publication that emerged from our efforts contained a review of all of the literature on the termination phase published to date in psychoanalytic journals of interest to us, that is, journals related to the American Psychoanalytic Association and the International Psychoanalytic Association. A relatively complete review of articles concerning this subject was possible because, as Jody Davies (2005), reminds us, the idea of a termination phase was only invented by Edward Glover in his 1955 paper published in the Journal of the American Psychological Association, and it wasn’t much talked about in the literature until the ’70s. By the time my coauthor and I were researching termination in the late ’70s and early ’80s, however, it had already become a popular topic, though ideas about it were fairly uniform, at least in the literature we explored. In fact, the formulations on the ending phase of analysis were so narrow in scope that it was possible for us to organize in a rather short list all the criteria for initiating the termination process identified in these publications. These criteria included, most importantly, the resolution of the transference neurosis; the successful completion of the mourning process, including mourning the loss of the analyst; the ability to separate from and function apart from the analyst; and the development of a newfound or more adequately refined capacity for self-analysis. All of this signified, according to accepted lore, that the infantile strivings that had impeded the patient’s development and that had then brought the patient into treatment had been relinquished, so that analysis could properly end. We ourselves had introduced our review paper on the topic by asserting our deeply held conviction, based on our reading of the literature and our own clinical experience, about the overriding psychoanalytic centrality of the termination process itself. To quote:

We have conceptualized the termination process as both searching test and unique opportunity; that is, we view termination as a test of the stability of analytic attainments, and as an opportunity for experiences with the many meanings of separation and mourning. In fact, we hold, along with the majority of contributors, that the end phase is of critical importance to the entire analytic process; in fact it is vital. Unless the patient anticipates and mourns the separation from the analyst, an essential aspect of the analytic work remains incomplete. Further, unless the analyst has had the opportunity to assess the pa-

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Re-reading what we had written, I am astonished by the number and variety of ways in which I would argue with myself and the positions we had taken at that time, and in this presentation I will focus on these changes in my own perspective, offering clinical examples to illustrate my current ideas that seem at such variance with the positions we held then.

First, I want to mention my dismay that we had imagined that by reading the journals affiliated with the American and the International, we could conceive of ourselves as having made a thorough review of the psychoanalytic literature. I am surprised at how restricted our psychoanalytic tastes and knowledge were then, how parochial our understanding of the field, and how unsympathetic I feel now with our own past perspective, although, as self-psychologically informed analysts already, we considered ourselves as well outside the mainstream of psychoanalytic thought.

What strikes me as well is our posture, or pose, of certainty about ideas. I never feel as certain about anything now, which I imagine reflects the post-modern influences on my sensibility. Although, for example, I might still hold that mourning is an important element in the experience of preparing to leave one’s analyst, to leave at least for a time, I wouldn’t say now that analysis is incomplete without that experience, because, for one thing, I don’t think of psychoanalysis as an endeavor that is ever completed. This marks one important difference in my thinking about the concept of termination today that I will address shortly. I will argue, and attempt to illustrate, that psychoanalysis is a potentially continuing process. It entails an important relationship evolving over time between two people, two people committed to one another, and who doubtless may come to love another in the course of their work together. This is a kind of love based on profound and mutual respect, concern, and caring for the other’s well being. In fact, Jonathan Lear (2003) has concluded that psychoanalysis itself is a manifestation of love. So I would argue that if the relationship that is formed in treatment has such deep and enduring meaning, in one sense it cannot, and in some cases, perhaps, should not, be terminated.

Another important change in perspective, not only in the writing M. Shane and I had reviewed, but also in our own article that emerged from this process, is that in these writings concentration is focused exclusively on the patient and the patient’s experience, as if it were only the patient who would respond affectively to such a significant event in analysis as its proposed ending. Two people are deeply and intimately engaged together with frequency and over a long period of time, but, apparently, the feelings of only one of them would seem to be worth considering and commenting upon. Of course, the fact that the literature we reviewed was predominantly classical, organized mainly from a one-person theoretical perspective, might contribute to this, in retrospect, striking deficiency, but even in our own article, informed, as I say, by self-psychological thinking, there is still this notable absence.

