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ON BEGINNING THERAPISTS' RESPONSE TO THE TERMINATION OF  
INTENSIVE PSYCHOTHERAPY: A CLINICAL STUDY

*City University of New York*

PH.D.

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TERMINATION OF INTENSIVE  
PSYCHOTHERAPY: A  
CLINICAL STUDY

by

LINDA HILLMAN

A dissertation submitted to the Graduate Faculty  
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1980

This manuscript has been read and accepted for the Graduate Faculty in Psychology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

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Abstract

ON BEGINNING THERAPISTS RESPONSE TO THE  
TERMINATION OF INTENSIVE  
PSYCHOTHERAPY: A  
CLINICAL STUDY

by

Linda Hillman

Adviser: Professor Herbert Nechin

This research examines five beginning therapists' response to the termination of intensive psychotherapy. It is a clinical and exploratory study with the goal of formulating meaningful ways to categorize the therapists' reactions.

An initial hypothesis states that the therapists will respond with one of four reactions. Two of the four reactions fall within the interpersonal dimension of moving towards. These two reactions are Pollyana or focusing on the growth, rebirth aspects of termination and Identification in which the therapist identifies and helps the patient delve into his or her sadness, anger and anxiety. The other two reactions fall within the

interpersonal dimension of distancing. These two reactions are Intellectualized-Detachment in which the therapist distances herself from the patient and becomes cut off from her own feelings. The second is Ignoring in which the therapist forgets or pretends to forget about the termination.

The data collected shows that these categories are identifiable and useful ways to label the therapists reactions. Both the ratings and the clinical findings were in agreement about the recognizability and meaningfulness of these reactions. Limitations of this classification system were discussed including the role of the patients character pathology in eliciting a specific response in the therapist.

In addition, other findings emerged from the clinical data. Boundary management i.e. both psychosocial boundaries (roles) and intrapsychic boundaries (separation of inner representations of self from others) appears to be an issue at termination for these beginning therapists. Secondly, these therapists have a tendency to identify with their patients and speculations were made regarding the relationship between identification and the mourning process. Other topics discussed included the therapists' capacity to get involved, relative healthiness of termination reactions, role of the patient's pathology in eliciting the therapists' reaction, transfer during termination, and supervision during termination.

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## CHAPTER I

### INTRODUCTION

The broad focus of this study is separation. The particular focus I have chosen for exploring separation is the termination of psychotherapy. I intend to describe in depth the response of five beginning therapists to their first terminations which occur as a result of their changing training settings. I will call their overall pattern of response--i.e., their thoughts, percepts, feelings, and behavior--"separation reaction." Before describing the study further, I will present the background literature on the termination of psychotherapy.

#### On Termination

The termination of intensive psychotherapy is a topic which has largely been ignored in the literature. Only more recently have articles appeared which have attempted to explain the parameters of patient and therapist response to such terminations. Considering the regularity of occurrence of this type of termination particularly in training programs for clinicians and the depth and range of feelings potentially elicited around separation,

. . . the potential for virtually every significant human emotion resides in the termination situation, assuming, of course, that the patient has formed some relationship with the therapist, with its inevitable transference components. (Schafer, 1973, p. 146)

it is surprising to find a relative dearth of literature on the topic. While many theorists in writing about psychoanalysis have devoted a chapter or so to the termination of psychoanalysis proper, they focus mainly on the patient's readiness for termination which each writer tends to see as a "working through" of the particular structural, dynamic, or transference factors emphasized in his or her particular work (Freud, 1937; Klein, 1950; Kohut, 1977). Others write about the technical issues in handling termination and others use the topic of termination to attempt to evaluate the success or failure of psychotherapy. Termination for the most part is not looked at as a process in and of itself which evokes both universal responses to separation as well as idiosyncratic ways of manifesting these responses.

Perhaps the power of the feelings elicited around separation and loss contribute to the reluctance to directly address the topic of termination. It is then even more understandable that few analysts writing about termination speak about the therapists' responses to termination. Those who write about the termination of intensive psychotherapy as opposed to analysis address themselves more often and readily to therapist response. Since those doing this type of work are therapists-in-training, it is perhaps

easier to attribute such countertransferential feelings to beginners. It is often a supervisor or teacher who comment on their observations of beginners. Few experienced or inexperienced clinicians describe their own responses to termination.

The purpose of this study is to focus on just these issues i.e. the therapist's response to termination. The study will be limited to psychoanalytic theory and in particular psychoanalytically oriented psychotherapy. This is different from analysis in that it entails one or two sessions per week and is usually face-to-face (Schafer, 1973). It is usually time-limited due to either clinic or institutional limitations or due to the patient's lack of funds, motivation, or increased resistance (Schafer, 1973). In respect to the exploration of life issues, transference, and resistance, it is similar to psychoanalysis. The nature then of the termination of psychotherapy will be different from that of analysis in that it will be either externally or internally imposed on a process that has not reached its natural conclusion. Even Freud (1937) tells us that rarely is analysis "complete." So I use the terms "imposed" and "organic" termination to describe two ends of a continuum. It is the "imposed" or interrupted treatment that this study will address.

