

# Beginnings and Endings: Time and Termination in Psychoanalysis

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This article addresses the complex process of termination in psychoanalysis. Implicit in self-consciousness is the knowledge of death; similarly, one begins treatment knowing that it must end. It is argued that the end is always present in the beginning of treatment and, conversely, termination leads back to the onset of analysis. It is also proposed that termination issues, rather than represent a phase in the treatment, are present throughout the analysis. Terminations are different from endings in that terminations are inevitably incomplete. A case is offered to illustrate these points and to show some of the challenges encountered even when termination is mutually planned and agreed upon. Although the word termination implies finality, artful termination involves transcending the need for the analytic relationship while continuing the work of insight and relational transformation.

**Keywords:** termination, psychoanalysis, endings

*What we call the beginning is often the end*

*And to make an end is to make a beginning.*

*The end is where we start from.*

*We shall not cease from exploration*

*And the end of our exploring*

*Will be to arrive where we started*

*And know the place for the first time.*

T.S. Eliot. Little Gidding, *The Four Quartets*

Termination is intrinsic to the entire analytic process. Indeed, time—or the lack of it—is always the elephant in the room. In life, we know that we will one day die and, similarly, one begins treatment with the knowledge that it will one day end. As with death, we tend to deny the ending (Becker, 1973). Yet, no ending in life is like the ending of life, and so when the psychoanalytic relationship is finished, we hope it initiates a new beginning. I propose that termination is best regarded not as a “phase” of analysis but, rather, as a process that includes mourning from the very start, and that the ending is already present in the beginning.

I hope to demonstrate the idea that termination is always in the room, despite the fact that the psychoanalytic endeavor can create an illusion of timelessness and infinite possibilities (Bass, 2009; Slochower, 1998), particularly because of the timelessness of the unconscious (Freud, 1915) revealed in free associations, fantasies, dreams, and inscriptions of trauma, as well as the patients’ fantasy to never leave the analysis and that of analysts to hold on to their patients or to confirm the illusion of a never-ending boundless love. Yet, the reality of time and limits are also forever present,

even if unacknowledged. In essence, much of the work of psychoanalysis involves the work of mourning and the understanding, sorting out, linking and separating of past, present, and future (Craig, 2002).

Arlow (1986) claimed that psychoanalysis “functions in [an] intimate and consistent . . . involvement with time” (p. 507), and Green (2000) argued that “the real object of psychoanalysis is temporality” (p. 171). Connecting time with termination, Bass (2009) put it well when he wrote,

I find the word termination, with its dictionary denotations of “confinement,” “finality,” “bringing something to a stop so that it extends no further,” fails to capture the crucial dimensions of those moments when, at the end of the day, endings and beginnings merge . . . (p. 700)

Thus, although many analysts have written about the termination phase in terms of mourning (Bonovitz, 2007; Loewald, 1962; Novick, 1976), I believe that time, loss and mourning are intrinsic parts of every analysis from beginning to end. Every patient must learn to mourn what she did not have, what she is not, and what she never will be. Every analyst must mourn what he cannot accomplish in the treatment and must be willing to be left behind, the loss of his presence mourned by his patients as they grow beyond him and let him go. Every patient and every analyst must accept that one day they will part ways. LaPlanche (1998) wrote that “the aim of psychoanalysis is to end it so new life can begin” (p. 23).

Beginnings foretell endings, and endings harken to beginnings. This is why the ending is always present in the first session, whether one is aware of it or not. In this article, I will show the intimate connection that exists between beginnings and endings. An analysis begins with the first contact, and clues about the trajectory of the treatment are offered early on. The initial contacts in treatment present an introduction, sometimes even a warning, to the specific sets of wishes, longings, defenses, and relational systems that will get organized and worked through over the course of treatment, especially in the transference and countertransference. Just as Ogden (1989) writes about the “cautionary tale” introduced in the initial analytic encounter to alert both

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parties what is dangerous about their upcoming journey, I contend that the clues we come upon at the outset of treatment tell us what kind of ending to expect.