A third marked difference in my current thinking is that, far from attempting to identify universal criteria for initiating a termination process, as we had done in our paper, I would emphasize now the individualistic and idiosyncratic nature of the entire analytic enterprise, including the way in which it ends. The attempt to generalize across dyads in this (or almost any) regard by establishing normative criteria seems highly mistaken. Although I imagine that the idea that treatment ends may exist either in strong central focus or as a silent background presence for both participants throughout their engagement, how that ending is thought of, whether as a date that, once established, should not be veered away from, or as something that inevitably must happen in some ab-
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solute way, or, alternatively, whether it may be thought of as a question to be kept open and

en-ended, all of this should depend, as I will attempt to exemplify, upon the needs and proclivi-

ties of both members of the dyad. In another sense, of course, a more realistic sense, an analysis

must end sometime, even if that time is reached only upon the death of one or the other participant

(Hoffman, 1998). But short of one or the other’s demise, I think of criteria for ending treatment as

being unique and specific to the dyad.

At this point I’ll present some clinical examples to illustrate these and related ideas. First, con-

cerning the point that analysis is a powerful experience whose importance doesn’t die just because

patient and analyst have ceased to meet, I think of my child patient, Jennifer. I had worked with

Jennifer in four-times-a-week analysis from age six to age ten. I saw her again for a short time in

once-a-week therapy when she was thirteen, she herself having initiated the renewed contact with

me because of troubles she was currently having with her mother. The concerns being resolved in

a short time, Jennifer left feeling satisfied, and I didn’t hear from her again until she was almost

eighteen. It was very late one Friday night, more accurately early Saturday morning. Getting home

from a date, Jennifer had looked at the mail from that day and discovered her acceptance to a presti-
puous college in the East. In her absolute glee, she had spontaneously dialed my home number,

which, after so many years, she still knew by heart but had used before only in extreme emergency.

Hearing my voice, she exclaimed that she knew the hour was late, but even so, she was quite sure I

wouldn’t mind being awakened when I heard her news, that she knew her acceptance to college,

and especially to that college, would mean as much to me as it had meant to her. And she was right.

When Jennifer had first come to see me as a sad, stubborn, angry little girl of six, she had been

identified as learning disabled; her present academic triumph, then, was certainly shared by me,

and, even more than that, the ecstasy with which she shouted her good news gladdened my heart

almost more than anything. I say “almost.” But what made me most happy, I think, was her cer-

ainty that I would want to know about her success at any hour of the day or night. And I did! My

point is, a strong, deeply committed, and enduring mutual love, and a deep confidence in that love,

had evolved between us, a love virtually unchanged by time or distance. I would hope the certainty

of our connection would be sustained whenever need of me emerged again.

I can use this example of Jennifer to introduce another important reason for asserting that psy-

choanalysis is best conceptualized as a nonlinear, continuous, and continuing process, rather than

as a process that has a predictable beginning, middle, and final end. This latter model of termina-

tion, one encompassing a final end, arises from a theory of treatment in which pathology is con-

ceptualized as a failure to renounce infantile strivings incompatible with standards of a success-

fully completed development; the patient’s renunciation of these inappropriate, childish strivings,

including a renunciation of needs and demands on the analyst, upon whom these strivings in the

analysis had been trained, would signify the completion of development, as well as the resolution

in the analysis of the transference neurosis. Using a very different theoretical model, I would now

contend, in contrast, that human need for others persists, and that development is a life-long pro-

cess. That is, rather than postulating development as ending at the offset of adolescence, as had

been argued in classical analytic theory, I would conceptualize development as a neverending se-
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ries of nonlinearly organized experiences of self-transformation occurring over the course of a

