

The Termination of Psychoanalysis after Freud

Ending Therapy



Terry Kupers

The Termination of Psychoanalysis after Freud

Terry A. Kupers, M.D.

e-Book 2016 International Psychotherapy Institute

From *Ending Therapy: The Meaning of Termination* by Terry A. Kupers, M.D.

Copyright © 1988 by Terry A. Kupers, M.D.

All Rights Reserved

Created in the United States of America

Table of Contents

[The Termination of Psychoanalysis after Freud](#)

[The Literature on Termination](#)

[Developments in Analytic Practice as a Whole](#)

The Termination of Psychoanalysis after Freud

There are two ways to look at developments within psychoanalysis vis-a-vis termination. The first is to review the literature that directly examines termination issues. The second is to step back, look for major trends in the development of psychoanalysis as a theory and practice, and try to understand how those larger issues affect termination. For instance, as we mentioned before, longer analyses tend to deepen dependencies and to make separation a bigger termination issue. Thus this chapter is in two parts: the first deals with specific developments on termination as expressed in the literature, the second with changes in the theory and practice of psychoanalysis that radically alter the meaning of termination.

Before beginning, I should mention that the literature is mainly concerned with theory. It rarely explores personal styles, individual sensibilities, and certain realities of relationships that cannot be translated into theoretical terms. In this regard, it is illuminating to read Harry Guntrip's (1975) account of his two personal analyses, one with Ronald Fairbairn and the other with D. W. Winnicott. Compared to Winnicott's warm, spontaneous approach, Guntrip finds Fairbairn, whom he describes as the greater theoretician of the two, to be very orthodox, formal, and precise in his interpretations. Where Winnicott shook his hand after each session, Fairbairn was much more proper. And yet, at the end of Guntrip's final session with Fairbairn, "I suddenly realized that in all that long period we had never once shaken hands, and he was letting me leave without that friendly gesture. I put out my hand and at once he took it, and I suddenly saw a few tears trickle down his face. I saw the warm heart of this man with a fine mind and a shy nature" (pp. 55-56). Thus therapists have different styles, and feelings are present even when interactions seem rather formal. As we explore the literature, keep in mind that theoretical discussions rarely touch on such subtleties.

The Literature on Termination

Sandor Ferenczi's (1927) early paper on the subject contains comments that are very relevant to termination today. Ferenczi believed it was important to create a sense of timelessness in the consulting room. In this context, timelessness did not refer to the length of the analysis itself. In fact, only by

suspending the whole issue and creating a state of timelessness can the analytic work be done. According to Ferenczi, it is even possible for an analysis to be very brief, yet be experienced by the participants as timeless—like the timelessness that exists in the unconscious. In fact, it is the parallel between the timelessness of the treatment and that of the unconscious that permits better contact with the unconscious. When the end of the analysis draws near, the two participants in the timeless encounter have to prepare themselves for a very time-bound departure from their encounter and reenter their respective social worlds. Ferenczi also suggests a criterion for termination: that the analysand be fully capable of free association.

Otto Fenichel (1924) presents the termination of one analysis he conducted. He reports that the woman analysand began to fantasize about birth—not so much giving birth, though that was present—but more about being born, perhaps reborn. The termination was symbolized by birth images in the analysand’s unconscious. Fenichel wrote the essay as a comment on the debate then raging on Otto Rank’s theory of the birth trauma. It was this theory that Freud was rebutting at the beginning of “Analysis Terminable and Interminable” (1937; see chapter 1). Rank (1924) pictured analysis essentially as a rebirthing. The fetus is in the womb nine months, hence the therapy should last that long too—thereby creating a more womblike context for the rebirthing. Rank’s theory of the centrality of the birth trauma in the etiology of adult neuroses was quite controversial. In this essay Fenichel admitted that even one of his analysands was discovering in her unconscious long-repressed birth wishes.

