

**Transformations of Desire and Despair: Reflections on the Termination Process  
from a Relational Perspective**

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Termination. What a flat and one-dimensional word to capture such a rich, multi-dimensional and deeply difficult process. Termination is the moment in which patient and analyst together, sit poised, holding the disparate threads of a tapestry of meaning they have woven during the course of the treatment. This tapestry tells the story of how one life has engaged another life, and how, in so doing, it has explicated its own unique synergy of historical moments, intense affect states, internal systems of meaning construction and object relatedness. In many cases the tapestry depicts a rather bold and epic narrative, the heroic story of a journey undertaken by two brave souls, a journey in which battles have been fought, some lost some won, evil demons and wild beasts have been met and hopefully subdued, love affairs have been imagined, played out and transformed, and moments of remarkable intimacy and vulnerability hereafter bind the souls of our two courageous travelers. This tapestry, the work of an intensive psychoanalysis, is living testament to what, the systems theorist, Gregory Bateson described as, "it takes two...to know one." In essence, describing the wisdom that life is a hazardous journey and to survive in tact and with self awareness, we must travel together. We know as analysts, who sit holding the threads of this fabric, that there comes a time when we must somehow finish off our tapestry, cutting the threads loose, and binding the colors and textures and patterns together in a way that somehow manages to hold them all, preventing the errant escape of any one thread that can unravel the whole, and destroy what patient and analyst have worked so hard to create.

It has always been of interest to me that Freud had little to say about the

termination of a psychoanalysis. He never wrote a technical paper on the subject, and there are very few technical suggestions sprinkled throughout his other papers even “Analysis Terminable and Interminable.” Ferenczi, always an abundant source of rich and creative, if controversial, technical clinical advice did write a paper on termination which he presented to the tenth international psychoanalytic congress in 1927. In this paper he states simply “The proper ending of an analysis is when neither the physician nor the patient puts an end to it, but when it dies of exhaustion, so to speak....(pg.85). Writing from his particular historical context in the development of psychoanalytic thought, Ferenczi’s advice is predicated on the belief that since transference love is a fantasy, resolution of the transference will itself obviate the need for and dependency upon the treatment. Indeed it wasn’t until 1955 that Edward Glover identified a “termination phase” of the psychoanalytic treatment, and offered some technical recommendations for it’s handling. Even so writing on the subject remained sparse until the early 1970’s, three quarters of the way through the one hundred year history of our field. A remarkable thing if you think about it.

During this time a fair body of literature on termination emerged, but my review of the literature suggests that these recommendations rest upon a fairly classical notion of mind and of the psychoanalytic process itself; resolution of a linear and oedipally organized transference neurosis, a relatively one sided exploration of the patient’s experiences of loss, death, abandonment and grief, and an emphasis on the patient’s identification with- what has been called- the “analyzing function” of the analyst in preparation for the post analytic phase. The emphasis is clearly on the patient’s history; how the loss of the analysis and the analyst trigger the reemergence of earlier trauma and unresolved grief. In essence the mourning process at termination involves the analyst as “stand-in” of sorts, a representative in part for all of the unmourned, ungrieved, unresolved abandonments and separations suffered by the patient.

I would not want to disagree with these aspects of the termination process. I believe them to be important and essential aspects of what must transpire in the ending of an analysis. However, I do believe that a more contemporary rendering of mind and a more intersubjectively conceived treatment demands that we go beyond these

considerations, and ask ourselves how our evolving understanding of the therapeutic action of psychoanalysis, requires that we rethink and elaborate that which becomes necessary during the termination process, given the particular model of mind we hold and the particular elaborations of psychoanalytic technique which we employ. Writing from a contemporary Freudian perspective, Martin Bergmann (1997) puts forth the view that psychoanalytic writing on technique has failed to provide a useful paradigm for the termination process. Bergmann goes on to explore the idea that most patients have little impetus to terminate given that their counter dependency needs have been successfully analyzed during their treatments. For many patients, Bergmann suggests, the analytic relationship is the best love relationship they have ever experienced. From a more interpersonal perspective Edgar Levenson(1978) suggests that termination is more a matter of aesthetics than of technique; comparing the analyst's sense of when to end a treatment with the painter's decision to acknowledge that his work of art is complete. For Levenson every termination, much like any analytic dream, has within it the totality of the analysis and of the analyst/patient relationship, and is therefore uniquely organized and experienced by each analytic dyad. Irwin Hoffman Hoffman (1998), writing about the termination process from a relational perspective, writes,

“...Although we cannot change any moment as it was experienced, we can make choices that affect the meaning to us of any particular moment as we think of it in retrospect. Death puts an end to any chance to revise the meaning of our experience by reinterpreting earlier experiences in light of later ones. P. 245-246”

Hoffman goes on to point out that death is not the equivalent of termination, although this can sometimes be obscured in the traditional termination literature. Termination does, however, put an end to the analytic relationship, as the analytic couple have come to know and experience it, and involves the transformation of this relationship into something quite different from what it has ever been before. The particular quality, the way we choose to negotiate the narcissistic vulnerabilities of the termination process, may forever color how we remember the entirety of the experience. From this sampling, one senses, that regardless of psychoanalytic orientation, Freudian, Interpersonal or Relational, contemporary psychoanalysts have come to understand that the waning therapeutic reliance on a “blank screen” analyst poses new problems for the termination

process. In this particular regard, Stephen Mitchell (1997) writes,

We all have a deep intuitive sense of the importance of the lasting internal presence of and identifications with one's analyst(s) that is difficult to reconcile with the myth of the generic analyst and the perfectionistic ideal of a "complete analysis." This presence derives not just from the analysts' interpretations or their professional or work ethic or their supportive understanding, but to their subjective way of being, a sense of what they are like, their feel for life. We come to know only the version of the analyst that comes alive through his role in the analytic process. Yet, that version is deeply personal. (pg.27)

And Anthony Bass (2001) in a vision most closely akin to my own, because it stresses not only the patient's experience of loss and identification, but the analyst's own experience as well, writes

I find that the word termination, with its dictionary denotations of "confinement," "finality," "bringing something to a stop so that it extends no further," fails to capture crucial dimensions of those moments when, at the end of the day, endings and beginnings merge, forming a unity..... Most often, life goes on for analyst and analysand alike, though when the partnership has fulfilled its potential, neither is the same for having met the other in the way they did, and the trajectory of both lives will not be quite the same for the encounter. (p700).

