

Not an Endgame: Terminations in Psychoanalysis

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For much of the history of psychoanalysis, the matter of termination received little attention. Freud's famous chess metaphor, offered in the paper devoted to the technique of beginning the treatment (1913), designated termination the endgame, which could be subject to "an exhaustive systematic presentation" (p. 123). Freud did not take up that presentation, either at that time or later in his more philosophical paper specific to the subject (Freud, 1937). Ferenczi (1927) paid some attention to termination, bequeathing the notion that analyses would die from exhaustion. Annie Reich was astonished that these were the only two papers on the topic until her own (1950/1973), although seven other papers appear concurrent with hers in the *International Journal*. Glover's 1955 revision of his text was the first presentation of termination phase per se, and Firestein's (1978) book was the first presentation of a series of extensive clinical examples to elucidate the process. Since then, the literature on termination has become quite extensive.

From the time of the endgame metaphor until recently, the relative absence of study paradoxically may have led to a sense that termination might, indeed, follow the metaphor. A few definable principles and variations would be available, as was seemingly true of analytic beginnings. Terminations would evolve, naturally, from properly conducted analyses; the phase would proceed from a mutually agreed-upon date and would include regression, reactivation of symptom complexes and a mourning process; the technique would be a continuation of transference and resistance analysis, especially regarding reactions to the fact of impending termination, with the only essential difference being the analyst's agreement to the actual date of ending.

This simple view is not supported by Firestein's early literature review (1974), in which he demonstrates the variety of termination criteria and the lack of

unanimity regarding technique. Termination, however, is not often taught at our institutes (Blum, 1989), in part because the length of analyses has resulted in candidates having limited exposure to appropriate case material during their training. Despite the growing literature, which includes many warnings against a simplified view of termination, an idealized and simplistic view is, nonetheless, seen by some to obtain in practice.

Novick (this issue) asserted that an omnipotent perfectionism has kept analysts from facing issues of termination squarely, and he delineated several other factors keeping the matter from appropriate study. Prominent among these is analysts' avoiding their own feelings of loss. Bergmann (this issue) found criteria for termination often to consist of idealized statements, and he suggested that external realities, rather than psychoanalytic criteria, are usually determinative.

Shane and Shane (1984), reviewing and extending the list of indicators for termination proposed by Firestein (1978), discussed overall health, symptomatic improvement, structural change, intuition, increased autonomy, resolution of the transference neurosis, dream themes, continuity of self, and developmental attainments. They presented examples that they hoped would guard against the risk of idealization of any of these criteria. They showed, in particular, evidence that transference neuroses are modified rather than eliminated, and, in general, that partial achievements of criteria may be legitimately considered successes.

Oremland, Blacker, and Norman (1975), noting Freud's (1937) contention that all analyses, even successful ones, are incomplete, provided a follow-up study of two incomplete cases whose terminations were based on "reality resistance(s)" (p. 838). They concluded with a definition of successful termination that emphasizes significant alleviation of psychopathology and a mutual confidence that a self-analytic process would ensue.

Several authors attempted to develop principles while giving due consideration to the variability of the process. An early issue of *Psychoanalytic Inquiry* (Bornstein, 1982) is devoted to articles in this vein. Novick (1982) defined different types of termination (mutual, forced, unilateral), and suggested that attempts at unilateral termination may, for some patients, be a precondition for mutuality (the desired type). Limentani (1982), focusing on "unexpected" (forced) terminations, suggested that our theories (or idealizations) should not bind our practice. Dewald (1982), noting that some terminations are due to the death or illness of the analyst and leaving patients essentially on their own, emphasized the unpredictability of outcomes.

Firestein (1982) noted that conditions for termination seem as idiosyncratic as the specific symptoms, character problems, and life situation of any analysand, and that analytic technique in termination is as variable as it was when Glover published his well-known survey (1955). Yet he found consistencies involving an emphasis on clinical evidence of symptomatic improvement, and on maintenance of treatment style during the terminal phase. Gillman (1982), using a Glover-like survey,

provided data on 48 successful cases without external determination. He found consistencies: For example, patients usually initiate the topic; mourning is common as is an increase in symptoms. He found variation as well: for example, some termination dreams and some attempts at prolongation of the treatment.

Rangell (1982) presented a model of termination strikingly different than most. He considers that roughly the second half of treatment is a moving toward termination in what he actually diagrams as a notched semicircle of the overall course of treatment.