The Termination of Analysis  
vs. Psychotherapy

Although it is beyond the scope of this paper to review the literature on the termination of psychoanalysis, it is important to elaborate the relationship between the two types of termination mentioned earlier, the "interrupted termination" of psychotherapy and the "organic termination" of psychoanalysis. In his summary of the literature on the termination of psychoanalysis, Firestein (1978) describes some of the criteria used to assess readiness for termination of analysis including symptom improvement, structural changes, the resolution of the transference, intuitive factors for both patient and therapist and countertransference factors. Let us first look at some of the differences between the two types of termination.

At imposed terminations, the transference is hardly resolved while organic terminations occur largely because major transference or parataxic distortions have been worked through. In the patient who reaches a natural ending to his work, psychoanalysts see an ability to free associate or maximal ability to use therapy without transference resistances. The patient, however, who experienced an imposed termination does not have this level of trust and openness with which to experience the actual termination. While patients who reach a natural end to psychoanalysis or intensive psychotherapy have usually lost their symptoms,

those with imposed terminations may continue to have their symptoms. Finally, those patients who are ready to terminate analysis have internalized structural changes while those whose work is interrupted will not have internalized such changes as thoroughly.

Freud's comments (1937) suggest that none of these differences may be true. Freud gives a more sobering view of analysis when he tells us that all of a patient's conflicts do not necessarily appear during the course of treatment. In addition, it is neither helpful nor ethical for the analyst to dig for conflicts which do not appear. He also tells us that unless a conflict is purely traumatically based, it is unlikely that it can ever be completely resolved. Life factors which either weaken the ego or strengthen the instincts may allow characterological conflicts to re-emerge even after analysis. Thus, his comments imply that analysis is never as complete or organically terminated as some writers would like to think. Therefore, to dichotomize psychoanalytically oriented psychotherapy and psychoanalysis may not be the most meaningful way to proceed. Rather, our orientation will be to focus on what each form of treatment can tell us about the other.

#### Models for Termination

The question of whether termination is a unique phenomenon or whether it is similar to earlier patient-

therapist separations such as weekend breaks, vacations, and ends of sessions evokes disagreement in the literature. Edelson (1963) believes that these earlier separations are predictive of what termination will be like for the patient. Firestein (1978), however, finds that in the clinical cases he followed, the patient's responses to earlier separations were sometimes quite similar and sometimes quite different from their responses to termination.

The issue raises the question of whether particular patients respond consistently to different types of separations. If they do not, this may be because of the different nature of the two separations i.e. one is final and one is not or because of the fact that patients may behave inconsistently in response to separation or some combination of the two. The same may be true for the therapist's response to termination.

In addition, many therapists including those who have an object-relations orientation may address the patient's response to separation in the treatment. Change or growth as a result of treatment may make the patient's responses to separation early in the treatment different from those later in the treatment.

Despite these presently unanswered questions, many think that it is worthwhile to view termination as a unique phase in psychotherapy which deserves to be looked at in and of itself (Edelson, 1963; Firestein, 1978; Glenn, 1971;

Kauf, 1977). Just as we make paradigms for psychotherapy, so we may make a paradigm for a subphase of psychotherapy, termination.

Kauf (1977) addresses the parallels between termination of group therapy and the parenting process. In particular, Kauf uses Mahler's description of the psychological separation individuation process as a metaphor for the termination of group therapy. She attempts to understand the responses of borderline patients and various levels of character disorder patients. However, she raises an important diagnostic issue by saying that even milder character disorders will react to separation using some of the same psychic mechanisms as more disturbed borderline patients. Thus, she generalizes her discussion to all patients and therapists. While some theorists (Guntrip, 1969) would see preoedipal pathology as at the core of everyone, more classical analytic theory would have objections to this formulation. It is also important to remember that Kauf is describing group therapy and that one predominant view of group process is that being in group evokes primitive, psychotic, or preoedipal types of feelings (Bion, 1974).

Kauf finds that certain themes or shared fantasies and feelings emerge at terminations in groups. These may occur when the leader leaves, when the group stops or when a member drops out. They are anxiety-ridden themes of

helplessness, abandonment, rejection, and narcissistic affront. Using Mahler's four subphases of normal autism, normal symbiosis, practicing, and rapprochement, Kauf talks about defenses seen in patients as similar to those seen in children during the normal symbiosis subphase. For example, pathological splitting, idealization and devaluation, and omnipotence which are features of normal symbiosis may be seen when patients make an incoming therapist all bad and the outgoing one all good, or say that they will judge the new therapist before the high court of the group. The patients may view the therapist as the bad mother of symbiosis. That is, the therapist is perceived as prematurely throwing the patient out on his own before he is ready or overly clinging to patients by not allowing them to leave when they are ready to do so. Patients may see the group as a transitional object, a phenomenon which occurs during the practicing and rapprochement phases. That is, the group may be invested with the qualities of the therapist (mother) while the therapist is leaving. Another rapprochement-related response may be anger and oppositionalism used in the service of separation. These feelings on the part of the patient must be tolerated, even enjoyed by the therapist as they indicate the ability to separate. A nonresponse on the part of the patient would indicate that the patient had had a partly engulfing and partly rejecting mother during symbiosis and had become less

interested in reunion with the mother perhaps having the fantasy that the mother was dead in order to protect her from the rage. Kauf points out that groups are freer than an individual analyst is to evoke preoedipal material and provide the support for working it through.