This paper represents my own attempt to understand the process of termination given the dissociation based model of mind and therapeutic function about which I have written in many earlier papers ( see for example Davies, 1996, 1998a, 1999). Toward this end, I ask you to imagine that the threads of a psychoanalytic tapestry, particularly a relationally designed one, are the self states of patient and analyst, the developmentally organized systems of identifications and counter-identifications, concordant and complementary (in Racker's (1968) ) conceptualization) that have engaged, disengaged, fought, loved, struggled and survived to tell their story, a story of the patients unique internal self organizations, the meanings created by these organizations, and the varieties of engagement with significant others that have the potential to emerge and solidify from within them. The termination process, seen from such a vantage point, is not then, just a long good bye. Termination so conceived, involves a multitude of good byes, many many good byes, between the self states of patient and analyst, goodbyes which emanate from a multitude of developmental epochs and from different centers of developmental trauma, conflict, and meaning making. From my own perspective each good bye

deserves its own attention, each one is different, each one holds the potential for growth, emergence and liberation, but also for grief despair and narcissistic collapse.

Termination is not a unitary and linear process, but one that is contradictory and complex, containing many, oftentimes irreconcilable experiences of the same separation and ending. Each good bye, between analyst and patient holds the potential to define the entire experience of the analysis and to determine how that experience is remembered and held over time.

As with any intensely intimate relationship, if the ending is marked by emotional honesty, respect for the feelings of the other and a gentleness that speaks to the vulnerability of the moment, the relationship can be jointly grieved and may yet be remembered with warmth and a preponderance of loving feeling that supports the narcissistic injury imposed by the loss and separation. Where emotional dishonesty, or the projective disavowal of unacceptable self or affect states, by either participant, comes to define the emotional landscape, narcissistic outrage may come to supplant the mourning process, and resentment and contempt may forever cloud even the most positive and loving memories of the analytic process.

Within the multiplicity of psychoanalytic “endings,” involved in the termination of any given analytic treatment we find not only self/ other organizations and engagements from different developmental epochs of the patient’s and analysts’ lives, but we also find self /other organizations which emanate from different points along the path of analytic change and transformation. These are the “emergent” self states, organizations of self which have grown out of the analysis, which have grown up in relation to the analyst as a “healthier” object who has struggled along with the patient to find new resolutions to old developmentally determined identificatory conflict. Such new and emergent self states are particularly vulnerable to the challenges of termination and must withstand its assault. Indeed we might say that one of the signals that the patient is ready to consider entering a termination phase, is that these emergent self states appear firmly established and resilient enough to survive the loss of the analyst, and the potential revitalized reemergence of bad objects and sadistic introjects who might once again rise up against them, particularly at this moment of vulnerability, in the analyst’s absence, to

challenge newly emergent meanings. Indeed how the emergent self other organizations of patient and analyst experience, understand, and survive the termination process creates further co-created new experience and itself contains the potential to strengthen new structures and enhances the transformation of old meaning schemas.

But I think it is safe to say, that the termination phase of treatment, gives rise to particular difficulties for the relational analyst and calls into question, perhaps more than any other phase of the treatment some of the specific challenges and dangers that may be unique to working within a relational framework. I have written on earlier occasions (Davies, 1998c, 1999) (see also Hoffman 1998) that whereas the neutrality and abstinence of the classical psychoanalyst, might leave certain patients untouched and unchanged by the process, the significant emotional engagement and participation of the relational analyst could, in the end, leave particular patients extremely vulnerable to an experience of having been seduced and then abandoned. “Why should I care about you?” asks the vulnerable patient. “Who are you that you should matter to me?” “Why should I let myself care about you- love you, when in the end this treatment has to end?” We might well ask ourselves, “Why indeed??”

Jay Greenberg (2000) has suggested that relational analysts have substituted “ a new relationship with the analyst” and the kind of transference gratification, even love, that this implies, for the deeper insights and intense affective experience he views as more endemic to a classical position. Although I agree with Greenberg, that relational analysts often write about “the new analytic object relationship,” I believe that his interpretation of this phrase represents an imprecise and unfortunately reductive description of what we relational analysts are actually going about in our psychoanalytic work. It seems to me that the relationships we construct with our patients are actually templates, beloved templates perhaps, but templates nonetheless. For what we offer patients, within a relational psychoanalysis, is the opportunity to explore how their unique internal organizations of self/other experience tend to envision and construct relationships with significant others; how early implicit relational systems somehow organize and control not just the past, but also the present and the future. We can only imagine what we have known. Our analytic intent is not simply to provide patients with

a new experience, but to give them the tools, the knowledge, the insight and self awareness to enable them to construct for themselves, in our absence and when we are gone, new relationships from within emergent self states, new relationships that do not conform to the old, stereotypically neurotic and frustrating patterns of their past.

However, to do this we must actually engage with them IN a relationship, not a superficial provision of emotional supplies that occurs only in the here and now of interpersonal relationship, but a deeply felt, emotionally intense ,mutually constructed experience of their own unique systems of self/other organizations and identificatory and counter identificatory conflicts existing between self organizations out of which they construct a contemporary relational world vision. We involve ourselves in their internal worlds, we immerse ourselves deeply, in Stephen Mitchell's (1986) words, we dance the patient's dance. We try to feel their rhythms in our bodies and our bones and our minds and our hearts, how the patient does it.... how the patient feels it.....what the patient thinks about it.... And who the patient choses to do it all with..... We take for granted that along the way our own self states, our own identifications and counteridentifications will involve us in a deeply felt personal way, as they engage in unconscious enactments that draw us more deeply into the unconscious dimensions of the patient's experience and our own.

