

Freud on Termination

Ending Therapy



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Ending Therapy:

The Meaning of Termination

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Freud on Termination

Freud enjoyed telling the story of the “free house,” the point in a town where no arrests would be made, no matter what the crimes of people assembled there. “How long would it be before all the riff-raff of the town had collected there?” (Freud, 1913, p. 136). The same would be true of the psyche if we (analyst and analysand) left a stone unturned in our quest for the unconscious truth. All the shadowy aspects of unconscious life would gravitate there and remain resistant to analysis, inaccessible to conscious expression. Here is the reason for the basic rule of psychoanalysis: tell all that comes to mind, even the trivial and the embarrassing.

The termination of psychoanalysis can easily become a psychological free house, if only because the two parties have no opportunity afterward to meet and examine together the leftover issues and feelings between them. Thus there is a need for a “termination phase” to the analysis, a period before the last session during which the analyst must dig deeply to locate, and help the analysand work through, the analysand’s feelings and fantasies about the termination. Otherwise, those untouched concerns, like the issues that congregate in a free house, will be acted out later and will subvert the potential for a successful cure.

Freud did not arrive at this formulation about termination until very late in his career. Initially, he and his inner circle had not viewed termination as an important event at all. In his early cases, ignoring of termination issues caused serious clinical failures. I will briefly discuss three of those early cases, two of which must be counted as totally failed terminations (Anna O. and Dora) and the third as a bracketed termination (the Wolfman), since the analysand continued to be attached to Freud and to the psychoanalytic movement for the remainder of his life.

Anna O.

During Freud’s early collaboration with Josef Breuer, when hypnosis and catharsis played key roles in the evolving practice of psychoanalysis, they experienced a dramatic failed termination that neither made mention of in their published reports of the case (Freud and Breuer, 1895; Freud, 1910). The now

famous case of Anna O. (Bertha Pappenheim, 1859-1936), was actually Breuer's case. Anna O. was twenty-one when she went to see Breuer for a nervous cough. Her symptoms also included hysterical paralysis of one side of her body with contractures and anesthesia, transient disturbances of speech and sight, somnambulism and afternoon states of somnolence, "absences," hallucinations, and a remarkable tendency for symptoms to be ameliorated after she had an opportunity to narrate her experience. She seemed a perfect candidate for Breuer's hypnosis-and-talking treatment of hysteria, and he saw her almost daily for eighteen months. Under hypnosis she talked, and the result was a striking improvement in her symptomatology.

The apparent problem in this case was Breuer's countertransference. According to Ernest Jones (1953, 1:223-25), Breuer was so absorbed in the case that he talked about Anna O. incessantly, even with his wife. His wife became bored, then jealous, and, seemingly unable to express either sentiment, she became depressed. When Breuer eventually noticed his wife's reaction, he decided to terminate the treatment of Anna O. immediately. Anna O. seemed to take the news well, and said goodbye. Later that evening, Breuer was called back to see her because she had suffered a relapse. All her symptoms had returned, and she appeared to be in the throes of a hysterical childbirth (pseudocycosis). Breuer, who had obviously been denying the romantic implications of their therapeutic relationship, was shocked. He proceeded to calm her by hypnotizing her and then fled from the house. The next day he and his wife left on a second honeymoon.

The termination was a fiasco. There was no preparation for the parting, no resolution of the transference, and not even any understanding of what had gone wrong. Anna O. then deteriorated further and was admitted to a mental institution. Eventually she recovered enough to become the first social worker in Germany, though she never married and led a somewhat constricted life.

This dramatically failed analysis and termination reflect the small place given to analysis of the transference in those early days of psychoanalysis. Freud and Breuer considered the transference an unfortunate complication of the treatment, something to be avoided if at all possible so the analysis would not be derailed, as it was in the case of Anna O. Freud later wrote to his fiancée about the case, and when she expressed fear that the same kind of romantic entanglement might develop between him and his female analysands, he rejoined with false modesty: "For that to happen one has to be a Breuer" (letter

to Martha Bernays, Nov. 11, 1883, cited in Jones, 1953, 1:225). In fact, Freud would later find transference to be omnipresent and, instead of viewing it as extrinsic to the proper work of analysis, would begin to see the analysis of the transference as the central task and mutative factor in the progress of the cure. Even so, Freud's (1937) formulation about termination, though brilliant on the issues he attends to, ignores important aspects of the termination process—for instance, the real loss the two participants experience, and the countertransference. I will discuss these issues after presenting two more of his cases.

Dora

Freud's analysis of Dora was a turning point in his views on the transference. Once again, it was a failed termination—Dora abruptly and unilaterally broke off the analysis—that would focus his attention on the transference.

