

## ANALYSIS INTERMINABLE RECONSIDERED

Naomi Rucker

"The business of analysis is to secure the best possible psychological conditions for the functioning of the ego: with that it has discharged its task" (Freud, 1937, p. 250). Through the history of psychoanalytic theory and technique, attitudes toward termination have been dominated by this tenet. The resolution of core neurotic conflicts, the detachment from infantile incestuous bonds, a diminution of transference distortions, and the achievement of autonomous functioning are among criteria for termination cited repeatedly (Hurns, 1971; Langs, 1974; Firestein, 1974). Controversies over the role of termination in psychotherapy as opposed to psychoanalysis, over the characteristics of a termination phase, and regarding the specific techniques for termination have arisen, but, with scant exception, the conclusion of an analytic treatment is presumed.

In 1927, Ferenczi argued against the abrupt ending of analysis. He felt that analysis would end properly when patients became convinced that, as a source of gratification, it yielded little. He cautioned, however, against ignoring the neurotic meaning that the wish to leave may carry. Kellman (1971), from a position reflecting Karen Horney's work, similarly expresses "abiding caution" about the meaning of "completion, finality, or end phase" of a psychoanalytic process (p. 420).

In more contemporary writings, Goldberg and Marcus (1985) and Leigner (1986) also challenge the dictate of termination. Goldberg and Marcus pose the idea of analysis being an open-ended process with termination taking myriad forms in response to the individual needs of patients. In Leigner's discussion of termination and modern psychoanalysis, she tentatively broaches the possibility of analysis becoming a continuing source of "emotional nutrition." While acknowledging the role of healthy interdependency between the analytic couple, Leigner describes psychoanalysis as an "ongoing human process that can never fit into a formula of certainty" (p. 15). She expresses the conviction that patient and analyst should

NAOMI RUCKER, Ph.D., is Diplomate in Clinical Psychology, American Board of Professional Psychology; Supervising and Training Analyst, Institute of Contemporary Psychoanalysis, Los Angeles, CA; Faculty member, California School of Professional Psychology, San Diego, CA; Psychoanalyst, private practice, San Diego, CA. Address correspondence to: 1660 Hotel Circle North, Suite 614, San Diego, CA 92108.

remain together as long as the work is productive and mutually gratifying, but she does not explore this possibility further.

Interminable psychoanalysis more often is judged to be a pathological deviation from the norm and to be a manifestation of unresolved transference and countertransference complications. The meaning of a fruitful analytic treatment extending throughout a patient's life or for the duration of an analyst's professional or personal life span has not been examined.

Interminability is defined in Webster's as "tiresomely protracted; endless." The pejorative tone of this definition captures the tenor of the literature on termination when the topic of interminability is addressed. Firestein (1974), in his review of the literature on termination, cites the wish for an endless analysis addressed as a source of resistance, as comparable to dynamics in patients with "sticky libido," and as a source of profound reactivity when indications are given that the analysis must conclude. Inappropriate countertransference feelings are espoused to be frequent contributors to protracted analyses (Keiser, 1974). A distinction is often made in the literature between life goals and treatment goals (Kanter, 1974; Robbins, 1975) with the implication that the two can and should be objectively separated.

It is my intent to view interminability through a different lens—to present continuous analysis as a viable orientation toward the analytic process in the context of a relational understanding of the patient-analyst dyad. Continuous psychoanalysis is one among many possible evolutions of an analytic course. It is not necessarily preferable to traditional termination, but it is an outcome that can have richer value and meaning than what has been considered thus far. It is my contention that the perception of termination as a necessary component to a successful analysis is more an artifact of drive-theoretical and ego-psychological principles and of the medical model of psychoanalysis as treatment than it is an inherent requisite for emotional maturity or for successful psychoanalysis.

#### ANALYSIS AS A RELATIONAL PROCESS

The medical model presupposes psychoanalysis to be a treatment that purports to cure or heal psychological disturbances. The theories that have evolved under this rubric assume therapeutic goals, distinctions between health and disease, and an ultimate end point to treatment. The word *therapy*, however, stems from the Greek word for "service" and the word for "an attendant" in the Anatolian languages (Webster's Dictionary). These derivations suggest an attunement to the interpersonal side of the treatment relationship, while the modern medical model emphasizes that which is being treated.