For relational analysts and patients, it is the mutual struggle out of these emotional embroglios, the journey from enactment to acknowledgement, to interpretation, and ultimately to self reflection, that eventually creates analytic insight and change. And although the process for patient and analyst is surely asymmetrical we understand that the struggle out of enactment to self reflection proceeds for both of them as the multiple self states of the patient engage with the multiple self states of the analyst in patterns of engagement unique to their particular dyadic process. Patient and analyst alike will question each other and their own internal object world. How do I construct my relationships? Why do I construct them this way? What does this have to do with my own history of past relationships? What significant identifications are problematic for me in choosing significant others? Do I want to keep going the way I have been going? And ultimately, "how do I do it differently?"

But here we understand that “doing it differently,” is not simply a matter of instruction, interpretation and evolving cognitive insights, although these are all contributing factors. Changing the implicit memory systems that unconsciously influence our unconscious object related choices must, also, we now know, involve a deeply felt, affectively powerful enacted experience of something new and different emerging out of the old, self destructive repetitions. We must repeat, unlearn and relearn. Like changing a tennis serve, or an intricately choreographed dance step. We must practice it, we cannot accomplish the change by merely thinking it, we must do it again and again and again, falling into old patterns and reminding our bodies “...this is the old way....this is the new way.... this is why it is hard to do it the new way....but remember, body, you must do it the new way.” Perhaps this is what we have always meant by “working through.”

The conundrum, of course, is that to engage so mutually and so intensely, over such a long expanse of time involves both participants in the psychoanalytic process in a profoundly mutual, deeply felt and deeply loving (at times hating) relationship. Termination, seen from this light, stands as one of the very few moments in life when we actively choose to permanently end such a mutually loving relationship. “Why should I let myself love you?” asks the vulnerable patient, “if ultimately this relationship has to end?” Why indeed? Such questions become particularly bittersweet and poignant when we consider how the termination process exposes the multiple self states of patient and analyst alike to potentially humiliating experiences of feeling unloved, passed over, outgrown and dispensed with. Even when our adult selves are ready to move on, prepared for new adventures, adventures that can be consummated, lived out, and fulfilled, there are younger, more vulnerable, less narcissistically evolved states who hold on, hold back, confused, injured and abandoned, “why are you doing this,” “what have I done wrong,” “why don’t you love me anymore?” “did you ever REALLY love me in the first place,” “please don’t leave me,” “Can I ever let myself love or trust again!” I daresay that such infantile states exist for patient and analyst alike, and although there may be some differential in how readily they are evoked and under what conditions, (please note the often times infantile reactions of analysts who believe that a patient is terminating “prematurely) they are at no point in treatment, I would suggest, so much in

danger of lending their particular world vision to the entire psychoanalytic endeavor as they are during the narcissistic vulnerabilities of the termination phase.

How then do we conclude a psychoanalysis given the multiplicity of endings which must occur and the range of developmental epochs from within which they must be negotiated, without the experience of seduction and abandonment infusing and toxifying the entire endeavor; forever coloring the analysis with representations of analytic violation, betrayal and abandonment? In recent years (Davies, 1998b, 2004) I have written a good deal about the developmental shift between oedipal and post-oedipal forms of relatedness, and about the ways in which infantile, oedipal love and transference love hold in common the potential for a 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 in both cases, a love which must also be relinquished and transformed in order for the child or patient to move on to more realizable forms of romantic engagement ( for additional perspectives on the post-oedipal phase see Bassin, Cooper, and Loewald.) I have suggested that it is, most often, during the termination phase of a treatment that patient and analyst struggle to de-idealize and transform this experience of mutual perfection, accepting each others imperfections, vulnerabilities and flaws, renouncing both the adored other and the adored self, holding their potential disappointments in the other and in the self, and yet holding these disappointments with the knowledge and wisdom that imperfection is inevitable and paradoxically enriches and deepens that which we are capable of feeling for another. If one accepts these ideas, as well as my basic premise (Davies, 1998b, 2003) that children must (contrary to classical theory) both win and lose their Oedipal struggles, than how do we allow for our patients' symbolic victories in this arena, without seducing, overstimulating and essentially retraumatizing them on the one hand, and how do we suggest that our need for each other may be at an end and conclude a psychoanalysis without evoking the narcissistic collapse of the patient into another perhaps more destructive retraumatization defined by the experience of being devalued, dismissed and discarded by an adored other.

There is then, a direct parallel between the termination phase of an analysis and

the movement from oedipal to postoedipal forms of relatedness. For both involve the slow undoing and renunciation of an illusory love, illusory not in the sense of being artificial or fake, but illusory rather, in both it's imagined perfection and in the sense that it is ultimately unrealizable in the external world.. One of my favorite poets, Emmanuel Ghent (1992) writes,

...so often it happens that the route to truth is through the intensity of illusion. Is not analysis a veritable playpen for transference and countertransference, and what are these if not vehicles for finding truth by knocking on the walls of illusion? Are not dreams the quintessential illusions, fictions? Are not most art forms-lines on a flat plane or ambiguous words in blank verse or people playing roles on stage-are not these all built on illusion? And do not all these lead us, through illusion, to encounter a level of truth and reality that is otherwise inaccessible? (p. 139)

Both oedipal love and transference love are necessary. They are foundational. They can both burn hot and deep. But ultimately both represent loves which cannot be lived out and consummated in real time and space without the profound traumatization or retraumatization of the child or the patient. They must be relinquished and mourned. To my way of thinking, it is within the space defined by these two potential forms of retraumatization, the place between triumph and failure, the space between adoration and scorn, that the essential and life affirming process of termination must occur. For termination, so configured, becomes not just a psychic space in which to reprocess and grieve unmourned losses; but a space as well in which we attempt to learn how to sustain desire for that which we cannot possess; how to tolerate disappointment even in our most heartfelt pursuits, without converting this disappointment into scorn and ultimately retaliatory preoccupations. The paradox of termination then, involves sustaining disappointment in our deepest places while at the same time sustaining as well our love for those who inflict these same wounds. Such a capacity comes I believe, from the dawning mutual recognition that it is only such disappointment in oedipal and/or transference love that allows the patient to move on to a love that is less illusory, less unrealizable, one that is ultimately more nourishing and consummated. It involves recognition as well that intimate love can only be sustained in the shadow of disappointment, and that to sustain such intimate attachment the patient must be capable of sustaining desire as the idealized perfections of early infatuation give way to a love

that is more accepting of mutual, interpenetrating vulnerabilities (Davies, 2003). Both patient and analyst must come to accept, perhaps “surrender” (Ghent, 19 ) to the idea that in walking this very very fine line between desire and despair the analyst not only disappoints her patient, but also frees her to move on in life to a love that can be realized and consummated in the fullest sense.