Viorst (1982) provided data on various emotional reactions of analysts to the conclusion of their treatments, though Novick (this issue) considered emotional reactivity to be rarely expressed, and Firestein (1982) considered most such statements to be professional rather than emotional.

Firestein (1982) concluded the *Psychoanalytic Inquiry* issue by noting that aphorisms and metapsychology seem to be preferred to facing the difficulty of applying principles, such difficulty being the result of the extreme variation in endings of treatment. This conclusion is in agreement with those of both Bergmann (this issue) and Novick (this issue).

This article is an attempt to further the thesis that psychoanalytic termination is not simple and that the endgame metaphor has been unfortunate. With several clinical examples of treatment endings that do not readily fit endgame rules, I try to show that termination phase issues and technique are as complex as issues and technique in the overall psychoanalytic enterprise, and that terminations always fall short of any ideal.

From this demonstration, I try to develop some general principles, which, as in all of psychoanalysis, constitute recommendations, not rules. The actual work of psychoanalysis involves principles and variations from these principles due to the individuality of every particular analysand. Following Rangell's felicitous metaphor (1954) of dusk between day and night, there are both nuances within psychoanalysis and things that are much more clearly either psychoanalytic or nonpsychoanalytic. Reich (1950), for example, considered partial successes to make for nonpsychoanalytic endings; I assert that all successes are partial.

To combat the idealizations that have developed, I propose that imperfect variations of psychoanalytic terminations are the norm and should not be considered as failures. Close study of such variations should serve to sensitize analysts to the theoretical and technical issues involved.

CASE 1, A CASE OF GIVING (IT) UP (EXHAUSTION):

MS. A

Ms. A was in psychoanalysis for 12 years, following a 2-year exploratory psychotherapy. A 25-year-old when she began treatment, living with her parents and

working as a temporary secretary despite holding a master's degree, Ms. A came for relief of depression following the breakup of an engagement. Over the course of the work, she separated from the parental home, developed a career, and began a successful business in her career field. Depressive symptoms were resolved early on, but a general unhappiness at not finding a husband continued. Intense attachment to father and rivalry with mother were the major themes of the larger part of the analysis. Ms. A is a late-in-life only child of parents who were survivors of the Holocaust, and was doted upon by father and dominated by mother in adulthood as well as while growing up.

Ms. A is a strikingly attractive woman who had no difficulty finding suitors. Her family romance fantasy required that they be millionaires. To a man, they were inappropriate choices, and each relationship reached its fated end in weeks or months, although she would return briefly to some. To her chagrin, she found that three of her lovers slept with loaded guns at hand, and on one occasion, she and her date barely missed being accidental victims of an assassination attempt.

During the treatment, Ms. A had three abortions. Several of her lovers were married men. When a suitor seemed on several accounts to be suitable, Ms. A avoided continuing the relationship, in fear of betraying her father. On one occasion quite late in treatment, despite frequent confrontation and interpretation, she insisted on taking an unaccompanied vacation to Europe with her father. She would neither leave him nor give him the grandchildren he desperately desired, in a dogged insistence that she, not her mother, was his favorite woman. Guilty and self-punitive reactions to her living out Oedipal wishes formed a vicious cycle in her life.

The termination phase lasted approximately 2 years, initiated by Ms. A. One date was disavowed; a second, despite great anxiety, was met. This long and arduous treatment had achieved many life goals and some treatment goals (Ticho, 1972). It did not achieve, it seemed, a resolution of an intractable oedipus complex, despite considerable apparent insight. Toward the very end, Ms. A articulated what I felt: We'd done what we could, and she might or might not achieve her goal of marriage on her own. (About 2 years later, I received a birth announcement, and a lengthy letter of gratitude informing me that Ms. A had married 8 months earlier.)

Some would consider this treatment an analytic failure, its having ended with its central analytic issue unresolved. Some would consider it an overly long treatment that should have been ended earlier by the analyst. Some would question the 2-year termination period in which the first date was disavowed.

That the psychoanalytic process is designed to continue with postanalytic self-analysis (Stiegel, 1982) and that significant changes may then be expected is now generally accepted. Although there are some who indicate that the analyst should suggest or take the lead in termination (following Ferenczi & Rank, 1924/1925), such end-setting, despite Freud's using it with the Wolf Man, is not normative. Our therapeutic responsibilities, even in an analysis, include continuing to work with analysands so long as they wish, provided that our professional

judgment suggests possible progress rather than irreconcilable impasse. That "the lion only leaps once" (Freud, 1937) regarding ending dates, is not consistent with other experience (Shane & Shane, 1984).