The point of departure for a drive-theoretical or ego-psychological approach to termination is the achievement of structural change in the patient. These approaches are goal-directed, rather than process-oriented or relationally attuned. The importance of alterations in intrapsychic structure is emphasized at the expense of full recognition of the value of the patient-analyst relatedness and of the analytic procedure. Embedded in drive theory and ego psychology are principles of autonomy as a measure of mental health, as transference chiefly as an interpersonal reflection of the patient's intrapsychic processes, and of deprivation as a necessary motivating force for development.

Dependency needs are construed to be residues from unresolved infantile conflicts and to reflect defenses against rage and aggression. Distinctions between dependency, symbiosis, and attachment lack clarity. Qualities of the analyst are eclipsed by the importance given to the patient's projections, and the creation of frustration forms a cornerstone of standard analytic technique.

This orientation has been questioned by neo-Freudian and object-relational theorists (Horney, 1937; Fairbairn, 1952; Balint, 1968), and is being challenged broadly by theorists associated with the intersubjective approach (Stolorow et al., 1987). From other angles, analysts interested in cultural differences, such as Roland (1989), or in certain archetypal influences in psychoanalytic processes, such as Sullivan (1989), also have criticized psychoanalytic theory. Roland addresses cultural biases in conceptualizations of dependency and attachment. Sullivan calls attention to the masculine skew endemic to similar aspects of psychoanalysis.

Despite such challenges, the principles I have mentioned remain sacred cows to many. They have led to a restrictive focus on neurotic conflict resolution, to an artificial dichotomy between the role of the analytic relationship and the role of extra-analytic relationships, and to a denial and dismissal of the healthy potential in interdependent relatedness. They have also nurtured a consensus that formal termination is integral to an analysis.

If we move to a more relational understanding of the patient-analyst interface where the "real" relationship (Greenson, 1967) cannot be isolated from the subjectively experienced relationship, where transference and countertransference reside in and emanate from both patient and analyst, and where objectivity is renounced, the perception of analysis shifts. This shift is seen most distinctly in the writings of analysts within the intersubjective school.

Stolorow et al. (1987) describe the fundamental goal of psychoanalytic psychotherapy as the "unfolding, illumination, and transformation of the patient's subjective world" (p. 10), which occurs within the analytic space created together by patient and analyst. The experiential focus of this de-

scription stands in contrast to the more experience-distant orthodox approaches stressing structural change and neurotic conflict resolution. The concepts of a real relationship and working alliance that are pivotal in more traditional psychoanalytic theory and practice are supplanted by references to the quality of the patient-analyst bond.

The attitude of abstinence and deprivation that dictates much of psychoanalytic technique and that contributes to the conventional view of termination is replaced by that of "sustained empathic inquiry," an attitude that seeks to understand the patient's own subjective frame of reference (Kohut, 1959). Resistance, which is often invoked as the explanation for fantasies of endless analysis or for protracted treatments, is conceptualized as a response to the impending reoccurrence of traumatic developmental failure and is considered to be part-and-parcel of the particular intersubjective matrix of a given analytic relationship.

It is plausible that the wish for a lifelong analysis is natural and fitting to a given analytic dyad, that it is a desirable recognition of the patient's needs for empathic attachment, and that it need not be frustrated in the interest of autonomy. In fact, it may represent the attainment of a mature dependent position (Fairbairn, 1952) and the appreciation of the analyst and the analytic function as irreplaceable by extra-analytic relationships.

Mature dependence is characterized by the capacity of a differentiated individual to establish collaborative relationships with differentiated objects. It involves a mutual dependence between two people with equal dependency needs and it requires capacities for reciprocity. It is a state of developmental maturity that enhances healthy functioning and capacities for intimacy. The self-object differentiation it entails permits each relationship to be experienced as special and unique.

For some patients, the sharing of their subjective experience, the exploration of their inner world, and the maintenance of an empathic analytic mutuality can continue to foster growth, integration, and well-being after a reasonable level of nonneurotic functioning is attained. For some individuals, the type and quality of the intimacy experienced in analysis extend the range of intimacy among their relationships. This is readily known among clinicians in regard to individuals with serious psychological disturbances and limited object relationships. Kelman (1971), for example, details a number of therapeutic relationships continuing over a 10- to 30-year span. He concludes that such long-term therapy offers unique opportunities to monitor the course of a patient's disturbance and to participate in a patient's transition through various life phases. In these instances, therapy is often more supportive than essentially psychoanalytic.