The termination of a relational psychoanalysis involves, then, for me, three significant dimensions that may distinguish such a process from the final stages of a more classically rendered treatment. First it involves a process of multiple endings and multiple good-byes, each of which occurs between a significant self state of the patient and a significant self state of the analyst. These good byes evoke different developmental eras, different affective colorations and intensities, different cognitive schemas and different transference/countertransference reenactments and potentials. Second, such a termination involves a mutual “letting go” process, a letting go that- like one’s oedipal relationships involves loss and necessary mourning on both sides of the process; a letting go that involves the slow, non traumatic transformation of mutually idealizing yet impossible experiences of compensatory perfection and love into an acceptance of vulnerability, mutual interpenetrability and the capacity to experience loss and or defeat without a renunciation of hope and a full engagement with the promises of the future. Such a process involves acknowledging the analyst’s penetrability as well as the patient’s, how the analyst has been touched and permanently changed by her work with any given patient, and it involves creating a space for the analyst’s mourning process to proceed along with although perhaps not symmetrical to the patient’s. The third dimension of this model, subsumes the first two, and holds firmly to the conviction that implicit memory systems, what has been termed procedural relational knowing, can only be changed by actual, felt, enacted experience that is rehearsed and practiced over significant periods of time and in the presence of significant others. I do firmly believe, therefore, that the termination of the analytic relationship, the final consolidation and internalization of all that has been achieved during the course of the treatment, must occur in the ultimate relational negotiations between patient and analyst that both repeat old relational experiences, and then unlearn and relearn newer ways of transforming these

unsatisfying patterns. In the final days the insights that have been gained from a thorough reworking of the past, of significant past object relationship and conflict, must be brought to bear within the analytic dyad, serving as a deeply unsatisfying counterpoint to the transformations which are struggling for breath and life in the final days of the work together, and are somehow captured by and reflected in the way in which the potential narcissistic injury is transformed (see Davies, 2003).

Let me share with you some moments that are drawn from the termination process with my patient Karen. I do not attempt to be thorough in my rendering of this process or to provide you with a detailed portrayal of how these three issues manifested themselves in this analytic treatment, or how they came to be resolved between us. I do, however, attempt to provide a tableau of sorts that might serve to evoke these dimensions of termination and give us a reference point for later discussion. Some of you may remember Karen. A long clinical paper on Karen's treatment (Davies, 2004) attempted to capture the enormously difficult process of engaging with Karen's almost relentless malignant projections, and how she and I struggled to survive these projections, to understand their functions and to soften, over time and with much effort, their toxic effects to our relationship. Much of this effort involved my being able to recognize, hold, and sustain both Karen's destructive and her reparative engagements and self states, and my allowing Karen to see the complexity of my own motivations, destructive and reparative as well as the self states in which those forces resided. It was only in witnessing me own and attempt to metabolize my own destructiveness and shame that Karen could overcome enough of the blinding shame she felt in regard to her own malignant envy and rage, to halt the process of projective evacuation and to begin bridging the split into complementarity which made feeling loved and feeling sane, at the same time, irreconcilable experiences for much of Karen's life.

I invite you now, to once again join Karen and me. We are, at this point, eight years further along into Karen's analysis. The selves now set before you would probably, on the surface, be unrecognizable to those of you who suffered with me through some of the more difficult phases of my work with Karen in the earlier paper. Gone is the sullen deadness of Karen's gaze. The enormous down jacket in which she swathed her despair

and hopelessness has been replaced by an attractive and stylish outfit, more revealing of her body, eyes that hold energy and hope, plans that communicate the belief in a future that will hold emotional nourishment, even love. In the eight years that have transpired, Karen has finished her BA and earned a masters degree in special education. She has survived some pretty rocky and mutually destructive relationships with enough of herself in tact to meet, date and fall in love with Brian. Lest you come to believe that I am telling you some kind of psychoanalytic fairy tale of untold therapeutic success in the land of the impossible, let me assure you that Karen can still be extremely difficult. She is moody, oftentimes petulant, she is narcissistically vulnerable and prone to feeling victimized and shamed with relatively little external provocation. I know that Karen will always be intense, and I suspect that she will often be challenging and provocative in intimate relationships. But Karen has come to know her selves. She understands and recognizes her own self states. She has a sense of the developmental crises around which they have each emerged, she knows them, recognizes them, understands how old they each are, how they think and react, and to which of her significant objects they each belong. She knows what kind of reaction each self state is most likely to stimulate in others. Most importantly perhaps, she knows how to take care of each of them, and she knows to whom she can turn for help if her attempts at self nurturance falter.

Karen knows also that I care about her deeply. She knows that I am proud of the newer selves that have emerged in our work together and in the courage and hope she is bringing to bear on her future. But she knows as well that I have come to understand and care deeply for the more angry, rageful, envy filled self states that marked much of our analytic work together, and although she recognizes the pain and suffering evoked in others by those selves of her own, she has also come to appreciate the adaptive, survival functions they served for her, the ways in which the present she loves might not have been possible without these defensive hatreds of the past. Karen knows that I appreciate this as well, and that I am grateful to her more hateful selves for even though they have forced upon me moments of painful self awareness, awareness of personal self states that I might chose to ignore or forget, they have also protected Karen, they have made it possible for her to survive her childhood and they have brought her into the analysis, into

the work with me and into my life.