Kauf makes two assumptions in her article that need to be seriously evaluated. The first, we mentioned earlier, is that everyone within the character disorder range of diagnosis has a similar, preoedipal response to termination. The study I have proposed, while not focused on traditional categories of diagnosis, will attempt to look more closely at individual differences in response to termination. Secondly, Kauf uses a theoretical framework (Mahler, Pine, & Bergman, 1975) that has been developed for a specific developmental stage as a metaphor for termination, an event which is far removed from the two-year old's actual separation-individuation process as defined by Mahler et al. While using developmental theory as a metaphor may be enriching and enlightening, there is a danger in applying it too literally to a separate event. That is, the intrapsychic process of the adult during termination may have some similarities to the two-year old separating from his mother. However, there will certainly be significant differences.

Patient Response to the Termination  
of Intensive Psychotherapy

Like Kauf (1977), writers in the area are now beginning to point to the universality of the response to separation (Keith, 1966). That is, therapists and patients, psychotics and neurotics, will all react in some way to separation that will combine their level of maturity as well as their own idiosyncratic experiences with separations and ways of dealing with them.

In addition to pointing to the universality of the separation theme in termination, another trend in the literature is to focus on the positive manifestations of terminating. That is, for more severely disturbed patients, termination may be a time in which certain ego deficiencies may begin to change once the patient has experienced the separation and it does not lead to annihilation (Lenzner, 1955). One way to account for this is that repeated experiences of separation provide an opportunity for mastery as well as an opportunity to turn passive defenses into active defenses. The literature has not addressed whether this opportunity actually leads to intrapsychic structural change in the borderline and schizophrenic patient or just a re-experiencing of earlier trauma. Neurotics and milder character disorders also may benefit from such opportunities for mastery. In addition, such patients may begin to learn about their strategies for coping with loss.

Finally, writers on termination are pointing to the realistic aspects of the separation as well as the transferential aspects. That is, termination of intensive psychotherapy often occurs because of administrative needs as opposed to patient needs, and, as a result, feelings of frustration, failure, and regret are inevitable (Glenn, 1971). Even more basically, if analytically oriented therapy is to work, a real relationship and a working alliance must develop alongside the transference (Greenson, 1967). In the working alliance the patient identifies with the analyst's ability to work. So, when termination arrives, there is a loss of an actual work relationship alongside a loss of a fantasized, transferred relationship. Glenn points out that termination involves realistic factors, fantasies of the meanings of these factors, the revival of earlier separation experiences, and the working through of the loss to a different level of psychic integration.

Of those who address the issue of the patient's response to termination, we find those who address general themes and those who discuss specific responses. In one of the more global discussions, Reider (1953) discusses patients' transference to institutions, particularly those patients who attend a clinic over a long period of time in which they are transferred repeatedly. These patients tend to react without resentment or loss to these changes as it

is the clinic itself which is seen as the omnipotent, all-giving parent. Individual therapists are hardly viewed as individuals or as anything more than "helpful." Reider says that these patients are schizoid characters. It would be interesting to know if the experience with the institution contributed to these schizoid tendencies. In a similar vein, Keith (1966) coins the term "transfer syndrome" which is a cluster of symptoms evoked by the loss of a therapist due to administrative needs.

Glenn (1971) notes how therapists-in-training most often view their terminating patients as "oral-dependent, clinging, infantile or raging infants" (p. 438). Often this has to do with the therapist's guilt about leaving and tendency to infantilize the patient. Glenn's point of view is that termination evokes a full range of feelings in patients. However, the major affect experienced is anxiety having to do with fears of being alone helpless, and dependent. This may express itself in somatic complaints, perceptual, or other cognitive disturbances and/or depersonalizations. One's old symptoms or defenses will reappear at this time.

Of those who describe specific responses, Schafer (1973) points out that a patient may experience termination in oral, anal, or phallic meanings such as being weaned, abruptly put down in disgust, or pushed away in horror for being too "instinctual" or "animal." The patient will also

have defenses around recognizing these meanings and feelings.

Edelson (1963) takes a less Freudian, more object relational view of the patient's response to termination. Those patients whose characterological issues are predominantly of a one-person nature or are primarily narcissistic will respond to termination as a narcissistic wound, or a reminder of their separateness with waves of vague panic, rage, and feelings of worthlessness. Those patients who are more involved in two-person issues of mourning will wonder if they have destroyed the therapist or driven him away with their hatred. Finally, those patients who are characterologically more developed and who are struggling for maturity and independence deal with their own defiant wishes and desire to steal the power of the therapist. Edelson points out that no one patient is purely at one level, and often one level may be used as a defense against another level.