Ultimately, our judgments in each analysis are intuitive (Novick, 1982), making use of the principles and uncertainties we have learned as best we can apply them to each analysand. These judgments are, of course subject to countertransference pressures. We must be wary both of holding on to patients for too long, and of succumbing to current values aimed at shortening treatments to fit approved nosological schemes.

CASE 2. A CASE OF EXTERNAL DETERMINATION: MR. B

External events precipitate endings in psychoanalytic treatment with high frequency. Such endings may be conducted as and considered legitimate terminations, rather than being automatically judged as premature and, therefore, unsuccessful. In fact, it is often enough the case that external events trigger a termination, that we need to understand the coincidence as fitting the needs of the analysand, and we need to develop principles that may be useful for these circumstances.

Mr. B, age 25, began an analysis that was to last almost 7 years, following 5 months of exploratory psychotherapy. Pressured into treatment by his girlfriend, he described himself as irresponsible, an abuser of drugs and alcohol, a spoiled kid now grown up. He also reported two episodes of impersonal homosexual activity while under the influence of alcohol, and was troubled by their possible meaning.

A financial whiz, Mr. B was a great success as a stock trader. His high income supported his substance abuse. A major issue for him was that his father's similar success was followed by forced bankruptcy for fraud when Mr. B was 9 years old. Following two suicide attempts, Mr. B's father became a passive man, with mother assuming breadwinning and family leadership roles.

The treatment was characterized by Mr. B's acting on his wishes, in and out of the transference, seeking gratifications and facing unhappy consequences with regret. Drunken homosexual episodes, impulse purchases, chronic lateness, and absences were frequent in the first few years of analysis. As the work continued, Mr. B supplemented it, on his own initiative, with the structure of a 12-step program. He got sober, and internal gains began to match external success. Marriage and fatherhood followed. Economies taken in his industry made for cutting back on his lifestyle, especially with new family responsibilities, and his being laid off was not so much of a surprise that he hadn't made reasonable preparation for it. Such preparation included a 3-month termination period for his psychoanalysis, at reduced session frequency.

Although this termination was, from my perspective then, as well as the common wisdom now, a too-short and inadequately planned termination, I would now argue that a pretermination phase was in progress, with effective analysis of the negative oedipal constellation well along. The termination was similar in content, I would now judge, to what it would have been with more time available. A mourning process began; review and recapitulation of analytic work occurred; and Mr. B. demonstrated his most important analytic gain: a deliberative, reflective attitude that had, to a very significant extent, supplanted his impulse-ridden orientation.

CASE 3, AN APPARENTLY INTERMINABLE TREATMENT OF 17 YEARS, WITH SEVERAL YEARS OF WHAT TURNED OUT TO BE A TERMINATION PHASE: MR. C

Although we have gotten used to the lengthening of analyses, and have not adopted Freud's endsetting technique with the Wolf Man, very lengthy analyses are surely subject to legitimate questions as to analyzability, countertransference interference, and inadequate technical skill. This example is presented to demonstrate that, these legitimate questions notwithstanding, some analyses may require heroic expenditures of time, and some terminations may require years.

Mr. C, a 24-year-old recently married graduate student, began psychotherapy for fear of self-assertion, difficulties with authority figures, a general sense of passivity, and concerns about his hastily entered marriage. The initial recommendation was for psychotherapy, because concerns about analyzability were prominent. Mr. C's communication was vague and sometimes confused; he was anxious and had a propensity to overeat, and he suffered memory lapses. Four years of psychotherapy resulted in marked improvement in mental status, internalization of symptoms, establishment of a professional career, and a strong desire for psychoanalysis, which emerged following the death of his grandfather.

In the first 5 years of the analysis, Mr. C divorced and remarried, mourned the death of his grandfather as well as of his own father, became a father himself, and was diagnosed with Buergher's disease as the analysis seemed to be entering a pretermination phase. An additional 8 years of analysis was required, during which the manifest focus was on his inability to give up smoking so as to prevent the amputation of his limbs (a frequent outcome of protracted Buergher's disease).