During the years following Freud’s pronouncements, very few articles on termination appeared in the *International Journal of Psychoanalysis*, the major outlet for psychoanalytic writing. Perhaps no one wanted to challenge them or create alternative formulations to Freud’s. In addition, few had considered the termination phase of analysis as important as it would be a few years later. In 1950, a slew of articles were published in the *Journal*. John Rickman (1950) begins his by summarizing developments in the literature on termination. He lists the criteria for termination,

in the order in which these criteria have appeared in our periodic literature:

“(a) the capacity to move smoothly in memory (and to let old feelings surge up on occasion) from the past to the present and back again, i.e. the removal of infantile amnesia, which of course includes a facing and working through of the Oedipus complex

(b) the capacity for heterosexual genital satisfaction [This requirement has been

challenged since, and remains at the center of the debate between feminists and psychoanalysts]

(c) the capacity to tolerate libidinal frustration and privation without regressive defenses, and without anxiety

(d) the capacity to work and to endure unemployment

(e) the capacity to tolerate the aggressive impulses in the self and others without losing object love in its full sense and without guilt, and

(f) the capacity to mourn.” (Rickman, 1950, p. 128)

Annie Reich (1950) speaks to the question of resolving the transference. She feels that it is never completely resolved, the analyst always remaining an “over-important” person, but that the wish to hold on to an infantile relationship with the analyst is slowly relinquished during the course of a successful analysis.

Michael Balint’s (1950) contribution to the discussion involves separating into three main issues the criteria for successful termination: (1) the instinctual aims—for instance, Balint, like most analysts of his day, agreed with Freud’s formulation in *Three Essays on the Theory of Sexuality* (1905b) that genital heterosexuality was the only normal sexual orientation; (2) relationships with instinctual objects, or object relationships; and (3) the structure of the ego. These latter two criteria, of course, reflect the influence the newer ego-psychology and object-relations schools were having on psychoanalysis by that time.

Debates emerged about the proper technique for termination. Some analysts (Held, 1955; Saul, 1958; Stone, 1961) feel that in order properly to wean the analysand from the consulting room, the analysis should be altered in the termination phase. Perhaps fewer sessions per week and then gradual separation work better with some analysands. Perhaps ending with sessions in which the analysand sits up and faces the analyst would permit the analysand a better handle on who that analyst is, as distinct from who he or she is in the transference. Perhaps some self-revelation on the part of the analyst would help with reality testing. But Glover (1955) insists that the analysis, and the basic rule of free association, must proceed right up to the last session—and beyond. Lipton (1961) agrees with Glover that free association and relative deprivation must be the rule until the end, otherwise the analyst would be

providing gratifications that would preclude the analysands' continuing the analytic process after termination.

Also explored in the literature is the question of who decides when to terminate? Ferenczi and Rank (1925), Glover (1955), and Rangell (1966) insist it is the analyst who assesses the progress of the treatment and decides when to terminate. Ticho (1972), Kris (1982), and Kohut (1977) would leave it more up to the analysand, the theory being that as the time for termination nears, the analysand, being relatively free of neurotic needs, knows best. Ralph Greenson (1966), in his diplomatic way, combines the two positions in declaring that the decision is a mutual one and that the transference and countertransference needs of both must be analyzed before the termination can be fully agreed upon.

Ticho (1972) makes a substantial contribution to this literature when he distinguishes between the analysand's life goals and the treatment goals. The former are "the goals the patient would seek to attain if he could put his potentialities to use. . . . The treatment goals concern removal of obstacles to the patient's discovery of what his potentialities are" (p. 315). Having made this important distinction, Ticho formulates the natural moment for termination in a new light: "The successful attainment of the treatment goals enables the patient to terminate psychoanalysis and to proceed toward achieving his life goals" (p. 332). The therapist is likely to find this formulation very useful. For instance, there is the client who originally entered therapy claiming that primary relationships were very problematic, then achieves a great deal of personal growth and according to most other criteria is ready to terminate, but is not yet in a satisfying primary relationship. Therapists often err by continuing therapy too long just because that relationship has not been established, or by terminating too precipitously when it has been and claiming success for the treatment, even though all that has happened is that the client's dependency needs—and transference—have been displaced onto the new romantic object. Ticho's formulation provides a way for clinicians to think more deeply about this kind of therapeutic dilemma.