Dora, eighteen, was sent to Freud by her father, who had been Freud's patient years earlier. She suffered spells of difficulty in breathing (dyspnea) from age eight and had visited Freud once before at age sixteen because of a cough and hoarseness—symptoms that Freud deemed hysterical. When these symptoms continued, Dora's father sent her to Freud a second time. In addition, he was concerned that Dora had grown irritable and distant from him and he had been convinced by a close friend, Herr K., that she had a too lively sexual imagination.

Dora was very attached to her father, with whom she shared a lively intellectual exchange. He was often ill, had been treated by Freud for symptoms of syphilis, and later developed tuberculosis. Freud described Dora's mother as suffering from a "housewife's psychosis." Freud quickly learned that the family's romantic life was quite complicated. Because of the father's illness, the family had moved from Vienna to a small town and had become quite close to another family, the K's. Dora babysat for the K. children. Frau K., a vivacious woman, became friend, then nurse, and finally lover to Dora's father. During this period, Herr K. began to make advances toward Dora.

When Dora was fourteen and visiting Herr K.'s office, he evidently kissed her passionately on the mouth. When she was sixteen, she told her mother he had propositioned her. Herr K., who had until then

spent a great deal of time with Dora and bestowed various gifts upon her, began to convince her parents that she thought about sex too much and that any improprieties were purely figments of her overactive imagination. Dora asked her father to break off the family's relationship with the K.'s. Perhaps because he believed Herr K. and not his own daughter, but more likely because he did not want to end his affair with Frau K., he refused. She became angry and aloof. She fell into a depression, her cough worsened, and she isolated herself, particularly from males. Her father became convinced all this arose from her illness, and he brought her to Freud.

Freud's written report focuses on two of Dora's dreams. His interpretations, and his method in arriving at them, are a continuation of his then recently published *The Interpretation of Dreams* (Freud, 1900). He uses Dora's case material to continue his polemical argument that the repressed sexual life of children—real or imagined—is at the core of hysteria and the other neuroses.

Interestingly, in his discussion he gives us a glimpse of his analytic technique at the time. Still very much the detective looking for unconscious sexual memories and fantasies, he sought at one point to link Dora's hysterical cough with her fantasies of oral sex. In order to prove to her that this was the case, he confronted her with a contradiction in her logic:

I pointed out the contradiction she was involved in if on the one hand she continued to insist that her father's relation with Frau K. was a common love-affair, and on the other hand maintained that her father was impotent, or in other words incapable of carrying on an affair of such a kind. Her answer showed that she had no need to admit the contradiction. She knew very well, she said, that there was more than one way of obtaining sexual gratification. . . . I could then go on to say that in that case she must be thinking of precisely those parts of the body which in her case were in a state of irritation—the throat and the oral cavity. (Freud, 1905a, p. 47)

Dora denied this interpretation. But Freud persisted until, "A very short time after she had tacitly accepted this explanation her cough vanished." Freud's frontal assault on Dora's resistances, and his conviction that insight into previously repressed ideas would alleviate the symptoms, are repeatedly demonstrated in this case. Many brief therapists of today borrow and even enlarge on the confrontational, insight-oriented style Freud used during this period (Davanloo, 1978).

Just when Freud felt progress was being made in the analysis, Dora decided to terminate. The following exchange occurred:

She opened the third sitting with these words: "Do you know that I am here for the last time today?"

"How can I know, as you have said nothing to me about it?"

"Yes, I made up my mind to put up with it till the New Year. But I shall wait no longer than that to be cured."

"You know that you are free to stop the treatment at any time. But for today we will go on with our work."
(Freud, 1905a, p. 105)

Freud continued to analyze the contents of Dora's associations during that session, and when the hour was over they said goodbye. In a postscript to the case, Freud wonders whether the analysis would not have continued longer if he had been more insistent and more openly warm and interested in continuing to see her. He goes on to a discussion of the transference, which by this time he sees as a critical part of the analytic encounter. He writes: "Nevertheless, transference cannot be evaded, since use is made of it in setting up all the obstacles that make the material inaccessible to treatment, and since it is only after the transference has been resolved that a patient arrives at a sense of conviction of the validity of the connections which have been constructed during the analysis" (Freud, 1905a, pp. 116-17). Finally, he criticizes his management of Dora's case: "I have been obliged to speak of transference, for it is only by means of this factor that I can elucidate the peculiarities of Dora's analysis. Its great merit, namely, the unusual clarity which makes it seem so suitable as a first introductory publication, is closely bound up with its great defect, which led to its being broken off prematurely. I did not succeed in mastering the transference in good time" (Freud, 1905a, p. 118). It has been suggested that Freud was also not in touch with the countertransference and that he had some romantic interest in Dora (Gill and Muslin, 1978). Still, it is to his credit that in reviewing a failed case, Freud makes the link between termination and resolution of the transference that would dominate all future psychoanalytic and psychotherapeutic discussions about termination.