In summary, different theorists use different perspectives but conclude in a similar manner that patients will respond (1) to a real loss, (2) to a fantasized meaning of the loss which will be on many levels of emotional development and will involve a range of affect, and (3) to the earlier particularly individual ways of coping with object loss they developed in infancy and early childhood. Schafer (1973) points out that at the termination of brief

intensive psychotherapy, it is perhaps only one or two meanings or affects that will be explored. Hopefully, they will be the ones that the patient is most ready to make conscious.

#### Therapist Response to the Termination of Intensive Psychotherapy

The literature on the therapist response is primarily theoretical or anecdotal. Most often it is observations of residents who work in clinical training hospitals. As in the writings on patient response, there is a tendency to view the therapist's response as having a realistic component, a component based on displaced feelings from the past and a fantasized component. The therapist who is both participant and observer is leaving the patient and if the therapist has no reaction at all to the separation, we may assume that withdrawal and intellectualization are operating (Glenn, 1971). Some anxiety, guilt, sadness, anger, and relief must be present in the therapist as they are in the patient. An excessive amount of any one or group of these feelings, like the absence of them, may lead to countertransference difficulties or mistakes in handling the termination.

Glenn (1971) speaks about separation anxiety which is elicited before a loved one leaves and which he believes becomes the predominant factor for patient and therapist before the actual end of the work. The work of mourning does not occur until after the separation unless the

therapist or patient prematurely emotionally withdraws. Like Bowlby (1973), Glenn does not specify the type of separation anxiety elicited in the termination situation. Is it fear of the loss of the other, fear of a new person, or fear of the loss of the other's love (Mahler & Kaplan, 1977)? That is, Glenn as well as many other writers on termination do not take an individual developmental perspective. They do not attempt to explain the intrapsychic meaning of the separation or individual differences in how the anxiety manifests itself.

Another theme in the literature is the role of the therapist's narcissism, omnipotence, and self-esteem in the way termination is handled. Schafer (1973) in particular describes what he calls a sense of one's own goodness that allows the therapist to know that he has offered something good and that he is essentially a benign, worthwhile person while knowing that he cannot be totally dedicated or effect all desired changes. That is, the therapist is essentially "good" but is capable of being "bad." If the therapist can accept his own limitations as a healer and give up a certain amount of his infantile fantasies of omnipotence, he is less likely to have countertransferential difficulties with termination. Since therapists are usually among those who have chosen by nature of their occupation active rather than passive defenses, i.e., to be the powerful giver rather than the helpless receiver, relinquishing this omnipotence can be

difficult. But, according to Schafer, if the therapist does not accept his own limitations as well as the fact that neurotic problems are not entirely eradicable, he may avoid certain issues, transference manifestations, and resistances in the patient. Lenzner (1955) also believes that feelings of being the best and the only one who can help the patient can lead to problems. Also, the new therapist may represent a narcissistic threat to the terminating therapist. This situation is particularly likely at training hospitals in resident and intern groups in which sibling rivalry is likely anyway.

Other sources of negative countertransference are described. Schafer (1973) sees the patient's regressions at termination as the source of the threat to the therapist's sense of omnipotence. Lenzner (1955) describes another precipitant as the therapist's guilt about leaving as well as his fear of the patient's hostility. Pumpian-Mindlin (1958) adds organizational factors by explaining that therapists often feel as if they are being judged by their supervisors and teachers as to whether they have cured their patients. Particularly beginners are vulnerable to this type of evaluation anxiety. In addition, the therapist's attitude towards his next assignment will affect his attitude towards termination.

How the therapist's attitude towards termination manifests itself is a complex issue. The therapist may

blame the patient or the superficiality of the therapy for his negative response at termination (Schafer, 1973). He may develop inclinations to extend the therapy or he may change his neutral investigative approach and display his personal feelings (Schafer, 1973). In what Keith (1966) describes as a transfer syndrome, the therapist may deny the separation until the last few hours. He may denigrate himself, become preoccupied with procedural matters, or with a review of the case. He may lose sight of the therapeutic process and underrate the patient's progress. He may accept a gift without exploring the meaning or have dinner with a patient. Or, he may terminate prematurely rather than transfer the patient. In addition, Keith includes reality anxiety about the change and feelings of sadness in what he calls the transfer syndrome.

In the only systematic study of therapist response to termination, Geller (1975) found that therapists have one of two styles. In interviews, he found that they tend to distance themselves from their patients at termination or they move closer to their patients. Using a questionnaire format, Geller (1977) attempted to further delineate important factors in experienced and inexperienced therapists responses to termination. He found the amount of egalitarianism, amount of depression and disengagement, amount of anxiety and emotionality, sense of competence and productivity, and the amount of negative feelings perceived

in the patient are all significant differentiating factors among therapists. He correlated these factors with the therapists' scores on the Miller Boundary-Fusion Test which is designed to evaluate preferred ways of managing personal boundaries. He found that the responses of inexperienced student therapists are influenced more by personal needs for intimacy and distance than are those of experienced therapists. In particular, those inexperienced therapists who scored high on fusion or those with a tendency to blur personal boundaries were also high on the anxiety factor in the questionnaire on termination. Those inexperienced therapists who scored high on rigid personal boundaries tended not to perceive depressive affect in their patients and tended to end their therapeutic relationships in an abrupt and arbitrary manner.