lifetime, always within the context of a relationship, and ideally within the context of a nurturing

relationship. Although anyone might agree that my child patient Jennifer might still be developing

at age 17, I would contend that change within new contexts emerges right up to death, posing the

requirement for, or at least the desirability of, a continual working through process over time as a
normative feature of the analyzed life. As Daniel Stern (1995) has written, such renewals of treatment over time are neither re-treatments, nor second treatments; rather, they are simply the continuation of a single treatment across the discontinuities of one’s life. Paraphrasing Susan Mendenhall (1999; this issue), and in complete agreement with her, I would argue against any ideal of termination, but instead argue for the notion of a life-long evolution of the analytic relationship according to the developmental needs of the analysand and the unique qualities of the particular analytic dyad.

Termination remains a debatable concept. Although some contemporary contributors writing on psychoanalytic theory and practice still consider the concept of termination as an essential experience, many others do not even index the concept, nor include it for discussion in their text. Among the former, Irvin Hoffman (1998) argues for the possibility of an open-ended treatment experience. Hoffman writes that, at times, continuing an analysis indefinitely, expecting that only death of the analyst or the patient will bring it to an end, may be the wisest course, although Hoffman does emphasize that deliberately constructing an ending, when possible, is optimal, although not, to repeat, a hard and fast rule of good treatment. Neither he nor the other more contemporary authors I have perused who do write about termination—for example, Glen Gabbard (1996), Thomas Ogden (1989), or Stephen Mitchell (1993)—espouse what I had been taught in my own psychoanalytic training; like me now, they don’t hold that a patient’s return to the analyst after termination, or the decision to extend the termination date beyond what had originally been planned, represents a failure of analytic process.

Let’s take the example of Jeffrey, who is currently in analysis with me. A thirty-year-old man, he had been in San Francisco for four years, had then moved to New York, and was currently living in Los Angeles for a limited time, planning to return to New York after two years. A published fiction writer, he had been experiencing a writing block that made it impossible for him to fulfill the terms of his current contract with his publisher. Jeffrey told me on entering treatment that we had 18 months to complete our work, that he was convinced this was a reasonable goal, and, moreover, that he had been reassured of its feasibility by his former, referring analyst from San Francisco. They had done excellent work together, but because Jeffrey had had to leave town more or less abruptly, his analyst had told him he needed “a termination phase” to complete the process. Thus, the date of our termination was planned from its onset, and, indeed, this prospect colored our every interaction, forming the backdrop of our relationship. I was experienced in the transference as a repetition of his experience with his unreliable, undependable father who had left the family when Jeffrey was ten, as well as repeating his experience with his depriving mother who had, in Jeffrey’s mind, denied him access to his father throughout Jeffrey’s teens. And he was angry and frustrated with me. We were deeply immersed in an analytic process, then, and it became increasingly clear to me that we could not meet our established termination date without seriously limiting and curtailing our work together. Jeffrey had been right about one thing; his writing, which had led him to enter treatment with me, was now flourishing; yet there were other matters, the return of anxiety and depression that had been ongoing aspects of his childhood and adolescence, and, more particularly, some traumatic aspects of his life that had not been dealt with, or even contemplated, in his previous analysis. But my patient believed, both because his former analyst had told him so, and, subsequently, because of his own investigation of the literature, that wisely and firmly established “analytic rules” forbade the extension of a termination date once set: he had read his Freud (1937), and knew that once the die is cast, it can’t be recast, that the lion springs but once. W
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once. When, during this same period, Jeffrey dreamt about being kicked out of the bedroom by
his father, my patient insisted on primal screen connections only, denying my suggestion that
among the dream's other meanings there might also be a sense that he was being excluded pre-
maturely from the analytic couch and office. Only a series of three subsequent dreams centering
around issues of being barred from desirable places and relationships persuaded him to request,
reluctantly, that we forgo our originally proposed ending, and extend the date indefinitely. Sev-
eral years have passed since then, and my patient, having already moved out of Los Angeles,
has continued his treatment on the phone. The analysis does seem, in its own time, to be wind-
ing down to a conclusion, but now Jeffrey is leery of setting an ending date; he figures we will
know better when to stop several months from now. For my own part, I have left the matter un-
settled in my mind. I do think we are getting close to the point where he is not simply "better";
he does seem to be reaching a capacity to absorb the pain of real loss of the current connection
with me, and he has more fully integrated his early traumatic experience. But I believe also that
although the planned separation has value, it is important to keep the treatment open-ended, and
to entertain the possibility of an intermittent analytic experience for this man. The course of
analysis is never predictable or predetermined. In this case, we couldn't have known that to-
gether we would formulate, based on what emerged in the analytic field between us, a hereto-
fore unknown, or underappreciated, traumatic childhood, punctuated by memories of losses
more intense than had emerged in his previous analytic experience.