Two quick examples may serve to illustrate this point. Bob began his initial session by walking over to the window in my office and announcing, “Don’t worry. I won’t jump!”<sup>1</sup> Standing by the opened window, hands in pockets, he peered out thoughtfully. Then he turned to me with a wide smile. Two key truths lay hidden in his cautionary jest: humor helped him cope with pain, and there would be plenty for us to worry about. To be sure, Bob threatened me with an object loss even before we had the chance to form a relationship. The ending was there at the beginning, and the ending it forebode, assurances aside, promised to be abrupt and unilateral. Though Bob did not literally jump out of the window, he jumped out of analysis after 5 years like he had jumped in, both feet hard, landing in Las Vegas, a town where, he later wrote, “everyone was running from something.”

Anna<sup>2</sup>, a male to female transsexual, entered my office and stood in the middle of the room as if paralyzed. After a few minutes of what appeared to be anxious preoccupation and dread, I asked what she was experiencing. She replied that she did not know whether to close the door or leave it open. This seemingly innocuous quandary, in fact, revealed a deeper conflict related to her reasons for seeking therapy in the first place. Would pursuing sexual reassignment surgery and having her penis and testicles removed close a door? Should she go through with the surgery or not? Should she open up the contents of her mind or leave them closed? And, finally, should she come in and address these matters with me or leave herself the possibility of a quick escape? Twelve years later, when I contacted her to get permission to write up her case, Anna added that, at that moment, she had been consciously contemplating whether to leave the door open to allow others to hear her story. In the end, Anna did have the surgery that closed off her life as a man. She also got her wish, because I published her case for all to read (Knafo, 2006).

I often ask new patients to imagine what they would like to happen in treatment, how they think it will happen, and to include the dimension of time in their imaginings. This small exercise has the benefit of establishing, from the start, what conscious expectations are brought into the treatment, as well as what might need to be relinquished for an ending to be possible. The readiness to end most certainly involves the abnegation of attachments to fantastical objects as well as an acknowledgment of incompleteness and the letting go of a search for absolute answers to life’s problems.

To illustrate these points, I will present clinical material from a case but, before I do, I offer a brief, nonexhaustive, review of psychoanalytic literature on termination.

### Termination: Endings and New Beginnings

Freud (1913) regarded the beginnings and endings of analysis, like the game of chess, to have relatively few variations, unlike the middle phase. Yet, in 1912 he warned the novice therapist to temper his ambitions and to be aware that he may wish for more change than the patient does (Freud, 1912, p. 119). For Freud and many of his followers, termination was indistinguishable from the ultimate psychoanalytic aim of lifting the unconscious from repression. Part of repression—what he called primary repression,

like the nucleus of a dream—would never be analyzed. Even at the end of an analysis, one cannot expect to be entirely transparent or known to oneself. Perhaps Freud was already intimating that every analysis, including one that reaches a natural ending, is inevitably an incomplete one. Indeed, he wrote “Analysis Terminable and Interminable” (Freud, 1937) in part as a reply to Ferenczi’s accusation that Freud left much unanalyzed in his treatment of him (Bergmann, 1996). In that article, Freud returns to the death instinct and argues that an analysis is never entirely finished, adding the controversial claim that the “bedrock” in analysis lies in both genders’ inability to accept femininity. On the surface, he was referring to the bedrock of castration but, on a deeper level, I suggest he could also be alluding to both genders’ difficulty with the passive position, a position we all take when facing our end. Echoing Freud’s sentiment concerning incompleteness, Britton (2010) begins a chapter on termination with the words, “There is no ‘end of the line’ in analysis—only the final stopping place at which the analyst gets off (p. 39).”

Whether termination should be considered a distinct phase or not is debatable. Some (Blum, 1989; Hurn, 1971) have argued that analysis lacks a paradigm for termination. Others, like Novick and Novick (2006), write of termination as a discrete phase with specific tasks beginning with the setting of an agreed upon ending date. Schlesinger (2014), too, reserves the use of the word “termination” for a planned and agreed upon end date when most of the therapeutic goals have been achieved, yet he uses a helix model to reflect the cyclical nature of therapeutic work. Still others (Gabbard, 2009; Hoffman, 2001), myself included, claim that a linear paradigm—beginning, middle, and end—does not adequately represent the messiness or unique and idiosyncratic nature of the trajectories of individual analyses. Perhaps this is one reason why termination has sometimes been thought of as an aesthetic affair (Bergmann, 1997; Levenson, 1976) that is cocreated (Salberg, 2010) by both parties.