Although Geller does not speculate about countertransferential manifestations of these factors, we may speculate here that those at the very high or low end of the spectrum of the Boundary-Fusion test or those who move closer or distance themselves extremely from the patient probably have more countertransferential difficulties arising from the tendencies described. Geller's work is also based on the assumption that therapists have a consistent style of terminating with all their patients, an assumption which we will explore further in the following sections.

Finally, the literature raises questions about the best way to deal with the therapist's termination reactions. Glenn (1971) points to the phenomenon of supervisors criticizing their supervisees, thereby demonstrating their own need for emotional withdrawal around separation from their supervisees. Several writers recommend staying with the feelings, exploring them in supervision (Glenn, 1971; Keith, 1966; Pumpian-Mindlin, 1958). Pumpian-Mindlin suggests that the discussion of the therapist's feelings should occur eight or nine weeks before the departure and the patients should be told two to four weeks before departure. This insures that the therapist will have worked through his feelings before dealing with the patient's feelings.

#### Summary and Discussion

The literature on the termination of intensive psychotherapy raises important questions. In what way is termination different and in what ways similar to other types of separation experiences in therapy and outside of therapy? How can we use developmental phenomena to further understand the process of termination? In what ways is separation response at termination normal and in what ways pathological? How does the issue of diagnosis play a role in separation response? Do patients and therapists have consistent styles of responding to separation?

Certainly the literature in the field at this time does not provide answers for these questions. Concerning the differences and similarities of termination to other separations in psychotherapy, we have seen that the writers in the field give conflicting reports. The notion of using developmental models of separation to understand adult separation experiences has the danger of being misused. One can apply the model too literally to events that may be similar in some ways but do not fall within the same developmental timetable. In the following section on separation, I will describe how Mahler et al.'s (1975) developmental model has influenced this study. Concerning the questions about separation response as a normal or pathological phenomenon, about the role diagnosis plays in separation response, and about the relative consistency of one's separation response, the literature is inconsistent both from a theoretical and clinical perspective. The authors agree only that no response to termination or an excessive amount of response to termination are both indicative of pathology. Part of the problem in addressing these questions clinically has been the lack of both systematic clinical study of termination and a theoretical framework for the topic.

### On Separation

One body of theoretical work which provides a framework for the study of termination is the work of Mahler, Pine and Bergman (1975) on separation and individuation. Mahler et al. define separation as the intrapsychic achievement of a sense of separateness from the mother. Their clear description of phase-specific reactions points to the importance of understanding the developmental level of the type of anxiety evoked, i.e., is it fear of the loss of self (annihilation), fear of the loss of the other, fear of the loss of love, or fear of the loss of a body part (castration) (Mahler & Kaplan, 1977). "Separation anxiety" refers only to the loss of the other indicating that the individual has achieved differentiation of self and other. The anxiety elicited around any separation may be "separation anxiety," anxiety from one of the other developmental levels mentioned, or some combination. Thus, an individual's response to termination which involves a separation, will reflect his or her level of individuation or level of object relations. As I have noted previously vis a vis Kauf's (1977) description of group terminations, we must be careful when generalizing from an age-linked developmental model to behavior at other ages. The adult usually has more ego resources and while the model may serve as a metaphor for termination, there is a danger in applying it too literally.

Perhaps it would be more accurate to claim to look at the vestiges of these conflicts which remain in the personality.

A second concept in Mahler's work which has implications for understanding behavior at termination is the notion of boundary management. During the separation individuation process and particularly during the subphase of rapprochement the toddler alternately wishes to push the mother away and to cling to her. The toddler also begins to experience ambivalence i.e. the simultaneous desire to separate from and to cling onto the mother. The more difficult the process for the child, the more extreme are the ambivalence and alternating behaviors. The mother's behavior also spans the dimensions of clinging to pushing away. The mother may be reacting to a toddler's behavior towards her or to her own internal stimuli vis a vis attachment and separation. These behaviors of clinging and distancing are both the pathway to the toddler's development of a separate identity and the defensive maneuvers used to fend off engulfment or premature independence.

In light of this, Geller (1977) found in his studies that the dimension of boundary management in beginning therapists affects the way they handle termination. This study will further explore the relationship of boundary management to the termination of psychotherapy.

Bowlby's (1973) contributions to the literature on separation also provided some of the groundwork on which

this study was based. Most importantly, Bowlby views separation reaction or separation anxiety as a normal reaction in both children and adults. Bowlby sees this reaction as having a genetic component because being alone may threaten survival. In addition, it marks a frustration in the person's basic need for attachment. Bowlby suggests that there is a universal pattern of protest, despair and then detachment in the response of infants to the mother's physical separation.