Stephen Firestein offers a useful review of the literature on termination. In his book *Termination in Psychoanalysis* (1978), he lists the generally accepted criteria for termination that he could discern from reading thirty articles by analysts on the subject:

Symptoms have been traced to their genetic conflicts, in the course of which the infantile neurosis has been identified, as the infantile amnesia was undone ("insight"). It is hoped all symptoms have been eliminated,

mitigated, or made tolerable. Object relations, freed of transference distortions, have improved, along with the level of psychosexual functioning, the latter attaining "full genitality." Penis envy and castration anxiety have been mastered. The ego is strengthened by virtue of diminishing anachronistic counter-cathetic formations. The ability to distinguish between fantasy and reality has been sharpened. Acting out has been eliminated. The capacity to tolerate some measure of anxiety and to reduce other unpleasant affects to signal quantities has improved. The ability to tolerate delay of gratification is increased, and along with it there is a shift from autoplasmic to alloplasmic conflict solutions. Sublimations have been strengthened, and the capacity to experience pleasure without guilt or other notable inhibiting factors has improved. Working ability, under which so many aspects of ego function, libidinal and aggressive drive gratification are subsumed, has improved. (pp. 226-27)

As you can see, since Freud the list of the criteria for termination has grown longer. Remember, for Freud there were three simple requirements for rightfully terminated analysis: the symptoms are gone, there are signs of deep enough change to make it likely the symptoms will not resurface, and the analysand seems ready to go on in life without the analyst's actual presence. As Rickman (1950) reports, the list has grown from there, and Firestein attempts to bring the list up to date. It may be that the list has grown since Firestein's book was published. In chapter 4 I will discuss some reasons for the growth of the list, but basically, as analysts expand the list of clients and symptoms they believe to be amenable to analysis, probe deeper into the psyche, and lengthen analyses, the list of criteria for termination grows longer.

Firestein's (1978) own study of termination supplies a useful glimpse of the way analysts handle termination today. He first located cases in the New York Psychoanalytic Institute clinic, conducted by candidates in training or younger members of the institute, where a natural termination occurred—"as opposed to those prematurely interrupted for extraneous reasons." He then interviewed the treating clinician and the supervising analyst about the case and the progress of the termination, as well as getting supplementary opinions about each case from senior analysts, and, where possible, interviewing the analysands after termination. He presents eight cases in some detail, one of which I will briefly summarize.

Frank B. was thirty-two when he entered an eight-year analysis. He was married and had two children. Part of the reason he entered analysis was that his wife had recently done so. He complained of an inability to urinate in public, feelings of inadequacy and childishness, frequent masturbation, and sexual difficulties including impotence with his wife, except when he fantasized during intercourse about a man defecating.

His mother, obsessed about cleanliness, had until he was six accompanied him to the bathroom to make sure he defecated properly. She washed his penis until he was four. In fact, later in the analysis he remembered her taking him to the bathroom to clean him up after he wet or defecated in his pants and his getting an erection when she touched him. In regard to his father, he remembered at age five watching him have a bowel movement and feeling a sense of awe and a tingling in his penis. At about that time, he later recalled, an adult male visitor in the house seduced him to masturbate him in the bathroom.

He and his older brother, with whom he competed and to whom he felt inferior, went to the bathroom together until he was thirteen. He described himself as a sissy in school, with no friends. He entered the military at nineteen and there began the practice of masturbating in lavatories, often with fantasies of a man defecating. Early in his analysis he arrived at the interpretation that he feared urinating in public because another man might notice his state of excitement. His equating of penis and feces was explored, as were his homosexual feelings and his wish for anal penetration by his father. The analysis was long and difficult. With repeated interpretation of links between childhood events and his current sexual difficulties and feelings of inadequacy, he slowly began to advance in his professional career and to have satisfactory intercourse with his wife without the defecation fantasies.