The issue of a forced versus agreed upon or unilateral termination is an important one. Surely, many, if not most, treatments end prematurely and one-sidedly. Patients may leave precipitately out of fear, anger, or discouragement; some move away to go to school or because of a job. Therapists may decide they cannot treat a particular person or problem. Either can become ill or die. Freud (1918) forced a termination with the Wolf Man case. He found that fixing a date resulted in emergence from a stalemate. Saffron (2002) claims that short-term dynamic treatment, because of its built-in time constraints, of necessity deals with issues of separation-individuation and loss.

I propose that rather than think of termination as the end phase of analysis, we consider that we are, from the start, dealing with termination issues. Dividing the analytic process into distinct stages can compromise understanding the psychoanalytic journey as a whole. Yet, there is something special about the finality of the process of ending, and we prepare for and prefigure the ending in numerous ways. When we say to a patient, “time is up,” the ending is there in the room. Whenever there is not enough time to fully

<sup>1</sup> Names used in all cases are pseudonyms. Patients mentioned in this article gave permission to have their stories written and published.

<sup>2</sup> Anna chose the name herself and, although she initially presented as an androgynous male, she has asked me to use only the feminine pronoun when referring to her in writing.

analyze a dream, the ending is there in the room. When there is a pause in the dialogue, the ending is there in the room. When we inform the patient of our vacation schedule, the ending is there in the room. All of these moments suggest an ending and offer opportunities for rehearsal. Resistance to analysis, according to this view, is the avoidance of termination. When a patient says, "I don't want to talk about this," he is saying, "I don't want to get to the bottom of this" and by implication, "I don't want to get to the end."

How is termination accomplished, if, as I am arguing, it exists throughout the treatment? I am suggesting that termination is prefigured throughout the analytic encounter in the interruptions and breaks endured; in the way the patient holds onto the analyst between sessions and during vacations; in the way the analyst holds on to the patient between cancelled and missed appointments; and during various enactments that pose a threat to the relationship. The separation-reunion cycle is manifested throughout the treatment and is rife with possibilities for preparation of both parties to face the final goodbye. A successful termination brings with it a sense of having transcended the need for the relationship, but with the important caveat that the analytic process will continue. The dynamic process, the therapeutic work, the internalization of the relationship—these matters all live on past the ending. Some (Bergmann, 1997; Craig, 2002; Ticho, 1967) have noted the capacity of the analysis to replace the analyst with self-analysis. With the relational turn in psychoanalysis, there has been increased emphasis not only on intrapsychic change but changes in one's relational patterns (e.g., Davies, 2005; Salberg, 2010). Mitchell (1997) directed our attention to a paradox inherent to termination of a relational analysis:

If the analytic relationship is understood as essentially interactive, termination must result in important internalizations of and identifications with the analyst as an internal object. But if the patient's autonomy is to be preserved, these identifications must allow and nourish personal freedom and creativity rather than binding the patient through unconscious loyalties. (p. 26)

As analysts, we need to be prepared to become unnecessary, de-idealized and cast-off (Orgel, 2000). We need to be internalized and transcended. What I once did for the patient that he was unable to do for himself, he can now do alone and without me. Perhaps he can even do it better than I did.

### Case Illustration: Woman in the Mist

John whisked into my office with a distinct air of one who owns the world. A tall and debonair man in his mid-60s with a mane of glistening white hair, impeccably dressed in a suit and well spoken, John radiated success. My first impression of John was that he was an alpha male, and he quickly had me believing that he would have no trouble interacting with me as a new professional woman in his life. He was attractive, charming, smart, and articulate—all the qualities that had me thinking I would enjoy working with him.

John's treatment began with a drawing. He promptly removed a drawing by Mary, his current girlfriend and the source of this referral, from his briefcase. The drawing was of a woman wrapped in gauze. John then quickly said nonchalantly, and unaware of the obvious connection, that Mary claimed she felt unseen by him.

His façade of assurance quickly crumbled when John ruefully informed me he had been married and divorced three times. He confessed that he had not chosen women who were right for him and he had not known how to make a relationship last. He described himself as self-centered, ambitious, and a workaholic, a man who was always striving for more—more success, more money, and more women. He was filled with shame—adding that shame was the major emotion that accompanied him throughout his life—and felt like a failure at love. Yet, John reconstituted quickly as he moved away from these feelings to proudly assert that he had rendered his last wife orgasmic by composing erotic stories in the bedroom. To his dismay, Mary had no interest in inviting others into the bedroom, even if these others were fictionalized characters.

