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Psychoanalytic Psychology

0736-9735/17/$12.00 http://dx.doi.org/10.1037/pap0000168

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"Progression," an Alternative Conception to "Termination" to Denote the Ending of Successful Analytic Treatment

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Joseph Schachter, MD, PhD
Columbia University Psychoanalytic Center for Training and Research

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Horst Kächele, MD, PhD
International Psychoanalytic University Berlin

Judith S. Schachter, MD
Columbia University Psychoanalytic Center for Training and Research

One psychoanalytic justification for the practice of not recommending posttermination patient-analyst contact to former patients is the assumption that such posttermination contact interferes with the patient's mourning response to the loss of the analyst. We respond to that assumption by describing the empirical studies that have shown that posttermination patient-analyst contacts did not interfere with the patient's mourning response. A previously published case study of posttermination patient-analyst contact is presented that seemed beneficial to both patient and analyst. However, empirical surveys indicate that very few analysts ask to see the terminating patient after a specific time after termination. The concept of termination has long been widely criticized as being unsatisfactory, but no alternative conception of the end of analytic treatment has been offered. This article proposes a new conception, that successful completion of analytic treatment be termed, "progression," not termination. A patient who has completed treatment may have become independent, self-aware, and engaged in a more gratifying life, while also valuing subsequent periodic contacts with the former analyst. Such contacts in turn indicate the analyst's continued interest, caring and concern, and may revitalize the patient's internalizations developed during treatment, while also providing an opportunity to reduce exaggerated idealizations of the analyst. These contacts provide the analyst with information about the patient's postanalytic course and development, making possible a revision of the analyst's evaluation of the effectiveness of prior analytic treatment, and, in addition, enabling the analyst to revise unresolved countertransferences to the patient.

Keywords: termination, an alternative conception of psychoanalytic treatment, progression, case studies of posttermination patient-analyst contact, effectiveness of psychoanalytic treatment

The term, "termination," with its death-like implication of finality, has long been considered grossly inappropriate and inadequate, but no acceptable alternative has been proposed. Bass wrote, "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" . . . (pp. 85–86). Davies noted, "*Termination*, then? What an odd word for such a poignantly bittersweet moment" . . . (p. 103). Layton exclaimed, "I hate the word *termination.* It has the ring, to me, of death camp, extermination" (p. 191). "Psychoanalysis is the only significant human relationship that terminates abruptly," observes (Bergmann, 2010, p. 31). Why would Freud have selected such a term to mark the ending of psychoanalytic treatment?

Freud's Concept of Termination

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Freud may have first used the term, termination in "Analysis Terminable and Interminable" in 1937 when he was 81 years old, and in the twilight of his psychoanalytic career. This term, termination, does not appear in the indices of any of the 23 volumes of his collected works.

The theme of Freud's article, expressed repeatedly, is that the therapeutic effects of psychoanalytic treatment are limited. He was accepting both that patients' transferences had not been completely resolved, and that they remained vulnerable to future emotional problems. Freud again refers to the patient described in "From the History of an Infantile Neurosis" (Freud, 1918) whose cure in 1914 he believed "was radical and permanent" (Freud, 1937, p. 217), but "I have already reported that I was mistaken" (Freud, 1937, p. 218). Every experienced analyst, Freud noted, "will be able to recall a number of cases in which he has bidden his patient a *permanent farewell* (italics added) rebus bene gustis (Things have gone well.)" (Frued, 1937, pp. 249–250). "Our aim will not be to demand that the person who has been "thoroughly analyzed" shall

Joseph Schachter, MD, PhD, Department of Psychiatry, Columbia University Psychoanalytic Center; Horst Kächele, MD, PhD, Department of Psychiatry, International Psychoanalytic University Berlin; Judith S. Schachter, MD, Department of Psychiatry, Columbia University Psychoanalytic Center.

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Correspondence concerning this article should be addressed to Joseph Schachter, MD, PhD, Department of Psychiatry, Columbia University Psychoanalytic Center for Training and Research, 1051 Riverside Drive, New York, NY 10032. E-mail: jschachter22@gmail.com

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feel no passions and develop no internal conflicts" (Freud, 1937, p. 250).

