Good Enough Endings

Breaks, Interruptions, and Terminations from Contemporary Relational Perspectives

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Introduction

Jill Salberg

Never can say goodbye . . . tell me why, is it so, so very hard to go? Don’t want to let you go, never can say goodbye, no, no, no.

The Jackson Five, “Never Can Say Goodbye”

How do we come to say goodbye? We offer patients a deeply felt connection, which can stir and fulfill longings for recognition, and a relatedness that may be more fulfilling than other relationships. It is within this satisfying relatedness we hope for a transformative experience. Why would a patient want to relinquish, give up this rich attachment, and end gratifying work? Why ever leave? From the other side, how do we as therapists or analysts know when enough work has been done? Additionally, if the work is deeply satisfying and we become attached, why ever stop?

My own engagement with the topic of termination began a number of years ago when I presented a case (Salberg, 2009; Chapter 7) to candidates at an analytic institute. The particular treatment was one in which I made the decision to terminate the treatment. Despite considering the case of my patient Ellen to be a “failed treatment,” I felt it was a good case for candidates because it was clinically interesting in a messy, difficult sort of way and seemed to be the kind of case candidates might relate to. I was right but surprised to learn that they also felt it was far from a treatment failure; some even felt that it was a success. It took some time for me to process the idea and to see that the lens they were using was not the same lens I had used. It forced me to start calling into question my own idealizations of treatment goals and to reconsider what an ending might look like.

Additionally, it was useful for me to discover that, despite my own shift from a one-person psychology based in object relations theory to a two-person relational approach, this change had not included rethinking the way in which I might consider the ending of treatment. My personal shift occurred in the mid- to late 1980s while in analytic training at the New York University Postdoctoral Program. At that time, this shift felt revolutionary. However, in the current contemporary scene, these categories seem
to be in greater dialogue with each other and often it is neither a one-person nor a two-person approach but it is both and in which ways they inform a more encompassing picture.

I turned to the literature as a way to investigate what had been written about termination and to find my bearings. I came upon an outstanding article by Martin Bergmann (1997; Chapter 2) in which he incisively determines that the field has been negligent in developing a true paradigm for termination. I found his proposal simultaneously reassuring and disturbing. Further reading confirmed much of what Bergmann had assessed, and I also learned that over the years, both before and after Bergmann wrote his article, others had remarked on the slim writings on the topic. I became quite curious as to how it happened that theorizing about termination was a kind of lacuna in which development of thought had seemingly stopped evolving.

Interestingly, while I had been collecting the papers for this book, *Psychoanalytic Inquiry* had been on a somewhat similar course, publishing a special issue “Loving and Leaving: A Reappraisal of Analytic Termination.”* (In 1982, *Psychoanalytic Inquiry* published a special issue on termination, hence “reappraisal” in the above title, which I will discuss later in this chapter.) Far from coincidence, the conterminous publications reveal an obvious need for review and revision of our concepts surrounding the end of treatment. The proposition of the editors of *Psychoanalytic Inquiry* is that the paradigm shifts within psychoanalysis from objectivism to constructivism, and from a more intrapsychic conception of mind to what they refer to as “relational field theory,” warrant a new examination of termination. They also note that the research findings from neuroscience, infant–mother, and attachment research are important for consideration as well. Although I am in complete agreement with their premises and goals, I see the shifts in the field as having more layers.

My own training as a psychologist occurred during the 1970s and was greatly influenced by the prevailing conception of Freudian psychoanalysis as expanded by Anna Freud, Heinz Hartman’s ego psychology, and the work of Margaret Mahler. American psychoanalysis had been greatly influenced by the influx of Freudian analysts emigrating from post–World War II Europe, and their view, as well as Hartmann’s theory of autonomous ego functioning, was that the goal of treatment was to implement intrapsychic structural change. Effectively, this meant a stronger, more autonomous ego. A readiness to end treatment would mean an emergence from dependency to independence without the need of the analyst. Self-analysis became the end goal that still sounds right, but how to achieve it remains a troubling question. Aron (as interviewed by Safran, 2009) views the emphasis on autonomy as a direct result of how treatment, largely dominated by male

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medical psychoanalysts, reified a cultural value that split analysis, manliness, and autonomy from psychotherapy and feminine relational values (see also Benjamin, 1998; Hoffman, 1998). Mitchell and Harris (2004) considered certain features of American culture and history that might have helped create an American psychological sensibility. They touch on certain themes that I would consider iconographic of psychoanalysis in the United States. Among these are pragmatism, freedom, and manifest destiny.