But Dora's relationship with Freud was not entirely one of transference. Among others, Maria Ramas (1980), in a feminist critique of the case, and Richard Lichtman (1982), in a Marxist rereading of Freud's clinical discussion, stress what Freud knew (though he made little of this knowledge) of the family history and the cultural context of the time: namely, that Dora was passed from her father to Herr K., and then to Freud, almost as barter. The father forced Herr K.'s presence on Dora so that the father could have an affair with Frau K., and then, in order to avoid having to end the affair, when Dora became upset he passed her on to Freud. Thus Lichtman notes Freud's statement that Dora's father "handed her

over to me for psychotherapeutic treatment.” According to Lichtman,

The phrase is not an accident. Instead, it points to the fact that an identical structure lies behind the initiation of Dora’s therapy by her father and his tacit bribe of Herr K. through the “gift” of his daughter. Dora’s father wanted simply to be let alone and he contrived to accomplish this task by bartering his daughter to Herr K. on the one hand, and by seeking Freud’s assistance in making Dora herself more compliant, on the other. . . . The exchange of women for the sake of continued masculine domination, either as price affixed to a commodity or in the form of barter as an equivalent of “items of exchange,” is almost too obvious to ignore. (Lichtman, 1982, p. 142)

Ramas situates the social reality of the barter of women in the context of the domination and debasement middle-class women generally suffered in heterosexual relationships in turn-of-the-century Austria. For instance, she mentions that Dora’s father was infected with venereal diseases while living a loose life and then gave those diseases to Dora’s mother, who subsequently suffered from the physical symptoms. Freud overlooked this bit of reality when he diagnosed her “housewife’s psychosis.” According to Ramas, the woman’s role was to be submissive and to be debased in the heterosexual act—and then to enjoy it, or to pretend to—so Dora’s hysteria might be interpreted as a righteous protest against “patriarchal sexuality, and a protest against post-oedipal femininity” (p. 478).

These views are quite in contrast to Freud’s. Freud felt it was a sign of Dora’s neurosis that she was not excited by Herr K’s advances. Thus Lichtman and Ramas are both suggesting that it was Freud’s actual collusion with her father and Herr K. in their debasement of women that Dora was protesting by fleeing from the analysis, and not a transference distortion on Dora’s part. Since Freud did not give any credence to the actual relationships that Dora perceptively understood, she could not discuss her plight with Freud, and therefore Freud did not have enough credibility for her to risk staying in treatment and making herself vulnerable by discussing sexual secrets. Whether one wishes to consider the issue on a strictly transference-countertransference level, or to consider the plight of women in that social context, it is clear that the premature termination resulted directly from Freud’s biases and mistakes.

The Wolf man

The case of the Wolfman is remarkable in several regards. First, Freud experimented with a novel approach to termination in that he set the date of the final session a year in advance. Second, in his written discussion of the case, Freud ignored the material that today would be the focus of the

termination phase of a psychoanalysis or psychotherapy. And finally, in spite of the time limit innovation, the Wolfman's analysis was essentially interminable, for he became a lifetime analysand and what we might call an "honorary member" of the psychoanalytic community.

The Wolfman, a twenty-four-year-old Russian, the son of a lawyer and big landowner in Odessa, was so disabled by various emotional symptoms that he was unable to work for most of his adult life. He first visited Freud in Vienna in 1910. He underwent psychoanalysis with Freud for four and a half years, and then again for several months in 1919, after his family had lost its land and fortune and he had to leave revolutionary Russia (Freud, 1918). Later he underwent analysis twice more with Freud's student, Ruth Mack Brunswick, whom he saw for several months in 1926-27; after a two-year hiatus he saw her again irregularly for several more years; and finally, after his wife's suicide, he saw her for six more weeks in 1938 (Mack Brunswick, 1928). Then, through occasional visits and sporadic correspondence, he maintained a quasi-analytic relationship with the third major analyst in his life, Muriel Gardiner. Gardiner has collected some of the Wolfman's autobiographical writings, Freud's and Mack Brunswick's case reports, and some of her own impressions and correspondence in a book that gives a multidimensional perspective on this interesting case of Freud's (Wolfman, 1971).