As if in a hurry to get it out of the way, John quickly confessed the considerable time he spent as a child voyeuristically peeping on his mother through the keyhole to her bedroom. He also spied on her when she took a bath. His father was away on business much of the time and he died young, when John was an early adolescent, leaving John the Oedipal winner, or what he came to call himself, "the king of the roost." He developed a strong ambivalence about his new role in the family for he felt certain it was he who had killed his father and, as a result, he spent his life plagued by shame and guilt. The Oedipus complex was alive and well in John's childhood and adult psyche.

John had given me so much in that first session. I wondered to myself whether he would bring his creativity and seductive powers to the sessions by telling me stories to try to entice me. I was a little surprised at the degree to which sex permeated the room from the start with John. He was not flirting with me and yet there was something in the air that made me feel uncomfortable. I was not sure if this feeling came from me or from him, so I kept it to myself for the time being. It also was not clear to me why John brought Mary and her drawing into the treatment at its onset, but it felt significant. That paired with his peeping on his mother showed me that that which is seen and that which goes unseen were to become important themes in our work.

Mom was called the Duchess by her family. She had married up and instilled in her son the value that appearances mean everything. John learned his lesson well. He attended top schools. He was handsome and dressed well. He was very successful in business. He was wealthy. He attracted women. One might wonder what he was doing in therapy. Yet, the mystery woman wrapped in furs or gauze, or spied on through peepholes, offered clues as to what my role might become for him in treatment. The way John introduced himself to me in our first session served not only as a preview for potent Oedipal feelings in the transference; these were all elements that would reappear at termination.

Mother was an ambivalent figure for John; he actively pursued her approval while desiring to be free of her influence. Both of these attitudes were played out in the transference. John looked to me to validate his many prestigious accomplishments. He took great pride in recounting the meetings he chaired or the boards he was asked to serve on. I became the approving mother at these times and was sincerely impressed. However John could not maintain his pride in his own achievements. He was convinced that I and others saw through his bragging and would consider him an impostor.

One day, John forgot his blackberry and wallet in my waiting room closet. He called me many hours after I had left my office. I was at a museum at the time enjoying an exhibit and resented having to return to my office to let him in. Nonetheless, I saw no other option. When I arrived at my office, John was waiting for me and resembled an anxious child. He confessed that he had gone to the train looking for me, fearful that I had left the city (he knew I lived out of town, as we sometimes met in my second office). His enactment surfaced his feelings of loss and abandonment and provided material for much time to come. My resentment of his neediness and my feeling intruded upon were reminders of his peeping on his mother.

As we understood the strength and implications of these transference and countertransference reactions, John gradually began to free himself of his mother's hold on him. One indication of this change was a major career move he made that he imagined his mother might have disapproved of. His new career provided less income and prestige but greater satisfaction. Letting go of his mother's expectations freed John to reexamine his relationship and identification with his father. Rather than feeling thrilled (and guilty) that his father's death had left him alone with his mother, he now mourned the loss of this man and his function in his life. I became a benevolent father figure in the transference, someone who approved of his career move and did not feel threatened by his career advances.

John's role as father followed naturally and took center stage as he realized the grave consequences of his minimal involvement in the raising of his children. In treatment, he first mourned what both he and they had missed out on in their respective fatherless childhoods, and then he gradually became a more active presence in their lives. In short, John grew to accept both his masculine and feminine qualities, and he became a good and loving father, a man his children learned to trust and turn to for advice and nurturance.

As he negotiated his needs for intimacy and autonomy in the treatment dyad, John's relationship with Mary, too, went through many phases. Initially, John was conflicted about his need for solitude interfering with his desire to be with a partner. Our relationship, with its boundaries and intimacy, became a model for his cultivation of autonomy while maintaining connection. Eventually, he and Mary—an artist who also needed time to devote to her craft—were able to establish a dynamic balance between togetherness and solitude (Knafo, 2009). Several years into the treatment, Mary followed her dream to move out west and John, after much deliberation that filled numerous sessions, decided to join her. His choice to make the relationship his priority was monumental. It meant giving up New York and all that the city had come to mean for him: success, women, and autonomy. Now the relationship was the driving force of his life.

Perhaps most importantly—and related to the other changes that were taking place—was John's budding acceptance of aging and his stage in life. Early on in the treatment, John expressed his fear of aging when he exclaimed, "I have a feeling of impending doom. . . . I don't know when the other shoe will drop and I'll realize I'm no longer a big shot. I'll realize I'm washed up, a blip." We had many discussions about what it meant for him to enter his 70s and what he wanted the remainder of his life to be like. This was a difficult change but one that encompassed and embraced all the others.