There is more work that Karen and I might do to solidify the gains she has made in her treatment. But Brian has just been accepted to graduate school in California, and they have decided that Karen will go with him. They will move in together. They are planning to marry. Karen will look for her first teaching job in special education on the West coast. Karen and I choose to believe in her future and we begin the difficult process of ending her analysis and transforming our relationship into something that will never again be quite the same. During the course of this work Karen and I move fluidly among self states and object relationships that have defined the transference countertransference process during particular phases of her analysis. We learn to recognize, both of us with some surprise, the reemergence at this time of self/other experience we believed had been worked through and transformed. I learn from my work with Karen that self states are rarely laid to rest, that their transformation in the course of analytic work is relative and fluid, their reemergence in interpersonal construction and experience always a potential in the context of particularly vulnerable experience.

I begin to recognize in my work with Karen at this time the illusive appearance and disappearance of a part of her I have known. The “Karen” of that earlier paper, the Karen who is relentless, demanding, unsatisfied, at times inconsolable; the Karen it is hard to love, hard to tolerate, hard, at times, not to hate. She is not present in the way she had been, but she darts in and out of our work together, a tease, a provocateur, a felt presence. Her appearance surprises both of us. Karen embodies her unwillingly and ambivalently. I accept her reappearance but “welcome her back” with deep reservations of my own. In these moments with me she is sullen and despondent. “How could I be letting her go?” “Maybe she should be with me and not Brian.” “Perhaps she should stay behind for a year or two and do more analytic work.” “Perhaps I am actually relieved to see her leave, secretly eager for her to go.” “Perhaps I do not really care about her as I have claimed.” “Perhaps it has all been a lie, a therapeutic strategy, a manipulation.” “Perhaps I have been an idiot,” cries Karen ultimately, “to ever believe you could care about me, to be sucked in and now spit out by you. How could I ever have believed you really cared, why in the world did I let myself become so vulnerable?” Why indeed?

Such questions reverberate in transference-countertransference processes representing a host of different developmentally meaningful dyadic pairings. Will the termination of Karen's analysis be remembered and recorded as a hostile abandonment; a premature casting out to a cold and uninviting world? Or will the letting go represent the ultimate loving gesture; the relinquishment of the analyst's narcissistic needs to "hang on" to the patient's idealized oedipal love; in order to free the patient for a genuinely intimate and mutually interpenetrating post oedipal love? One must presume that the working through process will resound on multiple levels, evoking reminiscences and dyadic relational processes from a host of developmental crises.

Part of our conventional psychoanalytic wisdom holds that symptoms will tend to reappear around termination. Part of what I am suggesting today is that it is not simply symptoms which reappear at termination, but the self/other paradigms and organizations from within which those particular symptoms arise and within which they have taken hold. We come to a point where Karen's sullen and despondent self state takes up a protracted residence. It is not quite as it was before because she and I both realize "who" we are dealing with; we know this self, we know her reactions, we know her triggers, we know what she stimulates in both of us; we each know that she and our more toxic reactions to her represent parts of us, not all of us- just parts. She is more like a rather unwelcome relative who knowing we don't particularly enjoy her, has come for a visit nonetheless determined to impose herself upon us. Why has she come Karen and I wonder? What might she want? I take note at this particular time, that this self state of Karen's seems younger, more frightened, more vulnerable than she did in past appearances. She wonders out loud, "what will become of me?" She brings me dreams which seem to reflect her own impending death. She seems sad and tiny as if the life is draining out of her. I find myself associating to the movie "ET" and to the creature who lay dying because the present environment could not support his life form. I think at that moment of the highly significant extraterrestrial dream that Karen brought me eight years ago, at a particularly significant moment in her treatment (see Davies 2004, and footnote 1 for a transcript of this dream.) I begin to listen to her self state differently, more literally, I take the dissociation in the transference more concretely and allow myself to

suspend reality long enough and deeply enough to believe that I am witnessing and speaking with a different Karen. In terms I have used elsewhere (Davies 1996, 1998a), a therapeutic dissociation, but this time in the countertransference.

The next time Karen asks me, “why is she here, why has she come,?” I feel more ready to respond.

“I think she is angry with me Karen, because I am so busy saying good bye to you, that I have forgotten about her, forgotten to say good bye to her as well. She feels that I am eager to see her go because I have been too caught up with you, too involved with the exciting changes and things that are happening to you to recognize how frightened she is that we are abandoning her. I think I can begin to understand how she feels, I think she is right, that we may have inadvertently abandoned her to survive this time in our relationship all alone.”

Karen faces me quietly, pensively; her face reflects surprise, confusion, something inside her is attempting to reorganize, to take in what I am saying, to evaluate its emotional salience. One can almost sense a movement back and forth across time, our time together-hers and mine, this history of our multiple transference countertransference engagements, and Karen’s own personal history, the death of her father, her mother’s illusive psychotic abandonments. They are all present in these few moments when Karen sits silently staring at me. We are not back in the past and we are not now in the present, but we are both, and we are also all of the moments and selves that we have been with each other in between.

“She is afraid she is going to die without you,” mumbles Karen, as if she is unprepared for the words which tumble from her. I suspect she has not thought them before. They emerge in the moment. The meaning to be made lies unformulated between us (Stern, 1983). “Brian doesn’t know her.... Only you and I know her..... Brian can’t know her, he can know about her, but he can’t know her. Sshe is too old. She is too young. She is too far away and long ago to make sense to him, or to me when I am with him. No one has ever liked her or cared about her but you Jody. She’s so scared.”

“I think she has come to say good bye, Karen,” I say, to be a part of our saying

goodbye to each other. I think she needs to know that I care about her deeply and that I will miss her, despite how difficult she can be, and that I will hold her inside me so that she won't vanish into thin air. I think somehow she has figured out that if I keep her alive, than she can go on being...that she doesn't have to die... even if you and Brian are occupied elsewhere."