The Wolfman (initials S. P., name withheld by Freud in the interest of anonymity) had a sister, older by two years, who was much favored by their father because of her superior intelligence and probably because of a triangle within the family. His mother, plagued by various physical and psychosomatic ailments, was basically inattentive to the boy's needs—unless he was ill, in which case she would revert to being nurse and caretaker until he was well enough for her to turn her attention elsewhere. The family owned two large estates near Odessa, living at one during the winters and at the other summers. He and his sister were raised by a series of servants, tutors, and caretakers, while his parents, rich enough to be idle much of the time, engaged in a busy social life and traveled often, leaving the children with the caretakers. One caretaker, Nanya, a nurse, was with the Wolfman for many years and played an important part in his development.

The Wolfman early embarked on a career as a lawyer. His emotional crises seemed to overwhelm his capacity to study, so that he did poorly in law school and dropped out. His physical and mental condition had been deteriorating ever since he acquired gonorrhoea at age seventeen or eighteen. He

then entered a series of sanitariums around Europe, even visiting the famous Emil Kraepelin for a consultation on his condition. In fact, Kraepelin felt he was severely disturbed and sent him to one of the sanitariums. There he met a caretaker-nurse, Therese, who would become his wife. His sister, who had a brilliant early school career, apparently became increasingly depressed and confused. When the Wolfman was nineteen, she committed suicide. After that his father turned more attention toward the Wolfman. In 1908 his father died, also of suicide (there was a long history of psychosis and depression in the family). The Wolfman's various mental symptoms subsequently worsened. He wandered from doctor to doctor and from sanitarium to sanitarium until he came under the care of Dr. D., one of the few Russian practitioners of Freud's psychoanalysis. Dr. D. felt that the Wolfman was a suitable candidate for psychoanalysis but that he did not have sufficient expertise to conduct the cure. So he accompanied his patient to Vienna, where began the Wolfman's first encounter with Freud.

At the time Freud wrote his report of the case, he was in the thick of his argument with Jung and Adler, among others, about the centrality of childhood sexuality in the etiology of the neuroses. To argue his case best, he opted to write about the Wolfman's childhood neurosis, the one involving a wolf phobia and some obsessional symptoms, and less about the neurosis and symptoms of his adult life—even though it was the latter that brought the Wolfman to Freud. The essay demonstrates Freud's logic and detective work in arriving at an interpretation of a dream about wolves that the Wolfman had at age five. Only by reading Ernest Jones's biography of Freud does one learn that the Wolfman "initiated the first hour of treatment with the offer to have rectal intercourse with Freud and then to defecate on his head!" (Jones, 1955, 2:274). Freud's case report makes hardly any comment about the transference, and only by reading Mack Brunswick's later addendum to the case does one learn just how intense the transference was with Freud. And, except for mentioning that he did first attempt the setting of a time limit on the end of the analysis in this case, Freud says nothing about termination. Thus the case report is a brilliant illustration of the unraveling of dreams and neurotic symptoms in the quest for unconscious truths, but it tells us little about the practice of therapy or its termination. But we have other sources for the latter.

Freud learned from the Wolfman that his sister had experimented sexually with him when he was about four. She had played with his genitals. He felt passive in the event, and somewhat humiliated. Beginning with this revelation, the Wolfman eventually revealed a dream he had about wolves soon after this incident with his sister. In the dream, a group of white wolves were sitting on a tree just across

from the dreamer's open window. Freud culled from the dream and the Wolfman's associations to it these ideas: "A real occurrence—dating from a very early period—looking—immobility—sexual problems—castration—his father—something terrible" (Wolfman, 1971, p. 179). Freud and the Wolfman eventually arrived at the interpretation that the latter had witnessed his parents having intercourse when he was a year and a half old. The intercourse was from behind (a tergo), as the wolves do it. The Wolfman probably identified with his mother—that is, wanted to be "taken" by his father from the rear. Remember, he would be passive in the later sexual episode with his sister, and it would always be his father's love he would crave.

These facets of the case provided Freud an opportunity to discuss his theory of bisexuality. Because of the angle from which the Wolfman witnessed the primal scene, he could see that his mother had no external genital organ. Sometime later he must have figured that, if he were to be father's receptive sexual partner, he would have to be castrated. Here was Freud's interpretation of the Wolfman's dream and his symptoms. Thus his later obsessional symptoms—such as his rigid religious beliefs, which caused him to go through a long ritual of kissing a number of religious objects before retiring each night—were attempts to repress this childhood sexual drama and the bisexuality and masochistic strivings that accompanied the unconscious fantasies.