Freud (1937) continued: "we have no means of predicting what the later history of the recovery will be" (p. 223), and reiterated, "in endeavoring to replace repressions that are insecure by reliable ego-syntonic controls, [we] do not always achieve our aim to its full extent—that is, do not achieve it thoroughly enough" (p. 229). He notes, too, "If an instinctual conflict is not currently an active one, is not manifesting itself, we cannot influence it even by analysis" (p. 231).

What we know about Freud's posttermination contacts with patients. While we believe that Freud had treated many patients each day for 6 days each week for approximately 50 years; we know of no estimate of approximately how many patients he had treated during this time (see Brody, 1970). Patients from abroad who returned home would have had no opportunity for face-to-face posttermination contact unless they returned to Austria, or, much later, England. Nonetheless, a number of his patients are known to have had posttermination contact with Freud, and a few former patients joined Freud's Wednesday Group. We do not know whether the impetus for those posttermination contacts was Freud's or the patient's. It is prudent to conclude that we do not know enough about Freud's general attitude toward posttermination contact between himself and his patients in relation to the very large number of patients he had treated.

Analysts Resistance to Studying the Concept of Termination

Analysts seem to have deep-seated resistances to thinking about termination in a way that promotes clinical and scientific growth (Novick, 1997, p. 159). Novick tallies and summarizes sources of resistance to evaluating termination:

> failure to acknowledge mismanagement of termination by the psychoanalytic pioneers; the unexamined repetition of past technical errors such as forced terminations and post-analytic contact; the institutionalization of such practices in the termination of candidate analyses; . . . the denial of the differences between the terminations of mental health patients and those who are not in the field; the denial that analysts also have reactions to the loss of a patient; the denial that strongly held psychoanalytic models will influence what emerges and what is attended to during termination; and, finally, that timely and untimely terminations differ markedly, but are often compounded. (p. 159)

We would add that many candidates entertain unanalyzed fantasies of an unending relationship with their training analyst as a colleague which are likely to inhibit exploring the concept of termination as they contain a kernel of truth.

A Theory for Eschewing Posttermination Patient–Analyst Contact

We believe that in the 1940s and 1950s a new theory of termination evolved that hypothesized that posttermination patient-analyst contact would interfere with the patient's resolution of mourning the loss of the analyst after the end of treatment. Blum (1989) accepted this model and elaborated that "many analysts have regarded mourning as an essential feature of the terminal phase of analysis" (p. 290), and added that "the analyst should not see the patient again, because, hypothetically, the patient's mourning cannot be completed prior to real 'separation'" (p. 290). This theory hypothesized that posttermination contact between the former patient and the psychoanalyst interfered with the patient's mourning response to the loss of the analyst, and, therefore, such contact was proscribed. Finding that this theory was mentioned briefly in only a few articles reporting the rationale for this practice, we consulted three of the outstanding authors of the recent termination literature, Craige, Kantrowitz, and Novick, to see if they could identify any additional articles indicating that posttermination contact with the analyst endangered the patient's mourning response; they could not.

Kubie (1968) had earlier questioned this practice ". . . in the minds of those who are thoughtful and free of dogma there has always lurked an uneasy question about the ultimate influence on an illness of the prolonged [posttermination] excluding relationship between a patient and his analyst" (p. 351), while Arlow (1971), questioned the significance of mourning itself in termination. Despite these demurrals, Firestein (1969), reporting on a panel about termination, found that "There was consensus [among panel members] that the opportunity to see the analyst as a real person after the analysis might interfere with post-analytic working through processes" (p. 235). In this panel, composed of five training analysts from the San Francisco Psychoanalytic Institute. "Most of the group asserted that it was rare for them to have much contact with former patients" (p. 233).