"But she only lives between US, Jody. And if there is no us than she will vanish and die and I will never find a way to be whole."

"There will always be an US, Karen," I tell her. "The analysis will end, but you and I will go on being, inside of each other. That will NOT end."

"Can she call you sometimes?" Karen asks.

"Of course she can," I respond. "You know that you can pick up the phone and call when and if you need or want to, but I think she needs to know that too. She needs to know that she can call me, that if she finds herself feeling that she is disappearing, dying, fading, she can call me to make sure she still exists, at least inside me. She can call to find out how she is doing."

"What if you die Jody? What if something happens to you?" Karen asks.

I think here of the sudden and premature death of Karen's father when she was nine years old. And I am moved by Karen's courage and boldness in approaching an aspect of this termination-the possibility of MY death- that I myself had not brought up with her (see Hoffman, in press.) "I can't promise not to die Karen," I respond. "You are the last person I would ever make such a promise to. But if I die, when I die, you will still have me inside of you. I will hold her inside of me, so that she may live on, and you will hold me inside of you so that she and I can live on together whatever happens to each of us on the outside."

Karen is quiet for several minutes. "I am okay," she tells me. "But she is crying so hard inside me. She wants you to know that. And she wants you to know how much she would love to be sitting on your lap, crying while you hold her. But she knows she is too big for that.

"You are too big for that, perhaps" I respond, but she isn't, and I so wish that I could do that for her. I can imagine it so readily. I can hold that image in mind along

with you, so that maybe in the particular space that you, and she and I share, she will actually feel some of that experience of being held.”

When I look up at her Karen has her eyes closed tightly. She is curled up in the chair, arms wrapped around her knees, crying very quietly...rocking almost imperceptibly. “Shhhhh,” she signals me..... shhhhhh. And so rather than speaking, I close my eyes as well, and return to my enjoyment of the internal image that Karen and I had been sharing.

Amidst the profound intimacy of this mutual grieving process comes a crisis, unexpected and unbidden, which threatens to destroy or at the least challenge the mutual love which Karen and I are attempting to preserve and transform in the ways I have described; one example of the kind of disappointment which will challenge the imagined perfection of what we have created together, and lead either to the internalization of a good but not idealized, object experience (see Skolnick, 2006), or a challenge which will threaten to destroy that good object experience altogether. Three months prior to our agreed upon termination date, Karen raises with me the question of whether or not I might consider traveling to California in order to attend her wedding. I cannot say that I am shocked, for I myself have been aware of a disappointment in not being present to see Karen married; a subtle almost preconscious disappointment that she and Brian have chosen to have their wedding in California. I should mention in this regard that I have attended the weddings or other profoundly important events in the lives of certain patients with whom I have had a very long and deep connection. It has not happened often but it has occurred at times over the course of my career. In all cases I have attended only the more “official” aspect of the event, ie., the wedding ceremony and not the reception, the graduation itself and not the party. Indeed I had been at Karen’s graduate school commencement. And so when Karen began speaking of her marriage to Brian, I entertained fantasies that this could well be another of those situations in which I might be present to witness and share in her joy; representing for her, as I witnessed this event all of the emergent, “new object” self/other organizations that could only live and breathe in the intersubjective space created by our relationship with each other. Karen’s father was dead, her psychotically depressed mother enraged at the imagined

abandonment symbolized by her marriage and deeply envious of her joy in the love she had found for herself. In observing her wedding ceremony, I could represent the “post-oedipal” parent freeing her child of the destructive, envy filled dyadic enmeshment of the parasitic, cavernous and unrelenting need that marked her pre-oedipal relationship with mother. I might represent the absent father, “giving away the bride” to another man who could satisfy her in ways that I could not. In short, I might represent and hold firmly the space Karen and I had created in which joy, love and hope for the future could hold off envy, despair and even death.

And so when Karen informed me that she was intending to hold her wedding in California, I had been initially surprised, along with a host of as yet unformulated, somewhat darker emotions I would come to understand and embrace more fully over time. Smaller voices, younger voices, voices I could easily choose to disregard, even dissociate, but voices whose message pressed to be heard. “How could she do this?” “Doesn’t she want me at her wedding?” “Doesn’t she NEED me at her wedding?” And even darker, smaller voices, “Doesn’t she love me?” “How could she toss me aside at a moment like this?” And the smallest, darkest voices of all, “The hell with her, who needs her anyway...if she wants to go let her go.....” Why had I let myself love her? Why indeed?

Our psychoanalytic tradition makes it too easy, I believe, to pathologize such musings on the part of the analyst- “unresolved separation issues, overinvestment in the patient, overinvestment in the treatment, neurotic or characterologically pathological countertransference.” We dehumanize ourselves in this process of psychoanalytic “self cleansing”, depriving ourselves of the developmentally embedded voices that speak to us from earlier and more troubled times in our own lives, voices that will teach us, if carefully listened to, to listen to our patients more carefully. Voices that will teach us to understand things, irrational things, that our more rational and mature selves have chosen to “outgrow.” If we come as clinicians to accept our younger selves as never quite “outgrown,” but only as reduced in psychic potency and influence, we bring a compassion to our understanding of patients that challenges their own more self hating and self abusing self states. We allow patients to identify with us, not only in our

“healthiest” and most “mature” states of mind, but also in our willingness and enhanced capacity to listen to without disowning our own more troublesome inner voices, to integrate rather than to disown the irrational, narcissistically injured even sadistic undertones in ourselves. We teach them to survive the shame that can potentiate and perpetuate self-evacuation and to draw back within the self, organizations of mind and experience that toxify their present day relationships and world visions when projected rather than held and metabolized. It is only by drawing these self organizations back into the self that we, analyst and patient are able to replace enactment with self reflection. Ultimately, in the case being described, it was only by acknowledging that a part of me felt, hurt, narcissistically injured and excluded by Karen’s decision to hold her wedding in California, that I could assure that those self states would not insidiously gain control of the psychoanalytic process and permanently darken our termination process. By acknowledging them and listening to them, I become capable of arguing with them, disputing their logic and replacing their world vision with one that is indeed wiser, more mature, more recognizing of the needs of the other, and more willing to tolerate frustration and personal disappointment. Here the “letting go” of Karen and my own fantasies about her “moving on without me” required an adjustment on my part not unlike the kind of process I have described the oedipal parent must go through in order to free her child to move from an oedipal love organized around idealized parental figures to a post oedipal love that can be lived and consummated in real time.