In this case report, another side of Freud emerges. Besides the battering down of resistances that he practiced in the case of Dora, Freud could be gentle and tentative in his interpretations—or, as Winnicott would later formulate it (1971b), he could wait for the analysand to arrive at his own interpretations. Thus, towards the end of the analysis, the Wolfman associated to a butterfly with yellow stripes that had frightened him as a young child (during one stage of childhood he also tortured insects and small animals). Freud guessed incorrectly:

I will not conceal the fact that at the time I put forward the possibility that the yellow stripes on the butterfly had reminded him of similar stripes upon a piece of clothing worn by some women. I only mention this as an illustration to show how inadequate the physician's constructive efforts usually are for clearing up questions that arise, and how unjust it is to attribute the results of analysis to the physician's imagination and suggestion. (Freud, 1918, p. 89)

Months later, his analysand supplied the missing link: the butterfly's wings reminded him of a woman opening her legs. Freud comments: "This was an association which I could never have arrived at

myself, and which gained importance from a consideration of the thoroughly infantile nature of the train of associations which it revealed" (Freud, 1918, p. 90).

Once again Freud provides a thrilling, detective-like search for the unconscious themes that, when brought to the surface, might cure the neurosis. But he says little about the actual results, or even about the actual therapy that occurred. About these we learn more from the Wolfman himself and from Mack Brunswick's later report. The Wolfman reports about his infatuation with Freud and his ideas, about how good he felt that the great master considered him an interesting intellectual and an interesting case, and about the events of his life such as the ups and downs he experienced with his wife.

The Wolfman provides us with an account of how Freud handled their termination:

In the weeks before the end of my analysis, we often spoke of the danger of the patient's feeling too close a tie to the therapist. If the patient remains "stuck" in the transference, the success of the treatment is not a lasting one, as it soon becomes evident that the original neurosis has been replaced by another. In this connection, Freud was of the opinion that at the end of treatment a gift from the patient could contribute, as a symbolic act, to lessening his feeling of gratitude and his consequent dependence on the physician. So we agreed that I would give Freud something as a remembrance. As I knew of his love for archeology, the gift I chose for him was a female Egyptian figure, with a miter-shaped headdress. Freud placed it on his desk. (Wolfman, 1971, p. 150)

Thus Freud was much more cognizant of the importance of termination than one might guess from the absence of comment about it in this and other case reports, and he had even created a ritual to mark it. Still, as later reports of the case would demonstrate, the transference and the termination were not sufficiently worked through to permit a totally successful outcome of the analysis.

After his original analysis with Freud, the Wolfman returned to Russia, and functioned significantly better. The Russian Revolution resulted in his family's losing its holdings, and the Wolfman migrated back to Vienna in 1919. At that time, he suffered from some symptoms of the bowel and returned to Freud for a brief second analysis. Freud treated him for free and collected money to provide him with financial support for the next six years. Freud explained this kindness as a return for all the Wolfman had done for psychoanalysis by being a famous case. Was Freud here acting out an unresolved countertransference conflict? In any case, the Wolfman's bowel symptoms cleared up, and he was able to find a job with an insurance company, which he would keep until he retired in 1950.

The Wolfman remained relatively symptom-free until 1926, at which time Freud arranged for him to undergo another psychoanalysis with Ruth Mack Brunswick. When he went to see her, he was suffering from an *idée fixe*, an obsessional fixation on a wound or slight deformity on his nose. According to her account, he wove a complicated paranoid delusional system around the nose deformity, including the notion that a doctor who had treated him for it was trying to harm him and that he would have to murder the doctor. According to Mack Brunswick's interpretation, the nose, being the only other midline protuberance on the human body, represented the penis, and the Wolfman's obsession and paranoid ideas represented massive castration anxiety. Further, the Wolfman displaced feelings he had about Freud onto the doctor who treated his nose condition. From Mack Brunswick's account we learn that a strong transference with Freud remained unresolved. He alternately praised Freud as the great master and resolved he would have to kill the man who had let him down in important ways. Mack Brunswick's masterful analysis of the transference resulted in an impressive alleviation of the paranoid symptomatology.

As one reads the history of this case and reports by Freud and Mack Brunswick of the analyses, a pattern emerges in the Wolfman's handling of the many losses he endured. At an early age, his parents left him and his sister with caretakers while they took trips and vacations. His mother was often sick and inattentive. His father went to a sanitarium because of severe depression when the Wolfman was five. Then his sister died when he was nineteen, and his father when he was twenty-one, both by suicide. Other family members died. He lost his fortune and had to leave his estates and his native Russia after the Russian Revolution. The analysts to whom he felt close left Vienna when Hitler took control. And finally, his wife committed suicide in 1938. The pattern was that the Wolfman, in very narcissistic fashion, was unable to mourn fully. Instead, he would with each new tragedy attach his emotional energy to a new object, and as he felt inspired by the new person in his life, or hopeful that the new relationship would bring solutions to his unremitting problems, his depression would lift. Thus, when his sister died, he failed to mourn, but rather decided to take flowers to the grave of a favorite poet. When the decision was made that he would travel to Europe and see a doctor who might help his condition, the prospect of this new therapeutic relationship helped to alleviate his depression and other symptoms. When his father died, he turned to Freud: "My father had died only a short time before, and Professor Freud's outstanding personality was able to fill this void" (Wolfman, 1971, p. 89). And when he lost

touch with Ruth Mack Brunswick, he quickly turned his attention to Muriel Gardiner, his new friend and analyst. This pattern, when noticed by the astute clinician, would indicate that the termination of an analysis would be problematic, and the likelihood would be great that the client would seek to form a chronic dependency relationship. But these are issues that Freud ignored, likely because of countertransference and his inability to look at dependency, his own as well as his analysand's.