However, there is no inherent preclusion for a clearly exploratory and insight-oriented analytic process to continue indefinitely and fruitfully with

patients whose psychological functioning is quite intact. Such analyses permit the continuing integration of psychological material across changing developmental contexts and provide fertile ground for the investigation of developmental/experiential themes from both clinical and theoretical perspectives.

In achieving treatment goals, an analysis simultaneously can serve life goals. The analytic bond can compensate for limitations on empathy that can exist in other intimate relationships, even if these relationships are essentially healthy and stable. Its presence, in fact, may complement other relationships, making them more viable and satisfying. Some patients may feel that their inner world is understood with a depth and continuity that only psychoanalysis and their particular bond with their respective analysts make possible.

Other patients also may find the analytic process to be an incomparably fascinating enterprise. For these patients, the relatedness with the analyst and the analytic process carry their own value beyond that dictated by neurotic transference resolution. In becoming an object relationship of singular quality and meaning within the patient's life, the analytic relationship loosens its ties to "treatment," takes on an exploratory, experiential, relational emphasis, and transcends the schism between psychoanalysis and nonanalytic relationships.

#### POTENTIAL SPACE, THE EMERGENCE OF A FALSE SELF, AND THE ANALYST'S CONTRIBUTION TO THE TERMINATION IMPERATIVE

As Winnicott (1971) describes, psychoanalysis partakes of the realm of "potential space," alongside play, creativity, and culture. The playfulness that characterizes this realm is a manifestation of health. It derives from the experiential space between infant and mother that is intermediate between one's internal world and the world of shared reality. In early development, potential space exists only in the context of living experience. It requires human interchange and cannot be generated solely intrapsychically or unilaterally. Its absence leads to impoverishment in creativity and symbolic capacity. Is it not conceivable that the richest evolution and utilization of the potential space presented by psychoanalysis occurs in the context of a living analytic relationship? That the ending of this relationship in vivo may diminish, rather than enhance, generativity? It is the interpersonal relationship between patient and analyst that gives the analytic process vitality and depth.

From within the paradigm presented here, the emphasis on termination as essential to an analysis may reflect a reaction against dependency, affective intensity, and the full recognition of one's unique psychological contri-

bution to a given patient's life and development. Apart from Fairbairn's (1952), Roland's (1989), and Sullivan's (1989) works, dependency is usually considered to pose an interference to autonomous functioning, rather than to be integrable with independence and with the investment of energy toward autonomous goals.

Perhaps, however, this is a misconception that meets our needs as analysts more than our patients' needs. Perhaps it is analysts who resist and fear deeper feelings for patients. To avoid recurring empathic failures that intimacy may hazard for us, we may not bring fully to our work capacities for mature dependence; our needs for self-protective distance may prevail. We may need to guard ourselves against the regression and exposure that a sustained interdependency with patients could entail, we may wish to preserve our own narcissistic shields, and we may need to uphold an illusion that our autonomy is immutable.

Rationalizations for limitations on psychological intimacy with patients can then take precedence over an awareness of, and responsiveness to, needs for continued contact. Possibly we unconsciously, if not consciously, convey that an ongoing mutual attachment is untenable. With some patients this approach may engender narcissistic injury that goes unrecognized and unrepaired. Other patients may respond with a seeming acceptance of this "reality" and sometimes with an internal time clock that ticks inexorably toward an end.

The final phase of analysis is thought to offer an unparalleled opportunity for the examination and resolution of separation of anxieties (Firestein, 1974). There is no question that the prospect of termination is a potent precipitant for concern about separateness and autonomy, but, by no means, is it the only one. Over the course of an extended analysis, the natural losses that accompany living inevitably will evoke these concerns. The process of being alive naturally brings to each individual his chances to mourn. The loss of analysis and of the analyst also will come in its own time via sickness, aging, retirement, or the like. These losses need not be created artificially by the formal institution of termination for a meaningful examination of attachment longings to occur.

The literature cites that posttermination period as one of critical consolidation of treatment gains and of self-analysis (Schlessinger and Robbins, 1983). Yet, it is not clear if this is always the case, if these gains are stable, or if this self-analysis and consolidation differ at all from those that occur when a treatment is well underway. Self-analysis may be regarded as a largely intellectual compensatory function that is invoked in the absence of the analyst. It can be associated with the false self (Winnicott, 1965), schizoid (Fairbairn, 1952) or narcissistic (Kohut, 1971) postures that are adopted in the face of relational deprivation and empathic failure. The

removal of the psychoanalytic function from its interpersonal framework isolates it from the human context, which gives solace and succor and the relational container that nurtures the process itself. In doing so, it detracts from the creation of potential space. Under these conditions, self-analysis becomes a dehumanized, functional substitute for human warmth and involvement.