Because our ending was planned for and agreed upon it brought out our previous work into strong focus, as revealed by actual

process content from the final sessions, which I will include here. And of course it brought us back to the beginning.

John spent much of his therapy time discussing the practical logistics, as well as the emotional challenges, of his move to California. Because there were many endings in John's life at once, I knew I needed to keep my eye on the ending we were approaching. I became aware that John was unconsciously preparing for it from the ambivalence expressed in some of his declarations. "I used to think that people who hang on beyond their effectiveness are pathetic; Now, I see them as endearing. They're simply trying to maintain some integrity." He announced that in the past he had always feared what he was leaving, but, now, for the first time, he looked forward to what he was moving toward. When he first visited the region where his girlfriend had moved, all of his associations related to death: "Last year I felt like I was dying going out there. The next step would be a cross in the cemetery. It doesn't scare me anymore. I've got a life out there. There is a me. I'm not disappearing. The fear was of being a nobody. That's not happening." He then reported two dreams that clearly dealt with termination issues:

There was a big banquet. A bar mitzvah. Or a wedding. It was in your honor. And yet you weren't making a big deal of it. You weren't standing at the dais but rather sitting at a table. There was a mix of people: Jewish, Hasidic, and others. Arabs, kids. All in honor of you. And you were very gracious. Sitting at a table.

I walked around a bit to the back. You laid down and I laid behind you. We were spooning. We talked. It didn't go further. It was special. Among all these people, you were with me. There was no action. Just this event. You had a great deal of respect and care from all these people. I wondered, is there something planned?

There was another dream. I was asked to speak in a big hall of people. My notes were flying out of my briefcase. I had to wing it. I didn't know shit about what I was talking about. I didn't get far. I couldn't respond. I didn't have enough knowledge.

When John associated to the two dreams, he first spoke of our closeness, my specialness to him and the need to give these feelings formal recognition. Accustomed to free associating to his dreams, he offered the following:

It [spooning] was OK, not forbidden. It was more of a talking thing than a physical thing. It took place on a couch at one end of the hall. And we could look over the hall from a raised area. No one took much notice. They were into their own conversations. It was remarkable that there was no central speech, coming together without an agenda. There was a round table. You were attractive wearing a flowing toga, goldish, not shiny, draped over but not revealing. Very feminine. You were leaning over, engaged with people. Not held back and judged. Engaging in a human way. The tables were empty. There were a few cups of coffee remaining. It looked like a table after an event rather than in the middle.

Since our time for the session was up, I merely suggested that the dreams seemed to be telling us something about the impending ending of our work together. "Yes," he replied, "It's the end of an era."

With these dreams, I knew that John was unconsciously preparing for the termination of our work. The first dream depicted a developmental milestone, a rite of passage and a meaningful transition—a bar mitzvah or a wedding—as well as the intimacy



we had developed and his high regard for me. He lies on the couch with me, not alone. We are together talking to one another. On one hand, this is a realistic portrayal of analytic intimacy, which is more verbal than physical. On the other hand, John denies the sexual feelings and fantasies he has for and about me. I note that spoons fit perfectly into each other.

In the dream, John wants me to get an award, to give a speech, and yet this is not the way things are done in analysis. Thus he is surprised that the ending comes naturally and without much fanfare, likening it to a deserted table with a few cups of coffee that have yet to be cleared.

The second dream demonstrates John's lack of preparedness for the ending. This time it is he who is expected to give a speech but his notes fly away, leaving him to his own wits. I note that he is expressing his concern about going on without analysis.

With all of his gains from analysis, I believed we could wrap up the progress we had made with a nice neat bow. However, the dreams and the final sessions showed me that it was not as simple as I had thought. My hunch was confirmed when John came to one of the final sessions with an awareness that terminating his analysis and leaving NYC involved grieving for the "woman in the mist," his fantasy of the perfect woman, a fantasy he had never mentioned but one that reminded me of the woman in gauze from the first session. "I'd go to Europe when I was married expecting to find Marlene Dietrich sitting next to me on the plane," he explained. He associated to Sinclair Lewis's story, *Babbitt*, in which a man, estranged from his wife, sleeps on the couch and daydreams about a nymph who desires only him. "I don't want to be sleeping on the couch thinking of the lady in the mist," he added.