After World War II, and after the analysts who had fled from Nazi-occupied lands were somewhat established in America, England, and Western Europe, Muriel Gardiner, a young medical student at the time she met the Wolfman in prewar Vienna, began corresponding with him and bringing news of recent developments in his life to the psychoanalytic community. In the volume she edited, she includes letters, essays she wrote about the Wolfman, and essays that the Wolfman wrote and that she read for him at meetings of analysts in the United States. She even arranged to sell his paintings at analytic meetings and send him the money. In other words, the Wolfman had by the 1950s become a celebrity in the analytic community. He would never really leave Freud, since he would be part of Freud's family. The great man's wisdom would always be available through the kind attention of another generation of analysts, who were, from their side, very interested in staying in touch with their founder, even if that meant knowing about the later developments of a famous case.

The Wolfman would report that Freud considered him "a piece of psychoanalysis" (Wolfman, 1971, p. 150). There was some kind of collusion with Freud in the Wolfman's dependency, first on Freud and later on psychoanalysis as an institution. Freud seemed to ignore, perhaps even deny, this aspect of the case. We know from Freud's decision to treat the Wolfman gratis in 1919 and to set up a fund for him that a successful outcome in this case mattered a great deal to Freud. And we know from Mack Brunswick's account that Freud never completely worked through the negative transference before terminating. The Wolfman maintained a homicidal rage toward Freud, perhaps because of Freud's deserting him.

The Wolfman became hooked for life on psychoanalysis, as many others would later be. As I will show in chapter 7, psychotherapy eventually supplanted psychoanalysis among a large community of consumers, and the kind of enthusiasm for psychodynamic insight, and the psychoanalytic camp, that the Wolfman demonstrated in his writings would be carried on in its more popular version as a tendency to

undergo psychotherapy repeatedly and to maintain a fascination with pop psychology and lay analyzing.

From his published case reports and what we know of these cases through other published accounts, we see that Freud did not pay much attention to termination issues early in his career as an analyst. Later, he began to formulate some ideas on the subject but generally did not consider them critical to the analysis, and hence he did not give sufficient time and energy to working through termination issues. With the Wolfman, his suggestion that his analysand avoid excessive dependency and give him a gift on parting shows that Freud was undoubtedly aware of the danger of unresolved transference and un-worked-through termination, but the results demonstrate that Freud did not give enough time or serious attention to these issues in practice.

“Psychoanalysis Terminable and Interminable”

Freud wrote little more about the termination of analysis until his 1937 essay. Because this essay is his most extensive public discussion of the subject, I am going to explore some of the salient points here. He begins with a polemic against attempts by other analysts, notably Otto Bank, with whom he had had a falling out, to shorten psychoanalysis. Noting that such attempts to accomplish more in a shorter time, or to “accelerate the tempo of analytic therapy,” might fit conveniently into “the rush of American life,” he cautions that it would accomplish no more “than if the fire-brigade, called to deal with a house that had been set on fire by an overturned oil-lamp, contented themselves with removing the lamp from the room in which the blaze had started” (Freud, 1937, pp. 216-17).

After this beginning, Freud explains his strategy for terminating therapy with the Wolfman. According to him, the reasons were as follows: The analysis had gone on for several years, and while some symptoms were gone and some remained, the process seemed mired. Freud perhaps had an inkling that the Wolfman enjoyed being in analysis with him too much—that is, the analysis was too gratifying—so he told his analysand that the analysis would end a year hence. According to Freud, his strategy worked. Some of the resistances fell away, and the last year of the analysis was more productive than any of the prior three.

Freud then asks the crucial question: “Is there such a thing as a natural end to an analysis—is there any possibility at all of bringing an analysis to such an end?” (Freud 1937, p. 219). His answer provides the framework for much of the subsequent debate. He answers that an analysis is not properly ended until three requirements are met: First, the patient is no longer suffering from former symptoms. Second, there is an indication that these symptoms will not reappear. As he states, “The analyst shall judge that so much repressed material has been made conscious, so much that was unintelligible has been explained, and so much internal resistance conquered, that there is no need to fear a repetition of the pathological processes concerned” (p. 219). And third, the patient is not likely to experience any further significant change by continuing the analysis. As Freud states, “What we are asking is whether the analyst has had such a far reaching influence on the patient that no further change could be expected to take place in him if his analysis were continued” (p. 219).