I had to acknowledge that there was a strong, healthy, sizable aspect of Karen who knew that it was time for us to end our psychoanalytic relationship; a part of her who recognized that if she were to marry, to move, to begin a life with Brian, our relationship- hers and mine- must be reduced from the primacy it had once held and assume a less salient more behind the scenes organizing function in the preconsciousness of her day to day existence. Choosing to hold her wedding in California, I was forced to acknowledge, was Karen’s way of beginning our ending. And a strong, sizable, healthy aspect of me was going to have to accept her wisdom and silence my own younger, more vulnerable and aggrieved self states. I also recognized that this negotiation would not be easy. There were aspects of Karen who clearly remained unaware that marrying in California

was her “choice,” that it was a “decision;” a decision that was at least in part designed to create a boundary between “our” world and her new life. And unaware she was on that particular day, when she looked at me, filled with an abundance of eagerness, enthusiasm and hope; all of the emotions for which she and I had fought so long and so hard; and asked “You will come to the wedding won’t you Jody? I mean I know it’s a long way, but you wouldn’t miss it, you couldn’t miss it, could you?”

It was one of those moments one never forgets as an analyst. Eleven years of four time a week psychoanalytic work; good hard effective work. being dangled ever so provocatively and yet unknowingly, just within snapping distance of the omnivorous jaws of the composite bad object monster. Staring into those hopeful, joy-filled eyes, recognizing the enormous emotional risk that Karen was undertaking in extending her invitation, remembering as well, in that moment, the deadened gaze, the joyless hopeless soup that had marked so much of our work together, drawing those two faces into rapid juxtaposition, I wondered simultaneously, “how could I NOT go? And yet how COULD I go? An extraordinary moment for a psychoanalyst, and yet a completely mundane one as well. We have all faced such moments. Probably more times than we care to remember. And it is patently clear in these moments, that much of how the psychoanalytic relationship will be recorded and remembered will be constructed between us in the moments and days and weeks that follow.

Before any words could shape themselves, Karen read and ascribed meaning to my hesitation. “Never mind,” she said. “I can see that you don’t want to come. I’m sorry that I asked. Sorry that I presumed so much. It was stupid and childish of me. I don’t know what made me think.....” And her voice trailed off. Bitterness, humiliation and grief struggled for primacy in the complex battle going on for control inside of her. A paroxysm of tears followed. We sat silently. Karen crying externally. I crying internally. There are no magic words or magical interpretations that safeguard us or the treatment in such moments. We trust in the strength of what has already been created. I will spare you the expletives that followed any attempt on my part to empathize with the pain I was creating for Karen with my decision. And yet I felt that I must somehow take some responsibility for the pain she was feeling. I felt that I must also reassure Karen that

her wanting me at her wedding was neither “childish” nor “stupid.” She met these comments with her usually acerbic...”doesn’t much matter what it is or isn’t you’re not coming. THAT’s all that matters.” By the end of this session Karen was wondering what the point was in discovering and reconnecting with all of the younger selves inside of her if the end result was only to have them be crushed and rejected all over again. And as she exited the session I could distinctly hear her muttering to herself ...”why had she let herself trust me, who was I that she imagined I could help her.... Why had she trusted me?” Why indeed, I wondered along with her on this particular afternoon.

But Karen, because she was Karen and not someone else, came back the next day and the day after that, and the day after the day after that. The very same tenacity that had, in the past, driven me to distracted states of therapeutic despair now clung for dear life in a desperate search for therapeutic purpose and redemption. I tried, gingerly, to suggest to Karen that her choice to hold her wedding in California might have meaning; that meaning might suggest that a part of her recognized her own need to move on, to move our relationship gently into the background, to be fully in the present and with Brian in a way that my presence could potentially disrupt.

But Karen knew me so well. After eleven years of analysis she knew not only her own multiple self states as they spanned her developmental history, but she had a pretty good sense of some of mine as well. And so she moved for the jugular. “You’re just pissed off Jody. You get like that sometimes you know. You’re feelings are hurt that I’m getting married in California, that I didn’t think more about you. And this is your way of getting back at me. We can talk all about these littler, younger “Karen’s,” but we both know there are littler, younger, “Jody’s” as well And I know them. I’ve seen them.”

One can see, I hope, how such an “interpretation,” particularly when aimed against an aspect of the analyst’s experience which has remained unreflected on, might give rise to a deepening enactment and mutually regressive transference/countertransference impasse or stalemate. But having described such destructive reenactments in the work with Karen on prior occasions (see Davies 2004) I would now like to look at what I would regard as a more optimal response. In doing so I trust the reader to understand that any given interaction could go either way and that any

analysis will hold both optimal and not so optimal interactions and engagements.

Given that I had, on this particular occasion, thought at great length about my “younger” self states, and their reactions to this particular clinical choice, I felt able to meet Karen’s accusations with far less shame than might have been stimulated for me otherwise. In fact I found myself rather impressed and somewhat amused by her ability to offer such a complex and insightful interpretation of my own character. I must admit that I was rather proud of Karen in that moment. I’m sure that a smile crossed my lips as she offered her rather accurate, although incomplete interpretation of my experience. And I nodded in agreement as she spoke. “You’re right Karen,” I responded. “I did struggle with those feelings when I heard you were going to have your wedding in California. All the littler parts of me *were* angry and hurt and disappointed. And they did make kind of a fuss, and think unkind things, and contemplate unkind gestures of revenge.” Here a slight smile, a counterpart to my slight smile crossed Karen’s lips. I continued, “but I’d like to think that those little ones of mine aren’t running the show and calling the shots, anymore than your little ones are at this point in time. You are forgetting that there is an older part of me as well, hopefully a little wiser, and a little more temperate, and a little more willing to think about what your needs and desires are at this very crucial juncture of your life. I’ve spoken to those younger ones of mine, the same way you’ve learned to speak with those younger ones of yours. I’ve explained to them why I think you need to do what you are doing, they don’t like it very much, but I think they understand. It might have been nip and tuck in there for awhile but I don’t think this is their decision. I believe, of course we both know I can’t be sure, but I believe, that this decision is MINE. I know you don’t like the decision, but I do really believe that I made it as your analyst, and not as an injured six year old.”