With this in mind, I can see Margaret Mahler’s work as having a uniquely American interpretation of Freud. Mahler’s (1967, 1975) theoretical conceptualization of the processes of separation-individuation and what later, jointly with Fred Pine and Anni Bergman, became known as the “psychological birth of the infant,” was a vision that sees development as not only linear in design but that privileges individual autonomy, believing it to be the end goal of psychological development. The infant was understood to be born into a symbiotic early relationship with the mother who, in the best of circumstances, supported stages of emancipation from this symbiotic union. Not unlike other ideas of the 1970s, such as self-actualization, the fully grown self was autonomous and freed from dependency. Such a view valorizes the needs of the individual whose pinnacle of development is complete autonomy, over the interrelatedness of self with other or self-in-community. Layton (Chapter 11) believes this to be embedded within Western culture. Mahler’s belief that the child’s development inevitably leads to full individuation is an outgrowth of this sensibility, this pride in a kind of “separation as accomplishment.” Aron (1996) believes that the shift in psychoanalysis toward a relational approach can be seen also as an outgrowth of the effects of feminism. Specifically, he writes, “Papers emphasizing attachment as a central aspect of clinical psychoanalysis and relatedness and empathy as just as important as independence and autonomy have similarly been influenced at least indirectly by the feminist critique of the idealization of independence and the isolated self of our culture” (pp. 20–21).

I do not want to sound as if Mahler had such a wrong-headed idea; given the prevailing conceptual framework of a one-person psychology, her theory expanded ideas on early child development. I was enthralled with her work, as were my graduate school cohorts. She captured many of the childhood, adolescent, and even adulthood conflicts that we all felt vulnerable to. When I entered my own analysis, I believed I would be learning how to fully separate and individuate from my family of origin and complete what had felt, heretofore, to be an incomplete process. Staying attached had not felt like a welcomed option, because it felt shameful in its link to dependency issues.

To my mind, the relational paradigm shift that Fosshage and Hershberg referred to would then also include conceptions of intersubjectivity, mutuality, and the treatment as cocreated by the dyad. Many of these relational
ideas resulted from and were integrated with the mounting evidence from infant–mother and attachment research that show the multiple ways the infant and caregiver are mutually affecting and regulating each other from birth. This is not only at odds with Mahler’s theory of separation and individuation but also with the idea that individual autonomy would need to include complete independence from others. Thus, it seemed decidedly necessary to me that the termination literature would equally need some revisions to reflect this kind of clinical research evidence.

It was while reading Davies’ (2005; Chapter 6) article on her own conceptualization of ending treatment with her patient using relational concepts such as multiplicity that I began to reformulate my work with Ellen (see Salberg, 2009; Chapter 7) as a relational termination. As it unfolded and I met with Ellen later on, I realized that I had “enacted” an ending with her. I became more convinced that there were new ways to explore how we understand and can conceptualize the ending of treatment. Although the early work of relational writers had been exploring and reformulating theory and technique, the emphasis had been on what happens during the treatment. Ironically, the end was overlooked, as if no end was in sight or sadly, that the end might take care of itself. Many of the concepts that relational authors have written about in general can apply equally to and be useful as constructs regarding termination.

I believe that terminations can be understood as cocreated enactments of complex unconscious processes between patient and analyst and will expand upon that more fully within my chapter. However, if we believe that certain experiences need to be lived firsthand in the analysis, and that enactments carry deeply felt, sometimes dissociated experience, then it follows that enactments around termination will occur. Bromberg (2006) absolutely believes that not only is termination not such a “benign” phase, but it often will draw us into yet another round of enactments crucial to ending. He states that “in this final stage of treatment, a relational context of new shared meaning could be created (or more accurately, cocreated) from what was being enacted around the termination itself” (p. 19).

Additionally, what has become coined as the “relational tradition” (Mitchell & Aron, 1999) has typically drawn upon a diversity of topics, including but not limited to intersubjectivity theory, object relations, interpersonal relations, self-psychology, constructivism, and attachment theory. Many of these topics have not been part of the termination literature. In particular, I felt that it was a major void to be conceptualizing the ending of treatment without including what we now understand about attachment from all the years of infant–mother research and attachment theory writings. Fundamentally the analytic dyad forms an attachment system, and we need to think inclusively about our endings in the context of our attachments and often differing attachment styles.

In deciding which authors to include in this volume, I used a model loosely based on Stephen Mitchell’s ideas that there is a landscape in
psychoanalysis. His was of multiple points of view dialoguing with each other. I combined that concept with what Spezzano (1995, 1997) conceptualized as the American middle school. He conceived of an evolving group, echoing but not the same as the middle school of the British Psychoanalytic Society. For the British Society, the middle space was between Klein and Freud, but in America, Spezzano (1995) conceives of it as follows:

Between the various relational theories (object relational, interpersonal, self psychological, trauma-abuse), on the one hand, and the various classical ego analytic theories on the other. This “middle” integrates British theory (both object relational and neo-Kleinian) with American interpersonal psychoanalysis (the Sullivanian or William Alanson White tradition) as well as with contemporary psychoanalytic theories of affect (Stein, 1991) and motivation (Greenberg, 1991). (p. 23)

In 1997, Spezzano added to this the topics of intersubjectivity and unconscious communication.