This is such a lucid conceptualization of what termination is about that, in my opinion, it has never been supplanted in the literature of psychoanalysis and psychotherapy. It has been fleshed out with a long list of details the clinician might watch for to know when the criteria have been satisfied. In addition, the various points have been debated. For instance, some brief therapists now argue that symptom reduction is a sufficient therapeutic goal, although they differentiate the aims of brief therapy from those of analysis, and when they practice psychoanalysis, they are more likely to approximate the criteria Freud carved out (Davanloo, 1978; Sifneos, 1972).

For Freud, as for many clinicians today, symptom reduction is necessary but not sufficient. Enough analytic work must be completed to insure against the return of the symptoms. For instance, if clinicians merely watch for the disappearance of symptoms, how are they to know when only a “transference cure” has been effected, a temporary resolution of symptoms caused by the therapist’s actual presence in the client’s life? Freud (1914) in fact believed that the symptoms should resolve soon after commencement of the analysis, because the conflictual energy is displaced into a “transference neurosis” that evolves in the consulting room and is accessible to analytic working through (Laplanche and Pontalis, 1973, p. 463). In this short essay on termination, Freud makes little mention of the resolution of the transference, or better, of the transference neurosis. But it is implied. The second criterion, that “ so much internal resistance [be] conquered, that there is no need to fear a repetition of the pathological processes,” is practically synonymous with the requirement that the transference neurosis be resolved. In many other places

Freud does explicitly state that the resolution of the transference is the single most important criterion for successful termination—for instance, when he states that the transference neurosis “is the ground on which the victory must be won, the final expression of which is lasting recovery from the neurosis” (Freud, 1912, p. 108).

The third criterion for termination indicates that the analysand has learned enough about the psychoanalytic quest to be able to go on resolving conflicts on his or her own. It is not that the unconscious has been completely revealed, but that the analysand can continue the exploration without the analyst’s assistance. This is not so much a restatement of the second criterion as it is a mechanism for the accomplishment of a lasting cure—that is, if the ex-analysand keeps up the analytic exploration as conflicts arise, a return of the original neurotic state of breakdown is not so likely.

Does this mean that Freud viewed the psychoanalytic cure as permanent? Does this mean that, for Freud, psychoanalysis was a once-in-a-lifetime venture that, if successful, would resolve some set of core issues so that the ex-analysand would be able to go on alone with a life that, while certainly not free of crises and transient regressions just because old inner conflicts had been resolved, would move along in a manageable fashion? These are complicated questions, which Freud spends much of the remainder of this essay addressing. He talks about the relative strength of traumatic events that occur after termination, the constitutional strength of instincts demanding expression, and the capacity of the ego, bolstered by the course of analysis, to cope with both. In the ideal case, the ego does master the new situation, and thus there is no need for further analysis. Or perhaps, if the success of analysis is not “radical enough,” or the change in the structure of the psychic agencies is “only partial,” the cure will not be long-lasting. In other words, “we may say that analysis, in claiming to cure neuroses by ensuring control over instinct, is always right in theory but not always right in practice” (Freud, 1937, p. 229).

After Freud explores these three criteria, he goes on to discuss whether the analysis can be generalized to conflicts not active at the time of the treatment. He also questions the ethics of putting stress on the analysand during treatment—by manipulating the transference—to prepare the analysand for later conflicts. He basically feels that the approach would not be effective but that it is certainly proper, and perhaps even helpful, to discuss conflicts that might crop up in the future. It seems Freud is saying that yes, in the ideal case, we can hope for permanent results and a once-in-a-lifetime undertaking. But

the variables are so complicated, and the exceptions so numerous, that this is merely a conceptual ideal.

In this essay Freud also explores the issue of the analyst's own analysis. Commenting about countertransference themes, such as an analyst's tendency to evade applying the lessons of analysis to his or her own case by continually applying them to analysands, Freud makes the suggestion that analysts should themselves undergo repeated analyses, at intervals of five years. Of course, analyses lasted several months or a year then, and the five-year interval made sense. Now, with analyses often lasting longer than five years, it is the principle and not the specific time designation that remains useful. In other words, just after discussing the conceptual ideal of a once-in-a-lifetime analysis, Freud makes a distinction when it comes to analysts themselves and suggests that their own analyses cannot be so definitively terminated.