> There was considerable agreement that any possible post-analytic relationship should be postponed for at least a year to provide opportunity for the former patient to work through on his own the emotions stimulated by the termination experience. Most analysts questioned by Norman preferred to avoid all contacts with former patients for an indefinite period. . . . There was consensus that the opportunity to see the analyst as a real person after the analysis might interfere with post-analytic working through processes. . . . (p. 234)

Twenty years later, Wallerstein (1992), agreed that "planning in advance for contact after termination could exert a powerful unconscious delaying current on the full acceptance of the actuality of the pending treatment termination mourning for the closely intimate relationship being given up . . ." (p. 7). Levine and Yanof (2004) added that posttermination contact was a dangerous enterprise that may well place the analyst at risk for ethical violations and the patient at risk for exploitation, as boundary crossing cases were increasingly problematic. Elise (2011) asserted that further patient-analyst contact is undesirable since "saying goodbye is an experience that is necessary, valuable and instructive" (p. 598). No substantiating empirical data that posttermination patient-analyst contact might interfere with the patient's mourning the loss of the analyst have ever been presented.

Empirical Evidence That Posttermination Patient-Analyst Contact Does Not Interfere With Mourning

Both Craige (2001) and Tessman (2003) reported empirical data indicating that former patients who had repeated contacts with their former analyst did, nonetheless, report intense mourning responses. Geller's (2011a, 2011b) studies replicated this. Craige, (2001), Lord et al. (1978), and Tessman (2003) found that mourning reactions can range from intractable to nonexistent or nondis-

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cernible. Furthermore, Craige's (2001) and Tessman's (2003) interviews with patients who were themselves analysts indicated that the absence of grief reactions was not an indication that nothing of value had been achieved during the analysis. Kantrowitz's (2015) findings from her intensive clinical study of termination in 82 former analysands can be summarized: "The end phase is not always notably different from the rest of the analysis" (p. 53). "Some analysands did not express grief or describe experiences of mourning" (p. 53). In some "joy in mastery and feelings of being independent and competent were dominant . . ." (p. 53). "The intensity of grieving seemed related to the personal qualities and histories of the particular analysand and his or her interactions with the particular analyst" (p. 28).

A Clinical Study of Posttermination Patient-Analyst Contact

Over many years J. Schachter initiated and conducted an annual study group at APsaA that involved properly disguised clinical presentations of termination, with discussions of whether the proposed conception of posttermination patient-analyst contact might prove to be mutually beneficial. Awareness of the absence of clinical data in the literature led him to organize a clinical study by three participating colleagues of analyst-initiated patient-analyst posttermination contact (Schachter, Martin, Gundle, & O'Neil, 1997). The material obtained from one of the three analyst-initiated posttermination contacts is summarized below by the analyst.

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Gwen

Presenting Problems

Gwen, a 52-year old professional woman, had recently been abandoned by her husband of 29 years of marriage for another woman. Defending against shock and shame, she *told no one for 3 months* that her husband had left. She was further outraged because her successful rival had been someone she had "adopted" as family. A brother's referral precipitated her call for help. This trauma of loss and abandonment had reactivated her characteristic pattern of denial. A competent and exceptionally organized woman, she *forgot to attend* her sixth session. The pivotal theme of her analysis emerged in the following session. Shocked that her mind could play such tricks, she wondered if she wanted to keep talking to me. Interpretation of her fear of dependency and wish to avoid painful feelings allowed her to continue. In tears, she poured out her distress and articulated how exceedingly difficult it was to acknowledge her needs, even to herself, as she had always been the caretaker. Tracing the hurts of the marriage, she recognized that her denial of painful perceptions and affects had developed within her early assigned role of dutiful daughter. She then articulated the central *motif* of the analysis: the fantasy that symbolized her ego ideal and primary character defense. "*As a young child I memorized 'The Little Red Hen' and 'she did it herself' became my motto*."

The Little Red Hen found a grain of wheat and thriftily set out to make a loaf of bread. At each step she asked for help but was selfishly refused. "So she did it herself." When it came time to eat the bread, those who had refused to help were then willing to participate. She ate the bread herself.

The unconscious fantasy underlying the Little Red Hen story was enacted within her attachment pattern as well as the analytic relationship. Gwen's experience of life events motivated her characteristic defensive posture so she did it herself. Her mother's gradually debilitating and eventually fatal illness and father's reactive alcoholism contributed to the loss of parental nurturing that she had adapted to by pseudoindependence. Unconsciously, Gwen thought that if she dutifully "did it herself" she could maintain self-esteem and be protected from feelings of helplessness, emotional isolation, and depression. Her marital break-up destroyed these character defenses; being dutiful no longer compensated for unmet dependency needs or lack of parental attunement, nor did it prevent the pain of loss.