But the transference was heavily erotized. He reported fantasies about sex with his male analyst, and accompanying anxiety. He was jealous of the analyst's wife, and he masturbated in the analyst's toilet. In the middle of the analysis he moved so that it took him an hour each way to drive to sessions. Still, he derived sufficient gratification from the analysis to continue. He seemed even to enjoy the frequent outbursts of rage toward the analyst, for instance, when the latter announced a vacation. The symptoms improved up to a point, but he never expressed any gratitude toward the analyst, and the erotized transference did not seem to be resolving.

A number of events brought the analyst to the decision to suggest termination. There was a lack of progress in resolving the transference. The long drive to the appointment took three hours out of Frank's day, and his wife was complaining about the time drain. He had a new and better job. And the analyst felt the analysis may have derived maximal benefit from the analysis. The analyst and his supervisor felt the fact that Frank had for the first time not flown into a rage when the previous vacation had been

announced might mean he could tolerate termination. Termination was discussed for about a year, a date was set, and there were several more months of working through the impending separation. After the date was finally set, Frank's associations turned to giving the analyst a gift, perhaps one of the art pieces he created in his spare time. He asked a lot of questions about the possibility of returning if he ran into trouble. Some previously unmentioned childhood memories cropped up, and he became aware for the first time of how much guilt he felt about masturbation. He worried about how he would mourn for the lost analyst, and felt sad. Nevertheless he acted in a more mature and contemplative fashion than he had during most of the analysis, and the two parted without the kind of storm that had accompanied earlier partings.

At the follow-up by Firestein two years later it was learned that more severe reactions had followed the last session. Frank continued to do well in his career and seemed to have made and maintained some friendships. But he felt entirely abandoned by his analyst, full of rage and depressed. He became impotent once again and resorted again to the male defecation fantasies during intercourse. His depression, and increasing self-centeredness, led him to return to see his analyst on several occasions, but each time he found him distant and the meeting very unsatisfactory. Eventually he went to see another psychiatrist closer to his home and was seeing him sporadically at the time of the follow-up.

Although this was not an entirely successful outcome, the case highlights some important issues regarding termination. There was the unresolved transference. (Perhaps the analyst was collusive in this—he did see Frank for one dollar per session even though Frank eventually made a good salary and his wife worked.) There was a regression in response to abandonment feelings at termination. And the associations of the termination phase are fairly frequently heard fantasies—wanting to give the analyst a gift, concerns about how the mourning might usefully occur, and so forth.

Interestingly, this case resembles that of the Wolfman in many respects. Both analysts had problems about homosexuality and had experienced seduction, anal erotism, and intense gratification from being in analysis. In both cases the analyst had been willing to receive little if any fee. Frank also exhibited some obsessional traits, had witnessed the primal scene at a very early age, and could only be potent with his wife in the position Freud characterized as *a tergo*. In both cases, the transference was not really resolved. I do not want to make too much of the similarities between the two cases. What is relevant

is the greater attention that the analyst Firestein interviewed gave to termination themes. Remember, Freud was aware of the issue—he suggested that the Wolfman give him a gift—but he did not give enough attention or time to the themes, so the Wolfman never really terminated, he only went through the motions, and perhaps that merely to gain the great master’s favor and ensure himself a spot as fellow-traveler in the community of psychoanalysts. Today, analyst and supervisor plan terminations very carefully, precisely in order to avoid the kind of failed termination that occurred in Frank B.’s case.

From the eight cases, Firestein draws a series of conclusions, a few of which I will note here: First, there is an identifiable phase at the termination of an analysis. Second, there are affective reactions on the part of the analysand. Third, relatively typical fantasies and wishes emerge, and the resistances, new themes, and memories that appear are usually familiar from earlier phases of the analysis. Fourth, symptoms often reappear during the termination phase. Fifth, the work of analysis usually continues on after the termination. Sixth, the way the analysand handled earlier announcements of the analyst’s vacations can offer clues to how the termination will be handled. And finally, the analyst’s own experience of terminating his or her didactic analysis influences the course of the current analysis being terminated. These are certainly modest claims after the reporting of some very rich and detailed case material. But what is impressive is that empirical data are thoughtfully presented, and the conclusions are warranted by the data. All of Firestein’s conclusions about the termination of psychoanalysis apply as well to the termination of psychotherapy.