In many ways, this book represents my attempt to house a middle school approach. I compiled what I consider to be a group of the most original writers and important papers representing a broad spectrum of points of view. Some of these writers come close to a middle school approach; some do not, but have been included because of my sense of how papers and ideas, when read together, can illuminate each other. What was also interesting to me was seeing how writers from different positions struggled with the problematic nature of ending treatment. Some of these papers feel surprisingly to be in dialogue with each other, although not explicitly.

Part I, “Termination: Theories and Positions,” is the most broadly inclusive in the book. I started the section with a historical overview (Salberg, Chapter 1). Many of the papers and books on this topic provide a selective review of the literature. I felt it was lacking and therefore important to give a sense of the trajectory of theoretical work on termination. My own preference is to see how history informs the context for a generation of analysts who then train and influence the next generation. This is a decidedly intergenerational transmission approach to history but one that I hope will prepare the reader to appreciate more fully the papers that follow. Martin Bergmann (Chapter 2) represents a contemporary and deeply thoughtful Freudian view. He delineates what needs to be internalized—what needs to become self-analysis—before ending can occur. Ronald Britton (Chapter 3) exemplifies an evolution of British Kleinian thinking that includes an excellent synthesis of Bion and Steiner. Britton believes that it is not so much a cessation of symptomatology that we look for to indicate a readiness to end but rather an ability to regain internal stability—a flexibility of the personality to rebound from internal upsets along with a sense of hope. Jeanne Wolff Bernstein (Chapter 4), writing from a Lacanian perspective
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with great clarity and richness, illustrates Lacan’s project to expand upon Freud’s seminal idea on termination: no cure is completed unless the death drive is apprehended behind any symptom formation. Building upon Freud’s recommendation that any analysis must reach beyond the bedrock of castration, Lacan suggests that the subject must cross the plane of identification in order to apprehend the fantasm that he or she constructed in order to respond to the fundamental question of what the Other wants from me. Jeremy Holmes (Chapter 5) provides an important background in Bowlby’s attachment model and integrates modern attachment theories into psychotherapy and psychoanalytic theories and practices. He reminds us to be mindful of the attachment style of the patient and the therapist as we coconstruct the treatment and we begin to conceptualize how to terminate. I included a seminal paper by Jody Messler Davies (Chapter 6), who was one of the first relational writers to cogently and thoroughly address termination. Davies has often written movingly of her work with patients, and this paper, in particular, demonstrates how her use of her own work on multiplicity and dissociative self-states informs her thinking on termination.

Part II, “On the Clinical Frontier,” includes work of a group of relational writers who, through their clinical work, have continued to conceptualize what a relational theory of termination would feel and look like. The authors in this section approach clinical endings with interesting sensibilities and ways of engaging themselves, their patients, and theory. In Chapter 7, I trace my own evolving theoretical development across three terminations and determine that ending is a rupture of a profound attachment. Consequently, it is primed for dissociated enacted experiences. I look at how time, in its complexity, can be perceived differently under the sway of these experiences and track this through multiple endings across three treatments. Sue Grand (Chapter 8) questions the very nature of the analytic enterprise—that in forming an analytic bond we are inevitably heading toward rupture and grief. She explores this using her work with a patient who engaged in an analysis interruptus by continually starting and stopping the work. Steven Cooper (Chapter 9) finds that ending, including the intrinsic ambiguity over timing, presents an opportunity for examining previously underappreciated aspects of the transference–countertransference relationship, including the analyst’s “countertransference of indeterminacy.” In presenting close process material with his patient, Cooper argues that what may have historically been considered regression during the ending process is sometimes better understood as the analytic pair’s unconsciously motivated attempt to examine these points of enactment. Sandra Silverman (Chapter 10) writes movingly about how our work with certain patients around ending reveals how permeable the wall may be between our lives and our patients’ lives. She considers loss, survival, and “going-on-being” as they impact termination. Lynne Layton (Chapter 11),
while walking us through two terminations, suggests that our literature’s tendency to equate termination with reaching a certain level of maturity betrays a devaluation of dependency. She finds what she calls “maternal resistance” in our literature, ourselves, and our patients, and argues that if this resistance remains unanalyzed, we may not know what we have lost at the end of an analysis.