Her appreciable ego strengths as well as her capacity for object constancy had been restricted by her dutiful daughter role, and by internalized images of a critically exacting mother and shamed father. Brilliant academically, she limited her professional goals as her caretaker role superseded personal aspirations. Marriage at 22 led her to further self-restriction as dutiful wife. She chose to ignore what she knew intuitively, that her husband's emotional needs were insatiable and, because of marked character problems related to his early deprivation, he could not be there for her. As a dutiful working mother she created a stable family, bringing up two sons virtually alone. The psychic and physical costs to her were great: abandonment of her need for her husband's respect and support and painful symptoms leading to a laparotomy for a spastic bowel.

Summary of the Analysis

Gwen's analysis covered 6 years, beginning with a focus on her incapacitating depression over the marital breakdown, then shifting after the forgotten session to intrapsychic conflict, as was revealed in her first dream: "*My husband returned to our bed; he had his arm around me. I felt his weight on me increasing. I felt protected and held, yet extremely frightened and I awoke in a panic*." She wished to be held protectively, yet feared suffocation by duty and helplessness. She connected her panic with the fact that despite her efforts as a dutiful daughter/wife, her mother, dying of a lung illness, had suffocated to death and her husband's emotional neglect and self-absorption had suffocated her needs and their marriage. As she gradually became able to trust and depend on her analyst (she did not have to analyze herself) she began to trust her own perceptions and to reveal her feelings. As she explored her denial and emotional passivity, her grief poured out in almost daily tears; feelings of helplessness, rage, and self-blame were newly articulated.

A necessary year-long break in her analysis to learn new professional skills occurred after the second year and was interpreted and accepted as the act of a young adult leaving home to find herself. The positive transference allowed her to use the analyst as a healthy mother/loyal husband whom she could leave for her needs without damaging either. Subsequently, analytic breaks, including termination, aroused more accessible separation anxiety and provided further opportunities for interpretive work to foster self-sufficiency and self-development, and to increase her capacity to bear the sadness of loss and express her felt empathy. Eventually, separation no longer

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meant loss, and she felt able to attend to her own needs within the analytic relationship. She developed increased understanding of her defensive need for her dutiful daughter/wife role, and, therefore, with increased self-fulfillment, she felt ready to separate from her analyst.

Termination Phase

Planning for the ending of the analysis evoked anxiety, sadness and tears over the impending loss. These feelings, as well as denial of dependency, envy, competitive impulses, and passive-aggressive anger were reenacted and interpreted. For example, when she uncharacteristically delayed payment, it led me to say, "*Maybe you can feel freer to leave me if you put into words your anger at my need to be paid (like mother's need to be cared for) rather than expressing this nonverbally by not paying my bill*." Her feelings of anger and anxiety, once expressed, freed her to pay and decide on a mutually agreeable termination date. Expressing resentment, after an interpretation of her self-inhibiting passivity, "*How dare you upset me; you should be making me feel better*," freed her to express feelings of personal loss. "*This has been one of the closest relationships I have ever had; we reached a depth of communication unknown to me before*." She also displayed previously inhibited empathy: "*As I realized my feelings about ending, I thought it must be hard for you to let go of this long-term close relationship. I hope you feel pride and satisfaction that you helped me*." Though she could not see the tears in my eyes, she was aware of the importance to me of our work together and very attuned to my feelings as we discussed ending.

Posttermination Contact

My decision to offer posttermination contact to my analytic patients was reached after participating in clinical discussion groups and reading articles (Schachter, 1990, 1992) that not only failed to give evidence of deleterious effects but suggested advantages. Personal reasons also entered into my decision; previous posttermination contacts with my own analysts had proved beneficial and I knew that I would be relocating my analytic practice 6 months hence. Although Gwen's termination and my relocation were independent events, it seemed important to let her know that I would be available so she would not experience my move as a repetition of her husband's leaving her. It might also give her the opportunity to talk to me about separation and loss, which her mother had been unable to do at the time of her death. Offers of posttermination contact could also help me deal with my feelings about simultaneous ending treatments with a number of other analytic patients. Gwen felt a follow-up office meeting (regarded as an extension of the analytic contact with the regular fee charged) several months after termination would be good. When, as arranged, I called to set the time of the meeting, she readily fixed a date.