The introjection of the analyst and the internalization of the psychoanalytic process do foster the development of a self-analytic capacity. However, if we follow Fairbairn's (1952) line of thinking, this introjective process is motivated by the need to master painful aspects of the external patient-analyst object relationships. Good object relationships, in Fairbairn's view, remain in the external world, while bad object relationships must be contained via internalization. The subsequent repression of the bad analytic introjects segments the personality structure. Self-analytic capacities can be construed as substitute satisfactions that compensate for frustration and failure within the analytic interchange and are further shaped by intellectual defenses against the bad introjects. Thus, introspection, in the form of self-analysis, may arise through the culmination of a series of events that opposes the integration of self and other experience.

One does not analyze oneself, nor is one analyzed by another, except in an intellectualized, cognitive fashion. The word psychoanalysis underscores intellect and reductionism, rather than integrative transformation of experience. Psychoanalysis is given its richness through the experience of oneself with another person in a particular context that heightens awareness and integration. The willingness to move beyond impresses to the feeling and sharing of experience and the synthesis of intense affect require human engagement. From a relational perspective, the term self-analysis suits only an intellectual endeavor; it is otherwise an oxymoron.

A reliance on self-analysis can be incorporated by a narcissistic false self that is pseudo-independent and cognitively, functionally, and behaviorally focused. This type of psychological facade seems to be quite syntonic within American culture. It has been addressed by social critics and philosophers of science, such as Lasch (1983) and Capra (1987), and it pervades many psychodynamic therapies, but it is also expressed in the theoretical emphases on psychic structure and experience-distance metapsychology that have been prominent in psychoanalytic thinking for decades.

Ego psychology, in particular, can convey a turgid judgmentalism and lack of sensibility toward subjective experience. Its emphases on autonomy, objectivity, analytic anonymity and deprivation, the primacy of intrapsychic structure, and hierarchical standards for mental health can lead to analyses that have technical form and intellectual substance, but that are weak in the healing of injured narcissism and in respect for the validity of subjective experience.

Attitudes that psychotherapy can and should be measured by behavioral change and functional improvement, and that termination is the only appropriate outcome of the achievement of therapeutic goals, are also linked to traditional assertions and to the culturally syntonic overvaluation of pseudo-autonomy. This pseudo-autonomous facade denies our essential human interdependence with others and betrays the sense of alienation that many people experience within themselves and within their interpersonal surround.

The typical assumption of termination usually reinforces this posture, rather than rendering it a subject for exploration. The question of why one needs to terminate often brings to light rationalizations for separation that mask underlying feelings of alienation, fears of intimacy, and narcissistic vulnerability. Strivings for independence often bolster a narcissistic patina. The continual role of intimate attachment as an emotional anchor and a well-spring for psychological well-being is obscured both theoretically and clinically.

#### CLINICAL VIGNETTE

The analysis of a healthy, well-integrated patient whom I shall refer to as Rosalie is an excellent case in point. The presentation of this case is not intended to advocate endless analysis for all patients. Rather, it illustrates the possibility that continuous psychoanalysis, as a particular form of relatedness, can be desirable and beneficial in situations other than supportive therapy with individuals deprived of adequate internal and interpersonal relationships. This clinical material is presented to pose an alternative to the traditional insistence on formal termination.

Rosalie is an attractive woman in her thirties who came to psychoanalysis many years ago for relief from feelings of narcissistic vulnerability that had emerged in one area of her life. Rosalie enjoys a stable lifestyle, has attained significant professional success, and enjoys a healthy range of interests. She has established intimate relationships, and has negotiated the loss of significant others. Five years prior to beginning analysis, Rosalie had terminated a psychotherapy of 2½ years' duration. Both the termination of a prior psychotherapy and the personal losses in her life have entailed struggles with separation and autonomy. Rosalie has unusual insight and self-awareness and receives a great deal of pleasure from the process of exploring her inner world. Clearly, she is organized at the neurotic level.