During this period, Mr. C quit smoking several times with the help of formal programs and on his own. He would relapse well before he had the confidence to propose an ending date. When off cigarettes, he would binge on food or go on gambling sprees. Frequent absences characterized several periods. Amidst these difficulties, meaningful analysis of transference fantasies regarding castration as punishment for voyeuristic wishes ensued. Eventually, an endsetting became

possible with 9 months left to work. Smoking was given up, and a mourning process culminated in genuine gratitude.

CASE 4, A CASE OF WEANING: DR. D

Most psychoanalysts have not adopted Alexander's (1954) suggestion that analytic termination be a weaning process, and there has been little controversy in the field over this issue. Dr. D. began a training analysis that went on well beyond graduation for a total of 9 years prior to the start of a termination phase. He took an additional 2 years to complete treatment at a twice weekly frequency. Dr. D had, in the first 9 years, achieved many life and analytic goals he had set for himself but, despite discussion of the issue on several occasions, he was unable to set a date.

Dr. D himself decided on a reduced frequency of treatment; his analyst acquiesced. Other aspects of the conduct of the treatment did not change. After a year, Dr. D became able to set a date and to conclude his analysis.

Although we make recommendations as to frequency for principled reasons, we respect the patient's autonomy in accepting our recommendations or not. Such circumstances need not automatically be considered either failures or nonanalytic procedures.

CASE 5, AN IMPULSIVE-DRIVEN MAN, AN IMPULSIVE ENDING: MR. E

A 6-year analysis had a 10-month termination phase following the analyst's decision to relocate after having achieved a higher level in his profession. A 7-year psychotherapy with another analyst and a year and a half of preanalytic work had left this man, 34 when the analysis began, still struggling with inner demons. In adolescence, he engaged in dramatically dangerous activities and still had eruptions of risky behavior. The analysis resulted in considerable modulation of drive-eruption and inner turmoil. Mr. E was able to stabilize a shaky marriage, become a father, and advance in his professional career. Financial pressures and opportunities, involving geographic relocation, provided ample external impetus to endsetting. At the time, however, I felt we had entered a termination phase prematurely.

I worked interpretively rather than with confrontation, and the termination phase was unremarkable and quite satisfactory.

External events combining with less-than-complete achievement of analytic goals may give us pause as to the appropriateness of termination. I would now argue that there is always less-than-complete achievement and that there are most often external events which contribute to endsetting. These common conditions should not be considered inappropriate or nonanalytic, but normative. Such a consideration

allows for maintenance of an analytic attitude, and a stance that properly accepts analysands as being in charge of their own lives.

CASE 6, LEARNING FROM PSYCHOTHERAPY ENDINGS: MS. F

A 34-year-old divorced mother of a 12-year-old daughter, Ms. F entered analytic psychotherapy on a thrice weekly basis using the couch. After 2½ years, she reduced her session frequency to twice weekly, and after another 2½ years to once a week. Her initial complaints were of promiscuity and inability to trust men, following abandonment by her husband who attempted to kidnap their then 5-year-old child. The horror story that came to be revealed included the fact that the marriage was arranged within a therapy cult to which the patient's mother had brought her three children to live after the mother's own divorce when the patient was, herself, twelve.

In this cult, assigned therapists had sex even with early adolescents and directed their lives under the leadership of the guru. Ms. F lived in these circumstances for 14 years, completing college and a master's degree, becoming a wife and mother, and suffering the abandonment before becoming able to extricate herself.

The inability to trust men manifested itself as an important aspect of the transference that resulted in this treatment being a very tense and careful one in which preservation of the patient's sense of autonomy was a principle that most often superseded other treatment principles. This is a woman who would be considered high strung and temperamental by most people, and would be very easily upset. She had left a treatment with a supportive woman therapist, despite having been helped considerably, when the woman became advising and directive as well as supportive. Ego-boundary issues were of critical importance in the analytic psychotherapy of this borderline woman.

Over time, Ms. F was able to develop a meaningful degree of trust in me. She was able to take a lover who, unlike most she had known, was not exploitative. They married. Much of the latter part of treatment was devoted to her wishes and fears about having a second child while still able to do so. Mothering was the only facet of herself about which she felt mostly good, and her daughter's departure for college left her wanting to reestablish a mothering role.