The last topic I will mention in this review is the distinction analysts make between therapeutic analyses (the ones they practice to alleviate their client’s symptoms), and didactic analyses (those they must undergo as part of their training). Early training analyses were quite informal. Thus, Balint (1954, reported in Weigert, 1955) describes Eitingon’s training analysis with Freud in 1909; the two took walks twice a week after supper for a while, and then Eitingon went off to Berlin to practice. Typically, Freud concentrated on insight into unconscious themes and ignored or minimized the idealization and dependency that might develop in the therapeutic relationship. And in many cases, this was perfectly appropriate. Thus Joseph Wortis (1954), an American psychiatrist, reports on his several-month didactic analysis with Freud, which ended cheerfully enough, with Freud offering him a signed copy of one of his books as he departed. There was no need, as there might have been in Kardiner’s didactic analysis (see chapter 1), to talk of Wortis’s feelings about separation.

But Freud was well aware of how the special circumstance of the analysand's being an analyst might complicate the didactic experience, or, more relevant to this discussion, make it virtually interminable. This is why Freud (1937) recommends periodic reanalysis for every analyst. Other analysts express similar concerns. Balint (1954) proposes that the trainee's analyst must get past the trainee's need to idealize the analyst and make concerted attempts to free up the negative transference as well as the deep-lying dependency needs if the didactic analysis is to be a success. Weigert (1955) also feels the danger is that the novice might cling to idealizations of, and dependencies on, the more senior training analyst, especially since the two will be members of the same psychoanalytic institute, so that the goal of the didactic analysis must be "a mutually respectful differentiation" (p. 273).

Others conclude that didactic analyses, by their very nature, are interminable. Ekstein (1965) wonders openly if this is not the case. Marion Milner (1950) expresses the concern very succinctly: "Perhaps we, as analysts, are handicapped in knowing all about what ending feels like, for by the mere fact of becoming analysts we have succeeded in bypassing an experience which our patients have to go through. We have chosen to identify ourselves with our analyst's profession and to act out that identification" (p. 191). This concern will be important in the discussion that follows, not only because psychotherapists are likely to experience the same interminable quality in their personal therapies but also because the modern community of therapy consumers creates a culture that likewise fosters interminable therapy.

Thus the post-Freudian psychoanalytic literature on termination basically remains true to Freud's original formulation—with a few deviations here and there—and what proliferates in the literature is really just more detailed descriptions of how the date is to be set and the termination phase to proceed. Herbert Gaskill (1980) sums up the position of many analysts today: "Freud's suggestion that an analysis is complete when the ego has attained its maximal psychological capacity for functioning seems as relevant now as it was in 1937" (p. 21).

Developments in Analytic Practice as a Whole

It is not easy to characterize developments in psychoanalysis, since in the course of its development analysis splits into so many schools of thought. Nevertheless, I will attempt to list a few major shifts in

psychoanalytic theory, identifying trends in general enough terms to include the schools that still consider themselves Freudian, whether they emphasize ego psychology, object relations, self-psychology, or phenomenology. Of course, by speaking in such general terms I will be leaving out the particulars that distinguish the various schools.

At this level of generality, I think it fair to say that since Freud's death, there have been seven noticeable shifts in the preoccupations of psychoanalytic theory:

1. Analysts have tended to enlarge on the variety and depth of psychopathology that they consider amenable to analytic treatment (Stone, 1954). Thus, while Freud felt he could not treat schizophrenic patients because their intense narcissism prevented the development of sufficient transference, the next generation of analysts attempted just such treatment and revised analytic theory to fit their enlarged practical experience. Likewise, Freud at first aimed to treat only the neurosis and leave the underlying character structure essentially intact. Later in his career, influenced by Reich (1933), Freud attempted alterations of the character structure, but he was relatively pessimistic about the prognosis. Freud eventually broke with Reich, supposedly because of the latter's membership in the Communist Party, but also because of theoretical differences such as Reich's rejection of the death instinct (Reich, 1967; Robinson, 1969). Still, Reich's concept of character analysis was incorporated into orthodox psychoanalytic thinking.