Although Rosalie functions very independently in her life, she has been quite drawn to closeness and intimacy. She tends to establish relationships that have length and depth and to shy away from more superficial interac-

tions. This inclination was quickly apparent in both the quality and quantity of the analytic contacts. Rosalie's analysis has been quite lengthy despite the absence of marked psychopathology. She has been seen from three to five times weekly and has worked very productively and with much commitment and attention to the process. The fit between Rosalie and her analyst is better than is often the case; it is a very good therapeutic match.

Early on, Rosalie expressed a fantasy/wish of being in analysis as long as possible, partly because it met some of her needs for attachment and partly because the analytic process was exciting and enriching for her. Over the years since her first therapy ended, her experience of life has been more superficial and less "richly textured" than during her involvement in therapy. Her emotions feel to her to be more muted since her therapy ended and she experiences some loss of access to the multiple layers of emotional meaning that therapy had brought to her awareness. It seemed to Rosalie that the termination of her current analysis would leave her with one less empathic and intimate connection and would deprive her of a place in her life for experiential exploration. Consequently, it seemed rather pointless. She felt that the natural point of termination was the retirement of her analyst or the death of either she or her analyst. As Rosalie is not in a situation without financial or time constraints, considerable sacrifices in these areas for an extended analysis were implicit in her decision.

Rosalie's view on termination embodies themes that have transcended various phases of her analysis. Motifs of intimacy and sustained interconnection, which are illuminated by her wish for the indefinite continuance of her analysis, resonate with dynamics in Rosalie's early relatedness with her mother that have been and continue to be central in the analysis. The analysis itself serves as an avenue for the fulfillment of her wishes for intimacy. I posit that this avenue reflects the integration, rather than the neurotic enactment, of these enduring facets of herself.

Rosalie's describes her relationship with her mother as "oblique." Her mother was experienced by Rosalie as loving and warm, but as resisting sustained deep engagement with her daughter. The mother's ability to relate intimately and empathically was present, but her incapacity to sustain it in a way that met Rosalie's needs left Rosalie with deep-seated feelings of loss, deprivation, and inadequacy. Rosalie's mother is presented as oblivious to the depths of Rosalie's need for her, but without malice. There is no evidence of any overt neglect or any notable psychopathology on the part of Rosalie's mother.

Rosalie feels that she was always acutely sensitized to her mother's unconscious feelings toward motherhood and that these unconscious feelings, rather than her mother's conscious thoughts and actions, colored

much of Rosalie's psychic experience. Her sensitivity to subtle emotional communications was evident in the analysis and was associated with the narcissistic vulnerability that initially brought her to treatment. After many years of analysis that addressed these issues, the narcissistic hypersensitivity and sense of injury associated with her attachment needs has dissipated.

Rosalie's needs for intimate attachment are felt to be core aspects of her development, her relationships, her psychic experience, and her personal identity, which she has come to value highly and which are associated with many desirable personality traits. The conflicts around dependency and separation that are noted to accompany protracted treatment are not particularly evident either in Rosalie's life or transferentially. Just as her needs for attachment are woven into the quality of her extranalytic relationships, corresponding needs are being woven into the fabric of her analysis in an integrated fashion.

Rosalie's analysis is presently continuing, although she is functioning at a level of integration that surpasses that of many patients who have terminated "successful" analyses. Indications for termination have not spontaneously emerged in Rosalie's dreams or associations. Analytic exploration continues in a manner that is meaningful and gratifying to both Rosalie and her analyst. Psychic motifs that weave through Rosalie's inner experience and interpersonal relatedness are now able to be explored as they evolve over her life span. Archaic themes, which have emerged over years of analytic work, are embellished by attention to their manifestations across myriad life experiences and the myriad vicissitudes of an extended analytic alliance.

As Rosalie has demonstrated for years her capacity to function independently and to experience an inner sense of separateness, the achievement of more autonomy is a superfluous goal. The introduction of termination would feel to both patient and analyst to be arbitrary and artificial. To push toward a definite conclusion to this analysis would move the treatment focus from Rosalie's subjective realm to the more objective and impersonal framework of what an analysis ought to be.

The interminability of Rosalie's analysis does not represent her inability to terminate or to separate, but rather her mature choice not to do so. This choice is not motivated to any significant degree by neurotic factors, such as the fears of separation and death, as Weiss (1972) notes in regard to interminability or by the unhealthy "addiction to analysis," such as Szalita (1976) mentions. It is guided by the capacity for healthy interdependent relatedness and for a recognition of the singular nature of analytic exploration. The analyst's acceptance of her orientational need not signify unresolved countertransference that protracts this analysis, but may be an empathic response to this patient's individual need.