I want to make the further point that although the prospect of a predetermined termination date
had organized the experiences of Jeffrey and me from the beginning of treatment, and therefore
had brought strongly to the forefront of Jeffrey's experience his fear and dread of ending our rela-
tionship, I don't believe this is the only reason that our work took the form it did and had to be ex-
tended. From my perspective, the psychoanalytic experience is best conceptualized from within a
system's sensibility in which a given analytic system organizes in new and novel ways, based on
the currency of the moment. Thus, as I have said, Jeffrey's early trauma was evoked in the context
of our relationship as it had not been evoked in his earlier treatment, requiring a new and different
focus for our work than what had been contemplated at its inception. It is hard, impossible, really,
to predict before hand what will emerge in a given analytic experience, and it is hard to predict as
well what may happen to a person post-analytically that may render renewed treatment experience
advisable, even necessary. Or more simply, something unforeseen may occur that makes contact-
ing one's ex-analyst seem like a good idea.

My own experience is that many, perhaps most, patients who have ended a full and successful
treatment with me—that is, one characterized by a sense of mutual, shared satisfaction with where
we have arrived together—do make contact with me in some way after terminating, either with an
occasional phone call, a visit, or a holiday greeting. It is often noted in the literature that, in con-
trast with our lay patients, our patients who share with us a professional relationship don't lose
their connection with us completely, benefiting from the renewed contact occurring from time to
time, whether it be by casual meeting in a professional setting, or by a more deliberate personal
connection. I would contend that it might represent a limitation in established intimacy when one
never hears from an ex-patient, even one who does not share the field. If one believes, as I do, that
development is a life span issue, that, inevitably, new challenges and conflicts emerge over time
that are best resolved in the context of a meaningful emotional bond, then the resumption of con-
tact between patient and analyst may reflect the enduring effectiveness of their affective con-
nection. As Kohut (1984), and the many self-psychologists influenced by him, have asserted, the goal
of human functioning and development is neither independence, nor even autonomy, but rather, an ongoing and enduring capacity for ever richer and more complex modes of attachment and relatedness. To my mind, the analytic form of “being together” is one such rich and intense mode.

With that said, I want to emphasize again my own conviction about the necessarily individualistic and idiosyncratic nature of any psychoanalytic process, a consequence of inevitable differences among people, their analysts, and the bonds that form between them. In apparent contradiction to what I have just argued, then, I would contend, paradoxically, that not all individuals benefit from an open-ended termination policy. For some patients, the ability to enter into, to fully engage in, and to then terminate with finality the connection to their analyst is quintessentially important. I think of a woman patient for whom there had been a lifelong requirement to serve her mother’s needs in a reverse-attachment pattern. In analysis with me she feared that surely I, too, would extract such an obligation from her, that any connection she made with me would inevitably become another restraint on her cherished and hard-won sense of autonomy and freedom of action. For her, then, to know with a certainty that she could leave me once and for all, without guilt, that there would be no need to think of me ever again once we had completed our work, was an absolute necessity. We have ended our work together and, indeed, having said “goodbye” to one another with considerable warmth, I have not heard from her since.