Today analysts are willing to undertake the treatment of very severe psychoses and character disorders. Boyer and Giovacchini (1967, 1980) advocate psychoanalysis with patients with schizophrenic, borderline, and characterological disorders. In the preface to the second edition of *Psychoanalytic Treatment of Schizophrenia, Borderline and Characterological Disorders* (1980), they mention that prior to the publication of the first edition, few analysts attempted to work with severely disturbed analysands. But since that time, many analysts have discovered that "the analysis of some schizophrenic patients and character disorders can be a gratifying experience" (p. xii).

2. The prototype for understanding both the development of symptomatology and the evolution of the transference has shifted to an earlier stage of childhood. Where Freud focused almost exclusively on the oedipal drama involving the three- to five-year-old child and the two parents, current discussions are more likely to focus on an earlier stage, such as infancy. The focus has shifted from oedipal to preoedipal issues. And it is no longer always the triangle of child, mother, and father that warrants the closest scrutiny, but rather the dyad of mother and infant. Melanie Klein (1950), who figured prominently

in this theoretical shift, discusses the implications for termination: “Before terminating an analysis I have to ask myself whether the conflicts and anxieties experienced during the first year of life have been sufficiently analyzed and worked through in the course of the treatment” (p. 78).

3. While Freud looked for the singular traumas of childhood upon which one became fixated for life, later analysts would look for the recurrent patterns of early object relations that shaped later character structure. Thus, it would be the day-to-day relationship between infant and mother rather than the single moment of intense grief that would matter most in the etiology of the current emotional disorder. For many analysts, the mother-infant relationship becomes the prototype of later difficulties in relationships, and the model for the therapeutic relationship. Winnicott (1965) writes:

My thesis is that what we do in therapy is to attempt to imitate the natural process that characterizes the behavior of any mother of her own infant. If I am right, it is the mother-infant couple that can teach us the basic principles on which we may base our therapeutic work, when we are treating children whose early mothering was “not good enough,” or was interrupted, (pp. 19-20)

4. Where Freud stressed insight—that is, the anamnesis—in the overcoming of symptoms, and only later became convinced of the importance of working through the transference neurosis, later analysts would place more emphasis on the therapeutic relationship as a healing experience and would view the attainment of insight as just one facet of that relationship. The ongoing analysis of transference and countertransference is of course another important facet, but so is the experiencing of the therapeutic relationship itself, whether one conceptualizes that as a “corrective emotional experience” (Alexander, 1952) or, as Loewald (1960) does, as a reworking of the parent-child relationship:

The parent-child relationship can serve as a model here. The parent ideally is in an empathic relationship of understanding the child’s particular stage in development, yet ahead in his vision of the child’s future and mediating this vision to the child in his dealing with him. This vision, informed by the parent’s own experience and knowledge of growth and future is, ideally, a more articulate and more integrated version of the core of being that the child presents to the parent. This “more” that the parent sees and knows, he mediates to the child so that the child in identification with it can grow. . . . In analysis, if it is to be a process leading to structural changes, interactions of a comparable nature have to take place, (p. 229)

Kohut’s (1971, 1977) idea that the analyst’s empathy heals the narcissistic client’s deeply wounded self puts him squarely at the forefront of this development. This is discussed at greater length in chapter 4.

5. There is a shift of focus to more primitive defense mechanisms. Freud focused on repression and some of its derivatives, like reaction formation and sublimation. As later analysts

shifted their attention to earlier phases of child development, they concomitantly concentrated on the more primitive kinds of defensive maneuvers the younger child or infant would employ: denial, splitting, projection, and projective identification. Then they began to look for the more primitive mechanisms they assumed to be prior to, and hidden beneath, mature defenses like repression. James Grotstein (1981) articulates this view: "Splitting . . . and projective identification . . . comprise the lowest common denominator of all defense mechanisms as well as of all perceptions and thought processes through varying differentiations, displacements, and secondary recombinations. Ultimately, repression, denial, isolation, doing-undoing, intellectualization, identification with the aggressor, etc., are combinations of splitting and projective-identifications" (p. 136).