There are three aspects of Bowlby's point of view which are relevant to the following study. The first is his insistence that a response to separation is normal and universal for adults and children. Psychoanalytic theories including Mahler et al. tend to view separation anxiety as a phase-specific response. Therefore, any vestige of this type of separation anxiety in adulthood is seen as pathological or as anxiety which has not been worked through at the appropriate stage. Bowlby, on the other hand, views the child's separation from mother as an analogue for all separations which elicit survival responses. Pathology, according to Bowlby, is the absence of fear at separation.

Secondly, Bowlby speaks of two major reactions which he considers to be a genetic reaction to loss i.e. fear and withdrawal or approaching and clinging. These two behavioral responses are the same as those Mahler focuses

on in her work and on which the following study will be based.

Unlike Mahler et al., Bowlby does not address himself to individual differences in responses to separation. Although he does acknowledge that the quality of the mothering which preceded the separation will affect the separation per se, he does not elaborate the ways in which this is so. He is more interested in the universal aspects of separation response than in individual differences. Because the work of Mahler et al. is based on clinical case study, there is more descriptive material on individual differences. Similarly, this study is a clinical case study and will focus on individual differences in response to termination of psychotherapy.

These individual differences or patterns in response to separation may be viewed as characterological or as a style if they are consistent in different situations. The following review of the literature on patterns of interpersonal response provides a framework for the concept of style.

#### Patterns of Interpersonal Response

When Wilhelm Reich (1949) postulated that there was a character structure which he viewed as a typical mode of reaction, he was moving away from traditional psychoanalytic theory. According to Reich, these modes of

functioning originated in infantile conflict but became detached from the original conflict and became "chronic attitudes."

Horney (1945) posited three ways of trying to solve neurotic conflicts: moving toward (the compliant type), moving against (the aggressive type), and moving away (the detached type). She viewed the neurotic as one who was rigidly wedded to one of these three patterns, and she viewed the normal as one who moved freely among them as circumstances dictated. However, she viewed the origins of these patterns as conflict, and her emphasis was on a theory of neurosis.

Erikson (1950) significantly moved beyond these two by introducing the notion of modes of functioning which he saw as having three roots: instinctual development, maturational capacities and tendencies, and external forms provided by society at each developmental phase. He did not, however, provide a description of how these modes related to character types of current psychiatric or psychological labels.

Another root of interpersonal patterns of response is the development of ego psychology. Hartmann (1949) introduced the notion of ego structures which were independent of drive and defense and which were adaptive. He postulated that both the adaptive and defensive structures developed from a biologically rooted psycho-

logical structure. While Hartmann expanded on drive-reduction, Shapiro (1965) in his notion of "neurotic styles" broken even further from the earlier psychoanalytic emphasis. He defined style as consisting of ways of thinking and perceiving, ways of experiencing emotion, modes of activities. He saw defenses as a special case of one's overall style which arise under the conditions of drive tension.

While some of these theorists are describing the way in which behaviors which originated as defenses become characterological, others do not necessarily see these patterns or styles as originating as defenses.

This study will attempt to delineate patterns with which beginning therapists respond to separation, in this case, termination. I will attempt to describe the patterns of organization involving thinking, perceiving, feeling and behaving in five beginning therapists. If such patterns emerge, further studies might evaluate whether they are consistent over time and with different patients. If so, at that point, we may begin to think of them as termination styles.

### Termination Reactions

The literature on separation provides the theoretical framework for the description of termination reactions in this study. Mahler's work on the development of boundaries during the separation-individuation process and

particularly the rapprochement subphase highlights the behaviors of moving towards/clinging and distancing both on the part of the child and on the part of the mother. This dimension, which Geller also focuses on in his study of termination, we will refer to as the boundary dimension with the terms 'moving closer' and 'distancing' as the descriptive terms for the two major behavioral responses.

Bowlby's categories of protest, despair and detachment also have some bearing on the termination responses proposed. Again they tap the clinging (i.e. protest) and the distancing (i.e. detachment) responses. Bowlby gives them an order with implications for pathology and adaptation. Unlike Bowlby, this study will not begin with the assumption that some patterns of dealing with termination precede others or are healthier than other patterns. However, we will look at the clinical material with regard to these issues later on.

What may begin as a survival response to separation (Bowlby) or as a reaction during the maturational process of individuation (Mahler) may become characterological, or what some theorists call a cognitive or personality style. This study will explore the termination reaction in five beginning therapists. Their conscious response to termination will be tapped by interviews and their more unconscious response to separation will be tapped by the Thematic Apperception Test. While using two different

measures may provide some clarification about the relative consistency of each therapist's response to termination, more measures would be needed and more than one termination experience would have to be described in order to call these reactions a style. Thus, the aim of this study is to evolve descriptive and meaningful categories for 'termination reactions'. Further studies would be needed to determine whether these reactions were in fact styles for these therapists.