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Gwen began the session by saying that she felt pleased with the persistence of changes in herself and confident about how she was handling her life, but that our separation had been harder than anticipated. She admitted she had not made her final payment because "*she didn't want to let me go*." I interpreted that perhaps she had other feelings as well, feelings of anger and painful envy. Before I could finish my sentence, she blurted out, "*You mean that you are going off successfully with your husband and I couldn't make it*." Later she said, "*Yours was the only bill I forgot to pay before I went away for a month. I guess I was both angry and withholding*." When I commented that "*it must be galling to have to pay me when I have what you want*," she said that even though she had had a good holiday, there was a negative aspect. She "*felt very alone with no one just for me; at times I felt resentful you weren't there*." These painful feelings had put a damper on her holiday. I interpreted that "*perhaps you felt you could not express your feelings or needs, that you had to handle them on your own when I was not available to you*." She responded that she thought she had coped courageously and felt proud about talking over problems with family and friends, but "*I never told anyone how I felt about finishing analysis*." Astonished, she added, "*I cannot believe I did it again!*" She realized that she had reacted to our separation in exactly the way that she had reacted to her husband's leaving. She spoke about it to no one for 3 months.

In three sessions, this enactment enabled us to trace incidents in relation to her mother, husband and now analyst, in which Gwen had felt hope and excitement when asserting herself, followed by an illness or reversion to a self-restrictive, dutiful role. The last part of the Little Red Hen analogy, "She ate it all herself," became understandable. There was much angry aggression in the Little Red Hen for having been left to do it all herself. I commented that she "*had eaten my bread for 3 months*." This enabled her to tolerate awareness that her behavior could arouse negative reactions in others (it was clear that I was annoyed at the delay in payment). Awareness of the passive-aggressive side of her dutiful daughter role and acceptance of her envy and anger at being left freed her to pay me.

A year later Gwen called again. She traveled to see me and used four meetings interspersed over the year for assistance with several critical life transitions. She spoke about what it meant to her to share this continued growth without fear of dependency or being restricted. She readily attributed the acceleration of her inner growth to the understanding of her character traits highlighted in the initial posttermination meetings. At the last meeting she described what these contacts had meant to her:

> She reported that "*the ending of active analysis was the beginning of a new phase in my continuing 'work' to better understand and deal with my inner self. It was important, I feel, to maintain a balance between self-analysis and reaching out to others to share my needs, my anxieties. Sharing joyful and positive thoughts was not difficult for me and never had been. Sharing thoughts and feelings of guilt, anxiety, of not doing the 'right thing' will always be difficult. Continuing a relationship with my trusted analyst but within a different context provided me with the environment to continue my own development and skill in being aware of my internal feelings while maintaining a focus to verbalize, to externalize my thoughts and my needs, to seek support from my family and friends*."

Discussion—Gwen

These seven posttermination meetings did not produce any increase in anxiety, regression or dependency in Gwen. Instead, the offer to meet and my call seemed to have a facilitating effect. She commented that: "*It would not have been helpful to me if you had said, 'you may call me provided you have problems and need me*.' It was important that you suggested meeting for follow-up whether or not I had problems and that you called when it was time." Our meetings helped her to work through her characteristic reactions to separation and its unconscious meaning to her, and

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furthered the integration of earlier losses. They also increased her awareness of repressed anger and envy, as well as her understanding of how the denial of her perceptions and affects caused her emotional pain and impeded self-expression. The passage of time provided a clearer picture of the analytic outcome. Certainly this further work was gratifying for me.

Posttermination Patient-Psychoanalyst Contacts

The authors believe that this summarized contact plus two others that were previously reported (Schachter et al., 1997) seem to have been mutually felicitous and constructive for patients as well as analysts. There is no evidence that they were disturbing or traumatic for either patients or psychoanalysts.