6. The shifts in theory that were inspired by the treatment of more severely disturbed patients—including the focus on earlier childhood relationships and the attention to more primitive defense mechanisms—were meanwhile applied to the more functional analysands, those whom Freud might have deemed neurotic, and the result has been that analysts probe more deeply into the psyches of the latter, seeking to touch the infantile or psychotic layers they feel certain must be hidden deep within even the most sane individual. Again, Melanie Klein was the pathbreaker here. Andre Green (1975) comments on this development:

Freud's implied model of neurosis is based on perversion (neurosis as negative of perversion). . . . The implied model of neurosis *and* of perversion is nowadays based on psychosis. . . . And this is also why some analysts write that an analysis of a neurosis is not complete until the psychotic layer is reached. . . . When at last we reach the psychotic core we find what we may well call the patient's private madness, and this may be one reason why interest is now shifting towards borderline states, (p. 5)

7. Analyses last longer. Partly, this is a logical correlate of the first six issues I've discussed. It simply takes longer to treat more serious and deeper-lying psychopathology, or to delve more deeply into the psychotic core of relatively healthy individuals. Janet Malcolm (1981) sums it up: "In the twenties, one to two years was deemed sufficient; in the thirties and forties, two to four years was the norm; in the fifties and sixties, four to six years; today, six to eight" (p. 151). Freud was concerned about the possibility that psychoanalysis would become interminable. Schimberg (1938) cautioned colleagues that, if an analysis runs for longer than six years, the analyst must examine possible countertransference themes that postpone termination, and there is a real danger that the prolonged analysis will cause the patient to be estranged from reality. Still analyses continued to lengthen. By now, eight to ten years is not considered excessive in some psychoanalytic institutes.

What effect do these developments have on the termination of analysis? Obviously, as analyses grow longer, probe deeper, and aim to alter more firmly fixed psychic structure, termination becomes a more critical phase of the treatment and there is a larger potential for negative repercussions of poorly navigated terminations. Partly this is because of the greater dependency and regression that are fostered in the analytic situation—that is, the analyst purposely fosters a certain amount of dependency so that sufficient regression will occur for the analysand to be in touch with all those primitive fantasies. Then too, the more severely disturbed people who are now judged to be suitable for psychoanalysis, on the average, have more difficulty with separation and loss.

Psychoanalysts are well aware of these issues. Consider the debate I mentioned about the clinical management of the termination phase. One side says that toward the end of the analysis, the analyst should become more self-revealing, the frequency of sessions should be gradually reduced, and the last several sessions should be conducted face-to-face so that the analysand has a better opportunity to phase out the intensive process. The other side insists that the basic rule—and the basic format, including the couch and the analyst's neutrality—must be continued right up to the end.

The analysts who argue the former position are essentially suggesting the analysand be weaned from analysis, just as the infant is weaned from the breast. But those who argue the latter position do not necessarily consider termination issues any less important. They merely believe that rigorous interpretation, and not weaning, is the way to manage the oral-dependency needs, the fantasies of merging with a powerful parental figure, or the rage and despair about abandonment that regularly arise at the time of termination, particularly if an analysis has been long and has touched on primitive layers of the psyche. Melanie Klein (1950), while insisting that infantile issues be worked through before termination is contemplated, includes in that working through the achievement of the capacity to mourn. Then, as part of the work of termination, she suggests the analyst help the analysand with the process of mourning for the “here and now” relationship itself.

Where Freud could spend months or years uncovering repressed memories and then merely announce to the Wolfman or to Abram Kardiner that it is time to terminate, and perhaps suggest that they not give in too much to their dependency needs or that they give him a gift as a symbolic parting gesture, the issue of termination looms much larger for the psychoanalyst today—and requires more careful

attention. Rather than pursuing the themes that are or should be explored and worked through in the course of terminating an analysis, I will shift gears and discuss psychotherapy, where the same termination issues regularly come up, and where the lessons of psychoanalysis are usefully applied.