Part III, “Musings on the Multiple Meanings of Ending,” offers writings from a more meditative perspective on ending and loss while raising the dilemmas involved in relational treatments. Bruce Reis (Chapter 12) sees an analogue between Winnicott’s idea of the fate of the transitional object, not internalized as much as relegated to limbo, and what continues on after ending treatment. He weaves Freud’s early idea of nachträglichkeit and Laplanche’s translation of the term as an “afterwardness” with contemporary research and thinking on memory to create a new conceptualization of the finality and continuity of treatment. Neil Skolnick (Chapter 13) proposes that relational psychoanalytic theory is better suited for a flexible definition of when termination actually occurs. Using his own experience as an analyst, Skolnick describes how once we transcend a mourning model of termination, it becomes feasible to examine the process in a nonlinear temporal and mutual fashion. Dodi Goldman (Chapter 14) argues that it makes a difference whether psychoanalysis is thought of as a treatment or as an experience. By considering psychoanalytic views of pain and suffering, aloneness, the transformative Other, illusion, attachment, and clinging, Goldman explores how analysts and patients collaborate, clash, or shift over time as they negotiate a consensual language for knowing when “enough is enough.” Stefanie Solow Glennon (Chapter 15) raises the question of the impact on termination of the “relational turn” in psychoanalysis: As analysts have become less remote and anonymous, might this lead to interminable treatments? When discussing a particular patient who she believes is ready to end but who states, “Why would I choose to say goodbye to you?”, Glennon questions the literature and includes an afterword written by her patient. The section concludes with Anthony Bass (Chapter 16) who explores the idea that in analyses guided by contemporary principles of intersubjectivity and constructivism, terminations are ambiguous and cocreated, rather than definitive. From this perspective, there is always more analytic work to be done; endings often make way for new beginnings and a new phase of work, as patient and analyst take their work as far as they can before finding their way to a unique ending. It is this broad, diverse multiplicity of voices and points of view that I have found enriching and enlivening within the field of relational theory and psychoanalysis.

Last, I would like to offer some history regarding this book’s title. I had been working hard to understand my treatment of a patient, which I had terminated in the 1990s, and as part of that internal processing I had been writing about and presenting the case for a few years. In the article that

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eventually came out of that process (Salberg, 2009), I had struggled with what I felt had been a subtle but nonetheless present idealized conception in the field of what a fully realized analysis might look like. Perhaps this had been part of the dilemma I had in ending my own first analysis, which I have also written about (Salberg, 2009). I wrote, “If we ‘lean’ into termination, can we surrender our wish for an idealized ending? Can we see more clearly that it is quite a complicated dilemma, staying or going, for both the patient and for the analyst?” (p. 709). My belief that there is no complete or ideal ending to any analysis led me to imagine what might be, in Winnicott’s vernacular, a “good-enough” ending.

I am not the first to imagine this. Hoffman (1998) called the concluding chapter in his book *Ritual and Spontaneity in the Psychoanalytic Process*, “Constructing Good-Enough Endings in Psychoanalysis.” Hoffman argues well that endings take many forms, none perfect and most certainly not always under one’s control. Termination for Hoffman would then include more broadly all endings, even the end of life. More recently Gabbard (2009), whose paper is entitled “What Is a ‘Good Enough’ Termination?” persuasively argues that we need multiple scenarios for terminating treatment, not a one size fits all approach. As is frequently done in jazz music, I am “riffing” on the melody of others, adding my own variation on the chords, sometimes in harmony, sometimes discordant but “good-enough” all the same.

Termination has always been a problematic word that we have inherited from a poorly translated version of Freud’s original work on ending analysis. Many analysts would prefer any word other than termination, a term that suggests being fired, exterminated, or gotten rid of. Many of us have learned that endings become an interruption rather than a completion. Some patients return to either continue the work or even commence a new piece of work, which then is moving toward yet another ending. As I indicated in the title of this book, my sense of “good-enough endings” would include these breaks and interruptions, as they form the kind of treatment a particular patient may need and consequently shapes with their therapist or analyst. I would no longer consider when a patient returns for more work that it is an indication that the prior work be considered incomplete. Additionally, in rethinking how we conceptualize ending treatment, we may in fact be redefining what a good-enough treatment is.

This book is not meant to be a final word on ending—rather it is a way to enter, a place to reflect on ideas and last, a guide toward continuing the work and continue thinking. What follows in Chapter 1 is an overview of where the field and literature on termination started and the evolution of its concepts and ideas. Although several relational writers, whom I have included in my historical overview, have written on termination, there has not yet been developed a body of relational literature that would constitute relational theory on this subject. This has felt like a vacuum that this book
hopes to fill. Like all good analyses though, you have to understand where you have been, to figure out where you want to go.

REFERENCES


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