I have taken the time to mention several themes of Freud's one essay specifically about termination because, as will be apparent in future chapters, each of the formulations he presents here will become the starting point for future debates and developments in the field.

A Discrepancy Between Freud's Theory and His Practice

We have seen that Freud's experience with actual terminations sometimes ended disastrously, the reason usually being that he did not pay enough attention to unresolved transference issues and feelings about termination. And yet his theory of termination is brilliantly conceived and has yet to be surpassed—even by modern clinicians who are much more attuned to the practical difficulties of termination. How are we to explain the discrepancy between Freud's practical failure and theoretical lucidity? Of course, many have pointed out that it was part of Freud's genius to make important theoretical advances even in the wake of failed practical experiments. Thus, after the treatment failure with Anna O., Breuer left the practice of psychoanalysis altogether, and it was Freud who culled the critical lesson about transference from the debacle.

But there is another issue here, having to do with countertransference, which may even be a character trait of Freud's. Freud was terrified of dependency—his own on others. Early in his career he tended first to idealize and then to feel disappointed in or even betrayed by colleagues he had held in

high esteem. His relationships with Breuer, Wilhelm Fliess, and perhaps even Jung fit this pattern. In his personal correspondence and in recollections by intimates he shows a clear search for total independence. Thus, he remarked once to Ferenczi that, having overcome his homosexuality, he had come to a greater self-dependence (letter to Ferenczi, Oct. 17, 1910, cited in Jones, 1955, 2:420). Ernest Jones reports that when he asked Freud why he was so afraid of old age, the latter responded it was because it made him so dependent on others (Jones, 1955, 2:420). Then there was the fact that Freud, alone among psychoanalysts, was his own analyst. Ernest Becker, discussing this and related biographical facts, concludes that because he was so terrified of both dependency and death, Freud took on the “*causa-sui* project. . . , the attempt to father himself” (Becker, 1973, p. 107). Following Otto Rank’s critique of Freud, Becker claims that Freud’s overly sexualized theories were defensively formulated to avoid confronting the issue that gave Freud the most difficulty: anxiety about dependency and death.

In addition, Freud’s biographers have pointed to his difficulties with partings, his notorious “breaks” with each of the former disciples whose theoretical differences he took as a sign of betrayal, if not of himself, then of “the cause.” François Roustang (1982) chronicles the series of mentor-mentee relationships that ended in such breaks, beginning with Jung and Adler, and including Ferenczi, Rank, and Tausk. Each time, Freud felt betrayed, and while publicly debunking the theoretical errors of the errant analyst, privately became more insistent on the need for total self-sufficiency.

Given these personal issues, is it any wonder Freud would miss, in practice, some of the issues his analysands might have about terminating an analysis with him? Consider a hypothetical case: A man enters psychoanalysis with Freud, very depressed, becomes deeply engrossed in the process of joining Freud in making interpretations about his psyche, and in fact a couple of months later is feeling much better in general, is not depressed, and for the first time in his life thinks highly of himself. Then, when Freud decides it is time to terminate, the man suddenly regresses into depression and self-abasement: “He never was interested in me, really, I’m just another of his famous cases, he’ll replace me soon enough. I was an idiot to ever have really believed he cared about me.”

These are not unusual feelings at the time of termination. Today, the therapist is aware such feelings might arise, and in fact encourages the client to express them. But Freud was less than sensitive to such things. Thus, with the Wolfman, who must have felt abandoned by Freud if Ruth Mack Brunswick

is correct in her interpretation of his unresolved murderous wishes toward Freud, Freud merely suggested that he avoid dependency feelings and perhaps give a gift upon leaving.

We know from Abram Kardiner's account (1977) of his analysis with Freud in 1922 that the latter was fairly insensitive to his analysands' feelings in the matter. At the beginning of their encounter, Freud told Kardiner they would meet for a specified length of time. No more mention was made of termination until, at the beginning of a session many months later, Freud informed Kardiner that their last meeting was coming up very soon, as they had agreed. Kardiner was shocked by the news; he remembered their agreement, but "it had simply not registered with me. . . . My analysis terminated on the first of April, 1922. I felt uneasy, reluctant to leave, and, in a way, resentful about it" (p. 67). Freud seems to have done nothing to help him with his feelings about the separation and loss.

Thus Freud could be brilliant in his theoretical discussion of termination—an abstract discussion about when the natural point to end arrives—but he seemed less capable of helping his analysands with their actual feelings about the loss. Later analysts, who lengthened the analytic process by years and fostered more profound regression in their analysands in order to uncover more deeply buried early memories, would discover that the result was greater dependency. They were forced to lengthen the termination as more of an actual weaning of the client from the therapist than as a search for that final bit of shared insight (Saul, 1958). But that development is the topic for the next chapter.