Rosalie's ability to elicit an attentive, engaged response speaks to the good patient-analyst "fit" as well as to psychic developments within Rosalie and within the analytic relationship. She has been heard and she has been able to find and create someone who can hear. The opportunity for an extended analysis tempers the impact of her early history, allowing her to assimilate her needs within a creative relational context. This integration would be attenuated by a more conventional analytic course.

Rosalie exemplifies the potential for development experiences to coalesce into a self that can cultivate creative vehicles for personal fulfillment. What might be seen by many as unresolved neurotic wishes can be appreciated as expressions of self whose continuing presence reflects healthy integration, an awareness of self-continuity, and an acceptance of core psychic experience. Understanding her analysis in this way does not preclude analytic exploration of the historical or symbolic roots of her analytic posture. On the contrary, acknowledgment and synthesis of her history, her internalized patterns of relating, and their interpersonal manifestations are potentiated.

#### CONCLUDING COMMENTS ON THE EXTENDED ANALYTIC ALLIANCE

The notion that "the analyst is primarily a transference figure and a transference figure can be replaced" (Weiss, 1972, p. 508) is an illusion. All human relationships are transferential and individuals are never truly replaceable. What distinguishes the analytic alliance from human relationships is a circumscribed analytic space, the exploration of psychic experience, and the focused attention to the nuances of the interpersonal matrix. It is these ingredients that encourage the detailed sharing of the patient's psychic world. In turn, this sharing of the patient's subjective experience deepens the analytic intimacy and makes the analytic alliance irreplaceable by extranalytic contacts. Although the characteristic transferences of a given person may resonate through many relationships, neither the nature and quality of one's relationship to one's analyst nor the analytic process itself are replicable in other settings.

Shapiro (1990) points out that transferences are not resolved but are integrated into patterns of living. One pattern of living that some patients may find valuable is the preservation of an analytic relationship. This possibility should not be dismissed or viewed with criticism. Although it may have dynamic meaning, it is not necessarily a sign of an analysis gone awry. The close of an analysis with the relative resolve of core neurotic conflicts forces an arbitrary distinction between analytic and extranalytic life wrongs. This may reinforce boundaries that may be unnecessarily disruptive and depriving for some patients.

As Goldberg and Marcus (1985) assert, the termination process should accommodate the individual needs of individual patients. For many patients, a finite treatment and a traditional termination process are desirable by both patient and analyst, are productive and growth-enhancing, and are fully appropriate. Yet, for others, termination itself may be unresponsive to their needs to maintain the object-relational qualities that only an analytic alliance can supply. Within the analytic arena, the subtleties of one's inner world are shared with an unparalleled depth and breadth. The building of a relationship based primarily on the empathic understanding of psychic experience creates a province where the convergence of one's past and present are illuminated.

The analytic dyad allows expressions of self from all phases of life to be shared, appreciated, and understood within the confines of a single relationship. This makes the analytic alliance unique among human relationships. Even a typical termination process needs to entail the mourning of the special relational and process components of the analytic dyad and the analysis.

The push for autonomy that many patients express prior to termination can express healthy strivings for separateness, but separateness and relatedness are not mutually exclusive. Such strivings can also represent the enactment of fears of deeper attachment and of intense longings regardless of how rationally they are couched. This line of inquiry is overlooked too often while the principle of termination is held sacred. Although we know something of the possibilities offered by a posttermination phase, we know little of the value of an extended analytic relationship. It is certainly imaginable that the exploratory process may be richer once patient and analyst have established a fuller affective intimacy and once the patient is symptom-free and capable of mature healthy interactions.

To cull all the threads that lead to the prospect of concluding an analysis requires delicate and sophisticated clinical judgments. If it is in our repertoire to do otherwise, avenues of understanding should not be obfuscated by intellectual preconceptions. Psychoanalysis is a marriage of psyches. As analysts we need to stay wedded to an appreciation of our patients' subjective lives and not to a legacy of doctrine. We need to work continually toward deepening capacities for interpersonal enrichment even if our allegiance to preexisting tenets may need reexamination.

Although our patients live much of their lives outside of the scope of our relationships with them, the interface between their psyches and ours is the most fertile field for the cultivation of a richer relatedness. If we are to use analytic theory and technique to comprehend and heal the human condition, we must take care not to engender unwittingly a needless foreclosure of experience.