Empirical Studies of Termination and Posttermination Contact

The earlier annual APsaA study group on posttermination contact noted the limited empirical data available and mobilized an effort to compare the results of two questionnaire studies of posttermination contact. Schachter and Brauer (2001) compared the results of two earlier studies of current clinical practice about posttermination patient-analyst contact conducted 5 years apart. The 1989 study consisted of a random sample of 300 APsaA analysts that had a 50% return, and the 1994 study consisted of 395 APsaA analysts with a 54% return. Results are presented in Table 1. T1

1. "No statement regarding future contact" was made in 1994 by 18% of responding analysts, thus, fewer than analysts making no statement in 1989.
2. Approximately one-third of analysts in both years indicate they would be available if the patient feels in need of further help.
3. In 1994 more analysts indicate they would like the patient to return after a specific time period, but this remains only 12% of analysts making a positive statement.

The fact that such a small percent of analysts recommend posttermination contact to their patients, suggests that the view that posttermination patient-analyst contact may be deleterious for the patient remained prevalent.

An interesting ancillary finding was that this study also replicated a previous research report that showed that female analysts were more likely to have posttermination contact with their former analysands than male analysts, and that there was also a powerful positive association between the degree to which the analyst reports current thinking about his or her most significant analyst and the percentage of his or her analysands contacting them within the previous 6 months ($p < .001$; p. 1123).

Table 1
Percentage of Psychoanalysts' Statements to Patients Regarding Posttermination Contact

Analyst's position	1989	1994	Significance of difference
No statement regarding future contact	25	18	$p = .009$
I'm available if patient needs further help	39	31	$p = .020$
I like to see patient after specific time period	5	12	$p = 0001$

Yang et al. (2004) used another approach to survey experiences with posttermination contact among 109 Columbia University Center analysts. In this study, analysts were asked about their most recently terminated cases, not including training analyses. AQ: 6

> Eighty-seven percent of analysts let their patients know they would be available in the future [a much larger percent than in the ten year earlier 1994 study cited above]. . . . Of the 210 cases in which regular contact ended with termination, 35% had no subsequent contact, 25% had contact by phone, letter or email, and 40% returned to see the analyst in person during the one year prior to the survey (p. 456).

The generalizable and outstanding findings about termination in these empirical studies ending in 2004 can be summarized as follows:

1. Most analysts let their patients know they would be available if the patients needed help after termination.
2. Many analysands raise the possibility of seeking further help.
3. Very few analysts ask to see the patient within a specific period of time after termination.
4. A majority of patients have contact with the analyst either in person or by communicating by letter or email within a short period after termination.

The Effect of Termination on Psychoanalysts' Assessments of the Effectiveness of Psychoanalytic Treatment

How do psychoanalysts assess the effectiveness of the psychoanalytic treatment they have provided? In most cases, the analyst's evaluation is made at the termination of psychoanalytic treatment, or, shortly thereafter. Analysts who feel that posttermination contact with a former patient is undesirable, are limited to an assessment at termination or shortly thereafter, except for those patients who seek further help.

In contrast, researchers usually assess the effectiveness of treatment some years, like 3 to 5 years after termination (Leuzinger-Bohleber & Target, 2002) or, in one extreme example, 12–24 years after termination (Wallerstein, 1992). More relevantly, Kantrowitz, Katz, and Paolitto (1990) reported that from the material obtained from the assessment of the patients' psychoanalytic treatment, "Neither analysts' assessments at the time of termination nor patients' assessments of themselves or assessment based on psychological tests one year after termination predicted which patients would improve or retain psychological change" (p. 471). In addition, many analysts have documented cases in which substantial and even dramatic changes occurred after termination (Firestein, 1978; Hoffs, 1972; Holtzman, 1964; Milner, 1950; Saul, 1958). Most analysts, who have no contact with former patients after AQ: 7 AQ: 8 AQ: 9

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termination, therefore, have no information about the substantial, even dramatic changes that might have occurred; their understanding of the effectiveness of their psychoanalytic treatment is limited to their impression at termination.