Ms. F's husband underwent a vasectomy reversal but, in a follow-up consultation over a year after termination, conception had not occurred, and Ms. F was now 43 and obsessively preoccupied with her conflict. During the ending period of treatment and in the consultation, Ms. F begged for my endorsement or disendorsement of her wish for a child. Interpretations and clarifications frustrated her but seemed to maintain the effectiveness of the treatment by not stealing her autonomy as she felt her postcultural therapist had done.

This treatment was a psychotherapy that ended in stages by a weaning process directed by the patient. In analysis, appropriate termination is one of several goals; in this therapy, it was a central goal as Ms. F had been in at least a quasi-psychotherapy almost continuously since age 12. The question of termination here had more to do with degrees of improvement rather than idealizations, and with partial solutions that provided degrees of satisfaction rather than resolutions of underlying conflicts.

My point in this example is that we can learn about analytic termination from psychotherapy endings if we recognize that analyses are surely meant to be therapeutic, and that partial solutions, geared to the individual patient's needs are always the norm.

CASE 7, A FORCED TERMINATION: MRS. G

A year of successful twice weekly exploratory psychotherapy was to come to an end as a result of the therapist's separation from military service. The patient, a married mother in her mid-thirties, had improved considerably. Depressive symptoms, alcohol binges, and promiscuous adultery while her often abusive husband was on military assignment abroad, had been reduced and almost eliminated. On the way to the final session, following some months of dealing with terminating the treatment, which had been her best relationship with a man, Mrs. G had a serious car accident in which the car was totaled, but she sustained only minor injuries. She hypothesized, in the rescheduled final hour, that the accident was unconsciously motivated, and that she needed to pay more attention to such motivations.

This case is offered to emphasize that endings are always to be taken very seriously. Forced terminations do, indeed, occur, and sometimes, as in this example, are unavoidable. Psychoanalysis and exploratory psychotherapies, perhaps any psychotherapies, arouse intense feelings that cannot be resolved quickly or easily. Despite the therapist's focus on the issues of ending, even in this relatively brief treatment, a life-threatening situation occurred.

DISCUSSION

Each of the cases presented includes a termination that may be considered "unorthodox" in one or more of its dimensions. Ms. A's analysis ended with a shared sense of disappointment and with the analytic outcome in serious doubt. Mr. B's termination was externally precipitated, too short, and at reduced frequency. Mr. C's extremely long analysis and its ending were too focused on a symptom, a limb-threatening physical illness. Dr. D's termination involved a weaning process.

Mr. E's termination seemed overly determined by external factors and premature. Ms. F's termination left much work undone. Mrs. G's termination was forced. These cases seem to me, however, not atypical. Few of our treatments meet the mythological, idealized model of termination that has inadvertently evolved. Even those terminations that seem closer to the ideal may be, like Kris's (1956) apparently good hour, only apparently good when measured against the myth of the endgame.

To replace our idealization, I suggest that terminations are unlikely to be simple matters of following one of a few (never precisely defined) endgame technical sequences that have clear moves. Each ending is, like the analysis of which it has been a part, an idiosyncratic activity that has some orienting principles, but much more ambiguity than clarity. Psychoanalysis is not, like chess, a game; termination is not an endgame.

This assertion defines psychoanalysis as an idiographic enterprise: a study of a treatment for individuals, from which flexible orienting principles may be derived. Psychoanalytic technique is not rule bound, as Freud's (1912) title word "recommendations" is meant to emphasize.

What might these orienting principles be? I have, in discussing the cases, implied few. Let me spell out four essential ones. First among these is that analysts try to follow the lead of the analysand. As in the treatment proper, the analysand's concerns need to become ours, and our interventions are designed (following Berman, 1954) to further the analysis technically by evoking associative material rather than to be more directly curative. This principle does not require that the analysand always raise the matter of termination directly. Loewald (1988) presents several ways that the subject may be broached indirectly by patients. Long analyses in which neither direct nor indirect reference to termination may call for the analyst's asking the question by noting its avoidance. Nonetheless, I believe that terminations need or essentially led by the analyst are not desirable. (For a useful way of looking at the handling of necessarily forced terminations—as in my case of Mrs. G—see Finez, 1989.)