The four categories for termination reaction proposed in this study emerged from pilot interviews with three beginning therapists about their experience of termination. On examining this clinical material, four reactions became apparent. The first two fall within the boundary dimension of moving closer as described by Geller (1977) and are referred to as Pollyana and Identification. The second two fall within the boundary dimension of distancing and are entitled Intellectualized-Detachment and Ignoring.

#### Moving Closer

Pollyana. The therapist will focus primarily on the growth, rebirth aspects of the termination. There will be a tendency to interpret the success of the treatment and view the future with optimism. There will be an emphasis on the positive aspects of loss and change to the exclusion of the more negative aspects. Very maternal or nurturing therapists fall within this category and usually they avoid

their own anger as well as the patient's anger toward them. There is a sense that issues of abandonment are denied and the separation is seen as a way of becoming closer and doing something positive for the other.

Identification. The therapist will respond to his anxiety about separation by delving into it with the patient. The focus of the treatment around termination will be on the difficult affects of anxiety, sadness and anger elicited by separation. There may be some sense of increased intimacy on the part of the therapist towards the patient as well as increased identification. There is interpersonal moving closer in this reaction pattern as there is in the previous pattern. However, it takes a different form. The therapist moves closer to the patient because like the patient he or she feels abandoned.

#### Distancing

Intellectualized-Detachment. The therapist begins to distance himself from the patient as termination approaches. The therapist interprets and describes what the patient may be feeling, but with a lack of empathy. Feelings are cut off by intellectualization and interpersonal distancing. This reaction pattern is reminiscent of Bowlby's detachment phase as well as mothers described by Mahler who move away from the child as he or she start to separate.

Ignoring. The therapist deals with the separation by forgetting the termination or pretending that it is not happening. There is very little direct communication about the termination or the affects it may be eliciting. The therapist may even forget or neglect to tell the patient about the termination until very close to the stopping date. Both the defense of denial and interpersonal distancing characterize this reaction pattern.

This study study will focus on the question of the meaningfulness or usefulness of these reaction patterns in describing the therapists' responses to termination. Are these reactions easily identifiable and useful as ways to understand the data? What issues emerge in trying to categorize therapists' responses in this way? In addition, the format of the study allows for discovery of any compelling issues or other ways to conceptualize termination ractions.

## CHAPTER II

### METHODS

#### Rationale

As witnessed by the literature review, there has not been a great deal written about the termination of psychoanalytically oriented psychotherapy. In addition, the area least explored has been that of therapist response to termination. The topic as an area of scientific exploration is in its infancy. The method of exploration chosen for this study reflects this fact. In other areas of science such as biology and ethology early studies employ an hypothesis-generating descriptive method. One of the beginning tasks in both social and pure science is to describe and classify.

In order to begin to classify therapist responses to termination and formulate meaningful hypotheses on the subject, a study involving naturalistic descriptive methods rather than experimental ones was undertaken. This study makes use of the clinical case study which includes in-depth interviewing and some protective testing of a few subjects. The method of analysis of the data is a case-by-case discussion. Additional ratings by outside raters serve as

supplementary data although because of the low subject number they will not be analyzed statistically. The author has formulated classifications of termination reactions based on the pilot interviews mentioned in the previous section, and these will be checked for their usefulness as categorizations. However, the strength of this method is that it is open to formulation and reformulation of the data obtained and does not impose a particular hypothesis on the data.

#### Overview of the Design

This study was an in-depth exploration of the responses of five beginning therapists to the termination of psychodynamic psychotherapy. The subjects participated in an interview which addressed their recent experiences of termination with a patient. In addition, they provided stories for eight TAT cards selected because they cued separation responses. The primary method of analysis of the data was a clinical exploratory one by the author. The author reviewed the interview and TAT material in light of the four termination reactions described in the previous chapter i.e. the two on the boundary dimension of clinging--Pollyana and Identification and two on the boundary dimension of distancing--Intellectualized-Detachment and Ignoring. An assessment was made as to the meaningfulness of these categories in describing the therapist's response

to termination. The author then described individual therapists responses to termination. Then, a synthesis of the material was made leading to theoretical speculations and ideas for further research.

### Subjects

The subjects were five female clinical psychology graduate students. At the time of the termination, each had finished three or four years of graduate training which included doing therapy with at least one adult patient for at least eight months and at most three years in an out-patient clinic associated with the graduate program. Each one began an internship in a hospital setting during the summer or fall of 1978 which entailed their terminating with and/or transferring their clinic patients.

These five students were asked to participate in an in-depth exploration of their experience of termination. Therapists-in-training were chosen because it is felt that their lack of experience with termination would allow more intense reactions and individual differences to show up. The sample was all female in order to eliminate the variables of sex differences.

The five subjects ranged in age from 26 to 33. All were born in the United States except for one who was born in Europe. Three grew up in the greater New York area, one in the mid-west, one in Europe. Racially, one

subject was black. The rest were white. All came from seemingly middle-class families in which the father was either a professional or in business. All described their therapeutic orientation as either psychoanalytic, psychodynamic, or psychoanalytic-interpersonal. All were in treatment of the same orientation at the time of the study. They ranged from having had eight to two years of personal treatment. Two had no experience working in the field before graduation and three had worked as a counselor beforehand.