Conceptions of the Postanalytic Period

Geller and Farber (1993) reported that the lengthier the therapy, the more likely the patient in the postanalytic period will evoke mental representations in the form of imagined conversations with the therapist, which then serve adaptive and reparative functions. Patients who have rated their therapies as highly effective tended to be the same ones who reported entering into multimodal and benignly influential conversations with representations of their therapists both in-between sessions (Farber & Geller, 1994) and subsequently, after termination, for adaptive and representative purposes (Arnold et al., 2004; Wzontek et al., 1995). These authors' central idea is that the readiness and ability to continue the therapeutic dialogue, representationally, in the physical absence of the therapist, is both a marker of having benefited from therapy, and a vehicle for transferring the influence of in-session interactions to extratherapeutic situations. Geller et al. (2011a) report that the likelihood of benefiting from a course of treatment is increased as the patient constructs, remembers, uses and identifies with benignly influential representations of the therapeutic dialogue in the physical absence of the therapist while in treatment. This finding is in agreement with the recommendation of Thomä and Kächele (1992) that a main task for the patient is to identify with analyst's mode of thinking and working: "To talk with the patient about the patient" to be transformed into the patients postanalytic inner self-analyic dialogue. The study by Falkenström et al. (2007) supports this recommendation.

AQ: 10 Buxbaum (1950) had expressed concern that it is through our countertransference that we analysts keep a transference alive in the patient longer than need be. To resolve the countertransference becomes a major part of the analytic process of termination. She adds, "The therapeutic alliance is maintained but not the transference neurosis" (p. 163). We suspect that the analyst's countertransferences play a role in interfering with the patient's developing the capacity to create a realistic view of the analyst. In addition, perhaps the avoidance of many analysts to posttermination contact with former patients may be an expression of these unresolved countertransferences of the analyst. The common discomfort of analysts with casual contact with patients outside the office, whether in professional or social situations, may also be attributable to analysts' unresolved countertransferences.

An Alternative Conceptualization of the Term 'Termination'

Blum (1989) ascribed the ideal of a complete analysis to Fe-
AQ: 11 renczi (1927/1955, p. 84) so that belief in termination after thorough analysis was fused with a *latent myth of complete analysis* (italics added; p. 282). Blum described, in the case of the Wolf Man, the fixing of the time limit and the final phase of treatment as a "heroic measure" (p. 217) aimed at achieving a complete cure. That original report then actually became the model for termination as an impetus to the analytic process (Blum (1989), pp. 280–281). We apparently accept that Freud's termination of the Wolf Man's treatment was an expression of Freud's countertransference, and Blum acknowledges that "It was probably not coincidence that an upsurge of interest in both countertransference and termination developed simultaneously" (p. 283). Blum appears to agree that "termination became the touchstone of completed analyses" (p. 283).

However, later, Freud (1937) himself observed that after analysis ends "the processes of ego transformation will go on of their own accord and that all further experiences will be made use of in a newly acquired way" (p. 352). Garella (2010), extends this understanding and confirms that "the process of analytic exploration is in principle interminable, and hence always incomplete at the time of actual termination" (p. 285). The authors feel that this emphasizes both the ongoing growth and the possibility of its enhancement by thoughtful planned postanalytic contact. Siegel attests that "It is unwise to think of analysis as a process that can be completed" (p. 396). Firestein's book on termination (Firestein, 1978) reported that almost all the analyses were terminated by the analyst, presumably an expression of the analyst's countertransference. This would explain why in trying to make training analyses completely successful, training analyses and analyses in general have become of longer and longer duration, as analysts attempted to obtain complete cure. Conversely, as previously noted, numerous analysts have documented cases in which substantial and even dramatic changes occurred after termination (Eissler, 1963; Hoffs, 1972; Holtzman, 1964; Milner, 1950; Nunberg, 1954; Saul, 1958). That is, that *after a reasonably successful analytic treatment the patient will continue to change, develop and to progress.* We now propose to acknowledge this centrally important observation about the limitations of successful psychoanalytic treatment by renaming the completion of such analytic treatment, from termination to "progression."

With this recognition in some quarters recognition that psychoanalytic treatments are never completed, are always *works in progress* with the analytic process continuing in the ex-patient. Well-considered periodic posttermination patient-analyst contacts may be both desirable and appropriate to facilitate the continuation of the analytic process. When Freud, at age 81, wrote "Analysis Terminable and *Interminable"* he came very close to accepting the limitations of psychoanalytic treatment, but did not suggest an appropriate way to integrate that recognition into his theory.