Earlier, I indicated my guess that from its beginning, the idea that this cannot and should not last, that the tie between therapist and patient must be broken sometime, is a thought present either consciously or unconsciously in both the analyst’s, and, especially, in the patient’s mind as a prospect that must be contended with at some point during treatment. I’ve already described one patient, Jeffrey, in this regard, and I remember another analytic patient who worried about termination from the inception of what evolved into a ten-year plus treatment. The patient, Lucy, had begun therapy with me at age 19, directly following her mother’s suicide. Then, one month into our work, Lucy’s father was killed in an automobile accident. She had just moved to California, alone, from another state, and had suddenly become an orphan, my orphan, as I thought, often ambivalently. The idea of separating from me, ever, became a torment almost immediately. Often the issue of termination became a backdrop for the more immediate concern over my next holiday. Lucy would worry about the upcoming summer vacation in mid-fall, starting right after she had recovered from the previous summer vacation’s disruption, and she would continue to worry in ever-heightened form until the vacation itself. Intermittently, she would fret about the dreaded inevitability of ending the analysis completely one day. She remembered that in one session, after she had asked persistently “Why would anyone ever want to stop coming?” that I had responded that it may become a matter of diminishing returns; it was not necessarily that a person didn’t want to come anymore, I had told her, nor even that a person couldn’t continue to benefit from coming; it was more that eventually it might seem to the patient that better things could be done with the time and the money involved. Lucy was indignant in her rejection of my idea at the time, but then, about a year before she actually stopped regular appointments with me, Lucy said sheepishly, but in reluctant agreement, that there were things she needed, and wanted, that she couldn’t afford if she continued to pay me at the rate we were going, and we set the date for ending. But she cautioned me that she would never disappear from my world, nor let me disappear from hers; she would visit me periodically for the rest of my (or her) life. In fact, it is now twenty years since she and I first saw one another, and ten years since we officially ended our regular visits, but in these ensuing ten years, I have seen Lucy fifteen to eighteen times, for updates and progress reports. As I said, I believe such issues of treatment are to be determined individually in terms of the needs of the individual patient, together with the comfort level of the pair.
There are other familiar questions about termination questions addressed in writings about the process, such as: How long should the termination process be? Must there always be a termination process? What about the interrupted analysis? What about the interminable analysis? These questions, too, I think, should be individually addressed. Lucy had rather particular issues in this regard, having lost both mother and father at the inception of her work with me, so that, although her analysis is not interminable, in the sense that that term is ordinarily used, it does have some elements of continuing, intermittent connection. Jeffrey, too, with the trauma in his childhood, can be seen as having special, ongoing needs that might be evoked during the course of his life, for example, when he has children of his own. And even Jennifer, whose issues as a little girl required the unusual step of child psychoanalysis, might require additional attention as she grows older. Recently, Jennifer has contacted me about questions that came up for her in law school, questions that could be resolved with a phone call; yet it seems not unlikely that I will hear from her again. But all patients have particular issues, and all must be seen as individuals with particular requirements. In that sense, it is impossible to create linear analytic goals or criteria for termination in the complexity of a nonlinear world.

All of that said, it must be said also that, as a matter of course, a treatment must end sometime, even if that time is reached only upon the death of one or the other in the dyad. But I think it is as Edgar Levenson (1976) has written: "It makes no more sense to ask when to terminate than to ask when to die. It is a natural event in the course of therapy." From my perspective, the operative word in Levenson's analogy is "natural": Whether is it proposed as an interruption, or as a finality, termination is something that naturally evolves even if only as a question in the course of the relationship between two people, and I believe that psychoanalysis is, more than anything else, a relationship between two people.

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