“How can you be so sure?” countered Karen.

“Well I’m not sure,” I responded. “But to the extent that I feel confident enough, it’s because the decision is making me miserable. I don’t think six year olds make choices that make them miserable. I really want very much to be at you wedding you know. Most of me, about 90%, all but the very MOST grown up parts of me think that I am making a very bad decision. They don’t like it at all, any more than you do. That’s

why I think it's the grownup."

"Really? You really want to come?" asked Karen.

"Really truly... I want to come." I responded.

"This being a grownup thing sucks sometimes....it's very hard to bear," mumbled Karen in the end.

"It's very hard to bear in this case, Karen, for both of us. And the problem is, I'd like to tell you that it gets much easier over time...and with practice.....but it doesn't."

It is hard to give a sense, in a written paper, of the ebb and flow of an issue like this; of how the disappointment, rejection, rage and ultimate acceptance moved in and out of the clinical foreground over the months that followed. Such an issue is never resolved in one interaction, and I offer the interaction that I do as a kind of sampling, an example, brief and incomplete, of the way in which this kind of work would proceed from the center of my own clinical sensibility. I would wish, if I had more time, to provide other moments from the termination of Karen's analysis. Moments which, when taken together, would provide more of that tapestry of which I spoke; more of the disappointment and narcissistic injury which must be juxtaposed and held against moments of such intense intimacy. I would hope to give a deeper flavor of the richness and nuance, the then and now, the you and me, the termination/graduation, the ending/commencement, the you can have it/ you can't have it, the I love you dearly, but I am going to let you go anyway quality of a fully rendered end to this remarkable and unique human relationship. But that is not possible. In the end perhaps my sense of wanting more time or more space in this paper, is an enactment of sorts. For any termination is marked by that experience, of wanting just a little more time to do a little more work on a few crucial and not entirely completed issues. "If we just had a few more sessions, a few more hours, a few more minutes."

Likewise, no vignette can capture the entirety of an analytic process. And I believe that no clinical moment communicates a singularly pivotal moment within an analytic treatment. That has not been my intent. Rather the specificity of the clinical material presented attempts to capture a clinical sensibility, a sensibility which is exemplified in a moment, but one which infuses every clinical moment and every clinical

choice point we make in the infinite number of such moments which comprise any given analysis. With gratitude to William Blake, I would choose to believe that we can hold the world, our analytic world in a grain of sand..... we can find eternity, the patient's eternity, within the confines of a single hour.! So I offer this fragment, this grain of Karen's analysis as only a single moment of parting held against the backdrop of the ways in which Karen and I came together.

There are those of you who will be surprised that I chose not to attend Karen's wedding, and there will be those who will be shocked that I entertained the notion at all, even as a fantasy. My intent in writing this paper has not been to stress the rightness or wrongness of any one clinical choice, or even to recommend my own particular style of working through this decision within the treatment. In this particular moment I seek to stress my belief that any psychoanalysis is an amalgam of moments, some deeply gratifying moments which rework earlier traumas, deprivations and sadomasochistic interactions. Moments which suggest a newer and healthier form of object relatedness and set in motion the relinquishment and mourning of what we call "bad object ties," allowing emergent self states and new self other interactions to be internalized in their stead. But other moments stress the limitations of the psychoanalytic process and of the analyst herself, the frustrations, deprivations and peculiarly ungratifying forms of relatedness that are it's own unique creation.

I have come to believe most strongly that it is neither the gratifications nor the frustrations that in the end create therapeutic change. It is rather in the space created between gratification and frustration, the space between desire and despair where mourning and acceptance can give way to new beginnings and set in motion hopeful potentialities where psychoanalysis can work it's own best and most particular form of transformational magic. For this mourning to occur we as analysts must come to terms with our limitations and struggles and we must own them. In the end we must let our patients go with the full knowledge that they are not separating from idealized, all perfect and all knowing others, but from human beings, who like themselves are fragile and flawed, but human beings who have nonetheless done their best, struggled and stretched in order to create something in the work, something for the patient which is rich in

beauty, potential, and pathos. I am reminded in closing of Emily Dickenson;

“For each ecstatic instant,  
We must an anguish pay  
In keen and quivering ratio  
To the ecstasy.....” (pg. 58)

Karen and I must both come to terms with the limits of what we can give to and get from each other. She must look to others for what I cannot provide without devaluing out of disappointment that which I have been able to give. And I must let her go, let her seek from others what she and I cannot share. I must relinquish her idealization of me before she will be able to do so, and in so doing free her to go forth holding the ability to survive disappointment in one hand and the capacity to sustain hope in the face of such disappointment in the other.

This presentation itself is a deeply personal act of mourning- mine for Karen. Karen is still in California. She has been there now for a good number of years. I hear from her regularly, but not frequently. Letters and photos which depict a life fully lived and the passage of years. I sense that I am with her. And Karen is with me. In my work as an analyst, I have learned immeasurably from her treatment, but more importantly as a person I hold inside of me Karen's courage and tenacity; her relentless unwillingness to let go and succumb to despair. I sense her sometimes, even in my most difficult personal struggles, an identification, a person, a relationship which lives on inside of me. And I feel deeply fortunate that we shared a part of our lives with each other.

Termination then? What an odd word for such a poignantly bittersweet moment. A moment of utter stillness in which past, present and future hold sway simultaneously. A moment in which to take a deep and lasting breath before moving on.

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