It is ironic that in a profession where developmental parallels are ubiquitous and where parent-child relationships are often a metaphor for separation and termination, we have failed to see that, rarely, if the relationship is solid, do we cease to have relationships with our children as they mature. Rather, we sustain relationships that maintain parameters, but that mature along with our children. It is paradoxical that an experience as deeply interpersonal as psychoanalysis can result in autonomy and distance from the ones with whom we share such intimacy.

Since I chose to begin this paper with a quote from Freud that is congruent with a conventional concept of termination, I will end it with a quote from Freud (1937) that is consonant with the opposing view. Freud was after all a master of contradictions. "An analysis is ended when the analyst and patient cease to meet" (p. 219).

#### REFERENCES

- Balint, M. (1968). *The Basic Fault*. New York: Brunner/Mazel.
- Capra, F. (1987). *The Turning Point*. New York: Bantam Books.
- Fairbairn, R. (1952). *Psychoanalytic Studies of the Personality*. London: Tavistock Publications Ltd.
- Ferenczi, S. (1927). The problem of the termination of the analysis. In *Final Contributions to the Problems and Methods of Psychoanalysis*. New York: Basic Books, 1955, pp. 77-86.
- Freud, S. (1974). Termination of psychoanalysis of adults: A review of the literature. *Journal of the American Psychoanalytic Association* 22(4): 873-894.
- Freud, S. (1937). Analysis terminable and interminable. *Standard Edition*, Vol. 23.
- Goldberg, A., and Marcus, D. (1985). Natural termination: Some comment on ending analysis without setting a date. *Psychoanalytic Quarterly* 54: 46-65.
- Greenson, R. (1967). *The Technique and Practice of Psychoanalysis*. New York: International Universities Press.
- Horney, K. (1937). *The Neurotic Personality of Our Times*. New York: W. W. Norton and Company.
- Hurns, H. (1971). Toward a paradigm of the terminal phase. *Journal of American Psychoanalytic Association* 19: 332-348.
- Kanzer, S. (1974). *Proceedings of the Annual Meeting of the American Psychoanalytic Association*, Denver, May.
- Keiser, S. (1974). *Proceedings of the Annual Meeting of the American Psychoanalytic Association*, Denver, May.
- Kelman, H. (1971). *Helping People: Karen Horney's Psychoanalytic Approach*. New York: Science House.
- Kohut, H. (1959). Introspection, empathy, and psychoanalysis. *Journal of the American Psychoanalytic Association* 7: 459-483.
- Kohut, H. (1971). *Analysis of the Self*. New York: International Universities Press.
- Langs, R. (1974). *The Technique of Psychoanalytic Psychotherapy*, Volumes I and II. New York: Jason Aronson.
- Lasch, C. (1983). *The Culture of Narcissism*. New York: Warner Books.
- Leigner, E. (1986). The question of termination in modern psychoanalysis. *Modern Psychoanalysis* 11(1-2): 5-18.



- Robbins, W. (1975). Termination: Problems and technique. *Journal of American Psychoanalytic Association* 23(1): 166-177.
- Roland, A. (1989). *The Search for Self in India and Japan*. New Jersey: Princeton University Press.
- Schlessinger, N., and Robbins, S., 1983. *A Developmental View of the Psychoanalytic Process: Follow-up Studies and Their Consequences*. New York: International Universities Press.
- Shapiro, S. (1990). Self-psychology and termination in psychoanalysis. Paper presented at the 13th Annual Conference on the Psychology of the Self, New York, October.
- Stolorow, R., et al. (1987). *Psychoanalytic Treatment: An Inter-subjective Approach*. New Jersey: The Analytic Press.
- Sullivan, B. (1989). *Psychotherapy Grounded in the Feminine Principle*. San Francisco: Chiron Press.
- Szallita, A. (1976). Problems in terminating psychoanalysis: On termination. *Contemporary Psychoanalysis* 12(2): 342-347.
- Weiss, S. (1972). Some thoughts and clinical vignettes on the translocation of an analytic practice. *International Journal of Psychoanalysis* 53(4): 505-513.
- Winnicott, D. (1965). *Maturation Processes and the Facilitating Environment*. New York: International Universities Press.
- Winnicott, D. (1971). *Playing and Reality*. New York: Routledge Press.
- Webster's *New World Dictionary of the American Language*. Second College Edition (1984). New York: Simon & Schuster.