A second guiding principle would be that terminations follow, in spirit, the traditional style of the treatment itself, as it has developed in the individual case (Loewald, 1982). Termination in psychoanalysis is a phase of the therapy with characteristic issues, but except for the common practice of agreeing on a date, there is no general consensus that special techniques are neither required nor appropriate. Loewald (1961) reminded us that this principle applies even in the closing session. The third principle is that psychoanalysis is always a therapy, and that therapeutic considerations are a central responsibility however else we may characterize the practice of psychoanalysis. Conceptual contrasts between psychotherapy and psychoanalysis are matters of considerable importance in actual practice, but the idea of a therapeutic attitude is not compatible with an analytic one is naive. It exaggerates differences and ignores similarities, an error as substantial as its opposite. Psychoanalysts believe that analytic practice is therapeutic in its effect;

it is also often the case that therapeutic considerations that have influenced a particular treatment can be psychoanalytic in their spirit. Among the cases presented here, therapeutic concerns were most pronounced with Ms. F, but were necessarily important in each.

Perhaps the central principle, the fourth, is that endings of treatment need time and thoughtful attention. A psychoanalytic situation is designed to foster powerful transferential affects and fantasies, and therapies that are analytic in orientation do so as well. Ending such a treatment must, therefore, be a careful process in which analyst and analysand pay close attention to the special issues that parting always involves. The forced termination of Mrs. G and her car accident provide a dramatic example of potential consequences of inadequate attention.

These four principles, it turns out, are not unique to the issue of ending treatment. They are, in fact, among the reliable principles of the inherently flexible idiographic practice that characterizes psychoanalysis in general.

Some caution is in order. A flexible idiographic practice, and the variability of endings that I am describing is hardly a call for an "anything goes" stance. To the contrary, the tenets of our professional training model are designed to foster a self-discipline to protect us and our patients from such a stance. The standard tripartite model of training (study, supervision, and analysis) can be applied, I think, to this issue.

We now have a substantial and growing psychoanalytic literature on termination, the study of which is essential both during coursework and following training. Supervision following graduation is recommended in general, and surely on initial cases entering a termination phase it should be recommended as well. For many psychoanalysts, clinical study groups with a leader or with peers may be considered suitable as an analog, and periodic consultation may also serve. As to the critical third cornerstone of our model, we need to rely, as Renik (1993), among others, has recently noted, on the analytic superego, which continues to develop as a result both of our continuing analysis or self-analytic work and our careful observation of countertransference manifestations.

Among the reasons for Freud's (1925) consideration that psychoanalysis be included among the impossible professions is that there are no easy answers or guarantees in doing the work. Complexity, conditionality, and individuality make terminations, like psychoanalysis itself, not a game constrained by rules, but an enterprise requiring lifelong instruction, study, and self-exploration. Although we can terminate particular analyses, psychoanalytic training on termination and many other issues, like the self-analyses that we hope will follow a successful treatment, is interminable.

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Review Essay

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Handbook of Interpersonal Psychoanalysis, edited by Marylou Lionells, John Fiscali, Carola H. Mann, and Donnel B. Stern, Hillsdale: The Analytic Press, 1995, 928 pp., \$99.50 (hardcover).

Pioneers of Interpersonal Psychoanalysis, edited by Donnel B. Stern, Carola H. Mann, Stuart Kantor, and Gary Schlesinger, Hillsdale: The Analytic Press, 1995, 272 pp., \$59.95 (hardcover), \$29.95 (paperback).

Of all the principal psychoanalytic schools in contemporary America—Freudian or classical, object relations, self psychological, and interpersonal—the last has stood at the greatest remove from orthodoxy, in part because its founders, most notably Sullivan and Fromm, were not closely linked to the institutional centers. The growing emphasis of world analysis on relational experience, however, as both an influence on personality development and with important implications for treatment, has thrown most of the schools closer together, and the rich contributions of the so-called interpersonalists have made this proximity of even greater importance. It might be thought that the genetic "turn" so prominent in general psychiatry and the culture at large would have the opposite effect, but the genetic influence has been more and more balanced by evidence for a strong relational contribution to the forming of human brains (Eisenberg, 1995).

The two books prompting these remarks are the most complete and forthright statements of the interpersonal position available. They provide an opportunity to review this position, its gradually emergent effects on clinical work particularly, and the problems and possible solutions resulting.

If interpersonal work begins in any one place, it is in Sullivan's contention that psychopathological efforts start with a study of peoples' impact on one another and with the realization that this inquiry itself illustrates the process and problems under investigation. For example, how do we separate the two impacts: What is you and