I realized that I had neglected my role as erotic object for John and suggested that I might be the lady in the mist that he felt he had to give up. At first, John replied intellectually saying that he now possessed the tools he acquired from the treatment. "You represent the lady in the mist," he said softly, adding after a long pause: "I suppose I am ready to leave the lady in the mist." Once the separation became about us, and not just the tools he had internalized, John realized he needed to say goodbye to me. "I've never been good at goodbyes," he muttered ashamedly, adding, "I've always managed goodbyes in a very bad way. I pretend they don't exist. . . . If I don't come, we'll never have to say goodbye." In the 5 min remaining in the session, John expressed his reasons for avoiding goodbyes:

I have to be vulnerable. I've always felt shame. I always feel I haven't given enough to a relationship. There were missed opportunities, and there are no more chances to make them up. I'm out. If you continue seeing someone, there's always a chance. Goodbye. This is what they're left with. It's like a butterfly saying goodbye at the cocoon stage, not the butterfly stage.

He returned to the fantasy of the lady in the mist, describing her as "the perfect all knowing, all loving, all beautiful woman." John said, "The fantasy will always be alive but I don't need to pine for it. I can enjoy it as a fantasy."

He was troubled, however, by his getting older. "I had lunch yesterday with a woman in her 30's for work. She called me Mister out of respect. I'm not of her generation.

A: There's a loss of possibilities.

J: As much as I feel comfortable in my life, at my stage, I have longings for a period of life I missed. I felt frozen in my emotional growth until my 50's. Now that I'm thawing out, I look back and see what I missed. There's regret. I envy a dream.

A: You're taking stock of your entire life.

J: Yes. What am I looking for? Angelina Jolie to invite me?

With this, John uncovered what he had felt all along but kept to himself: "If you weren't attractive, it wouldn't be a problem. If you were a little old lady, it'd be different. I'd see you more as a mother." And here he paused, only to realize, "But you're close to the age my mother was when I was a kid. I can't help having visceral reactions to you apart from the relationship to a therapist."

A: There are feelings you haven't shared here.

J: I see you as a friend, an attractive woman listening to me, helping me. You are a woman. There's probably some transference there. I do not want to give it power. It's not that I go home and fantasize and masturbate to you. I'm just aware. . . . (pauses) Why wouldn't I masturbate to you? You're a mother figure!

A: And you *were* attracted to your mother.

J: I remember wishing that she'd invite me into a sexual relationship. Me—instead of my father. He went away for weeks at a time. Sometimes I slept in his bed. There were storms. I'd cough. I'm convinced the cough was psychologically determined. (I realized I had to jump in where I had previously remained unobtrusive.)

A: Were you waiting for me to invite you?

J: Yeah! At some level, sure. I'm glad you kept a very clear relationship. I had a previous therapist. She was my age, attractive. She talked to me. It became a date rather than therapy. I enjoyed the attention but it was not useful. She had her own needs. You held yours back.

A: You did too. Maybe you're feeling safe to bring this up now.

J: I talked about my mother, sexually—not us. Is that harder or easier?

A: It brings it into the room.

J: Maybe something in me wants to seduce you. Yes, repeat the past. We can be in proximity without having to have a taboo relationship. I wonder if my mother had any idea she was sexually exciting to me?

A: Perhaps that's what you're asking me?

J: Subconsciously, I do not know.

After this session, I thought long and hard about the material that was emerging at termination. Yes, John had hidden parts of himself, secret feelings he harbored toward me. However, why had I been so blind to the erotic dimension in the room? Was I being peeped on unknowingly, as his mother had been? Was I resisting making him an oedipal winner because, at the time, I too was

living alone with a son and resisted seeing the erotic nature of that relationship? Surely, this shared blindness had been cocreated by us, but I did my best to address it before ending.

The final session was a moving one, in which John and I reviewed his progress and shared how each of us had been important to the other and would be missed. He thanked me for the increase in his self-esteem and concluded, "I don't have to say goodbye to you. You're coming with me. What I'm saying goodbye to is being here. But not to the structure that has been built through dialogue."

Then, he suddenly added, "And it doesn't hurt that you're so good-looking." As he walked out, he turned back to say, "Thank you for being so good with the boundaries."