Our term, progression, conceives of the outcome of successful analytic treatment as analogous to the progression of an adult's improved and more mature adaptation. Developmental advances toward increasing insight, adaptation and independence often are accompanied by valued and repeated contacts with family members. Holmes (2010) has observed that "the attachment implication [of termination] is that one can only leave home if there is a secure base to return to . . . including, if need be, a continuing relationship with a therapist" (p. 80). Translated into our psychoanalytic model, the former patient will have internalized the good object, developed increased independence from the former analyst, yet remains interested in accessing periodic contacts with the real person both to report successes and to reaffirm their connection.

In this conception, the nature of the young adult's relationship to the former analyst is analogous to the relationship to the family. Relationships will gradually change as do those of other family members to each other, and so will the nature of the former patient's relationship to the changing and aging analyst. These

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analyst-patient contacts, as noted, may also revivify evidence of the analyst's concern and caring and revitalize the former patient's internalizations of the former analyst (Geller et al., 2011a), while reducing the idealization of the former analyst. Meanwhile the analyst will have learned how the patient's life has fared and have both the opportunity to reevaluate his assessment of the effectiveness of that past analytic treatment, and further modifying any unresolved countertransferences toward the patient. Eventually, if the former analyst can integrate the reversal of roles, the analyst may obtain some nonexploitive support and help from the former patient.

Discussing the Possibility of Posttermination Contact With the Patient

We disagree with Kantrowitz (2015) who wrote, "Finally, it is my belief that the analysand, not the analyst, should initiate post-analytic contact, and that following the analysand's lead is the wisest course" (p. 105). In our view, the analyst, not the patient, has the responsibility and initiative for organizing the treatment and the parameters of the posttermination aspects of the treatment. Craige (2006) favors making a plan [with the patient] "for at least one follow-up contact. I also invite the patient to stay in touch, even if there are no problems just because I would like to hear how he is doing from time to time" (p. 589). Craige adds that an analyst's failure to propose posttermination contact "could be interpreted by the patient as disinterest or rejection. On the other hand, an invitation to stay in touch might be experienced as clingy or controlling behavior on the part of the analyst" (p. 589).

We assume this issue is latent in all patients' final months, and if the patient in the termination phase has not raised the question about posttermination contact, we propose that the analyst raise it and explore the reasons the patient has not discussed his or her thoughts and fantasies. Once discussed, the analyst may delineate both the advantages and caveats of posttermination contact and explore the patient's feelings about it. If the patient remains uninterested in posttermination contact, the matter ends. If the patient is interested in posttermination contact, the authors prefer that since both the patient and the analyst benefit from such interaction, the patient be not be charged for such meetings, reflecting the changed nature of the patient-analyst relationship. (In this one aspect, charging for posttermination contacts, we differ from Gwen's analyst's choice). A discussion of the setting for the meeting may include the analyst's office or some other location.

Given our recommendation for posttermination patient-analyst contact, it is appropriate to mention our recognition that such contact may be or become problematic for a variety of reasons just as, at times, psychoanalytic treatment itself becomes problematic. The analyst is responsible for a thoughtful understanding of possible postanalytic issues. We are, however, unaware of examples of planned, thought-through posttermination contact causing difficulties.

Conclusion

Termination, both the term and the concept, are burdened with a number of issues. Associated with the label, termination, is the hypothesis, never substantiated, that posttermination contact with the analyst would be deleterious to the patient. We propose a new concept of termination in which treatment itself is considered a "work in progress." The last planned treatment session is viewed as part of the progression of the patient's personal development. After treatment ends posttermination patient-analyst contacts may enable the patient to make further use of what was incorporated during treatment and develop additional constructive changes and developments. The former patient may have become increasingly independent of the analyst while perhaps accessing periodic contacts with the analyst. These contacts may provide the patient with evidence of the analyst's continued caring and concern, revitalize the patient's positive internalizations developed during treatment, and provide an opportunity to reduce exaggerated idealization of the analyst. These contacts also provide the analyst with information about the patient's postanalytic course and development, which enables a revision of the analyst's assessment of the effectiveness of the prior analytic treatment. Further, they provide opportunities for the analyst to revise unresolved countertransferences to the patient.

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