### Discussion

John's case demonstrates that the ending was present in the beginning. Already in our first session, he brought up the woman in gauze and his peeping on his mother. The woman in the mist reemerged in the end, with me as the transference object he had hidden feelings for. Like his mother, I was unaware of the extent of his erotic feelings toward me. He kept them well hidden—it seems even to himself. And I colluded with him by also being unaware of the erotic dimension of the transference and countertransference. I was pleased that the termination phase allowed us to explore the significance of the fantasy of the woman in the mist throughout John's lifetime. I was sad that we did not have more time to take that exploration further, leaving some things far from resolved.

Some have written about ways in which patients regress as they near termination (Cooper, 2010; Schafer, 2002). Apart from regression, I would like to stress how new material often emerges in the final phase of treatment. It is one of the ways patients let us know there is more work to be done, that no analysis is complete. It is also safe to bring up new material when there is little or no time to work on it. For analysts, it is a vulnerable time when defenses are down, allowing them to see what they otherwise miss. Cooper (2010) notes that termination presents an opportunity to examine previously underappreciated aspects of the transference-countertransference relationship. My work with John confirms this view.

Several authors who have written on termination mention that the transference relationship—often spoken about in terms of a love relationship—must undergo a significant transformation at the end. Menninger (1958) wrote that "The love sought from the analyst, he [the patient] is now ready to seek elsewhere" (p. 159). Davies (2005) compares Oedipal love and transference love, saying that both "hold in common the potential for highly romanticized, deeply bewitching, all-consuming and utterly impossible love—a love of mythic epic proportion, a love designed to be healing and compensatory on the one hand, but a love that must also be relinquished and transformed in order for the child or patient to move on to more realizable forms of romantic engagement (p. 785)." These authors believe that Oedipal and transference love are necessary and that both must be relinquished and mourned. More important, this process must take place without killing the capacity to love and to find new objects.

John entered treatment while in a budding romantic relationship with a woman. He was a man who had had many relationships and multiple marriages. Despite this, he longed for the elusive woman

in the mist—the mother of his childhood whom he could never completely conquer. Although he possessed a strong fantasy life (he sometimes referred to himself as Don Quixote searching for windmills in the desert), his life on the outside—with success in work, family, and love—left room for me to become primarily a transference figure that could eventually be relinquished. This appreciation for boundaries and limits facilitated John's acceptance of the woman in the mist as a fantasy figure, which ultimately helped us move rather smoothly toward termination.

The termination of John's treatment demonstrates that preserving the analytic frame helped us both maintain a sense of finitude throughout our work together. It also demonstrates that much analytic work is done nonverbally and unconsciously. Clearly an Oedipal winner who was able to spy on his naked mother during the day and sneak into her bed at night, John used the analytic relationship, with its clear boundaries, to obtain admiration, guidance, and separation without transgression. I was the mother he longed for as well as the father who set limits to his desires. By maintaining the boundaries—for which he was ultimately grateful—John was able to say goodbye to me and hello to a new life that included gratifying work and a woman as an equal partner.

John's case additionally reveals the internalization process. He clearly internalized the therapeutic skills—the self-analytic function—as well as me as his analyst and a significant person in his life. He engaged not only in a review of what our treatment meant to him but, also, in a review of his life in total. Of course, this was related to his stage in life, but it was also related to parallel endings.

Maintaining boundaries helped John accept his age. Much of our work involved his growing acceptance of his stage of life and his ability to tolerate loss, limits, and the unalterable course of time (Bion, 1992). Previously living as if there was no tomorrow, he now spoke of limits (being with one woman), compromise (relocating for the relationship), and mourning (a past he could not change). He was beginning again, as he had done so many times in his life; however, this time the beginning was one of his making.

John's treatment exemplifies my thesis that the ending is present throughout the treatment. And the actual ending of John's analysis was, as all are, inevitably incomplete. We each had to relinquish our desires for perfection, mine of ending the treatment with a nice neat bow, and his of having to give up the fantasy of the perfect woman, the lady in the midst. Despite its incomplete nature, the termination offered a sense of transcendence and continuance. Our ending had a healing aura. It was clear that it was approaching. We planned it. We let it do its thing, which was to carry the work we had accomplished to its natural conclusion while offering the promise that further work would continue. That this was so was summed up in his words, "I don't have to say goodbye to you. You're coming with me. What I'm saying goodbye to is being here but not to the structure that has been built through dialogue." John's words indicate that he understood a deep truth about termination: we end an analysis but never really terminate it.

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