The names and key information about the subjects has been disguised in order to maintain anonymity.

### The Interview

The form of the interview (Appendix A) was based heavily on the author's experience with pilot interviewing as well as the author's own experience with termination. Two particular aspects of the interview used in this study emerged from the limitations of the pilot interview which required the interviewee to think about all of his or her termination experiences while answering the questions. The first difference was that in the study interview, the interviewee was asked to focus on and discuss one particular termination experience. The second was that the interviewee was asked to discuss the termination experience which felt most important to her.

The rationale for the first change was that the pilot interview in which the questions had to do with the topic of termination and in which interviewees were instructed to think about all their termination experiences led to abstract and intellectualized answers. The interviewees tried hard to give the "right" answers i.e. what each thought one should ideally do and feel at termination. In an attempt to avoid this particular type of defended answer, the interview was changed to focus on the description of one actual termination experience.

The second change i.e. to discuss the termination that felt most important to the interviewee was made in order to further avoid overly abstract and defended answers. The author felt that a discussion of such a termination would provide more clues to the therapist's individual or characterological response to termination. More differences between therapists might become visible than with the method used in the pilot study. This assumption was partially based on the author's own experience in which profoundly experienced terminations did in fact stir up some of the author's own issues about separation and characterological ways of dealing with these issues.

The interview itself consisted of fifteen questions which varied in form including open-ended questions i.e. those that left the interviewee a great deal of choice of response. This encouraged a more projective type of

response. After the open-ended questions, more detailed and structured questions were asked in order to cover those areas that were omitted from the open-ended responses.

The topics covered in the interview included an in-depth description of one termination experience with an adult patient, a description of the therapists reactions to the termination including changes in feelings and behavior towards the patient, transfer or termination, fantasies about transfer, supervision and evaluation at termination, leaving graduate school and the similarities and differences between this termination and others. The interview time among subjects ranged from one and a half to three hours.

Each interview was discussed and analyzed in the following chapters. In addition ratings were done according to procedures to be described in the following sections.

### TAT

Eight TAT cards were administered from the Thematic Apperception test in an attempt to uncover unconscious and inhibited fantasies and personality characteristics. It was felt that such a projective measure would amplify the material obtained from self-report in the interview.

The cards were chosen because of their pull for certain themes including separation, intimacy and being alone. An attempt was made to vary the genders and ages of the figures on the cards in order to get a fuller picture of the subjects' inner fantasy life around these themes.

Card 2 was chosen because of its pull for the theme of the young woman leaving home. Card 4 pulls for issues of tension or impending separation in a heterosexual couple. Card 10 deals with both intimacy and old age. Card 14 pulls for issues of solitude and aloneness in a man. Card 9GF pulls for tensions between two women, usually seen as sisters. Card 7BM pulls for father-son issues. Card 6GF again pulls for heterosexual and possibly oedipal issues. Card 8GF again pulls for solitude and aloneness but in this case with a woman.

The TAT was analyzed clinically by the author and described in the following chapters on each subject. An attempt was made to find the major themes and characteristic reaction patterns to separation and attachment through the TAT stories and to see if the hypothesized categories make sense as reaction patterns to separation. These results were compared with those from the interview, discrepancies and similarities were noted in order to gain a fuller picture of each subject.

### Procedure

After subjects were contacted and agreed to participate they were interviewed and asked to describe in depth their experience of termination with an adult case of their choice. The interview addressed changes in their feelings toward the patients during the termination phase, as well as

changes in their behavior and in their technique. A second part of the interview addressed the subject's decision to transfer the patient, their evaluation of their work with the patient, termination of the supervisory relationship and feelings about leaving the institution and beginning internship. (See Appendix A for complete interview.)

Eight cards of the Thematic Apperception Test (Murray, 1971) were administered to the subjects using the procedure suggested by Rappaport, Gill, and Schafer (1968). The eight cards were chosen because of their pull for separation themes and their variation of gender combinations: male/female, female/female, male/male (Cards 2, 4, 10, 14, 9GF, 7BM, 6GF, 8GF).

A subject information form was filled out by each subject in order to obtain relevant information about the subjects (Appendix B).

### Raters

Two raters in addition to the author participated in the study. They rated the interviews and were blind to the experimental hypotheses.

Interview raters were one white, female clinical psychologist who completed her Ph.D. approximately a year and a half ago and one Hispanic, female advanced graduate student in clinical psychology who was doing her internship.

Only one rater was given financial remuneration. The other volunteered because of an interest in the topic of termination.

### Training the Interview Raters

Interview raters were trained by the author in the following way. The raters were given four sheets with the following headings: Reaction 1: Pollyana; Reaction 2: Identification; Reaction 3: Intellectualized-Detachment; Reaction 4: Ignoring (see Appendix C). Each sheet was divided into the following categories: Feelings, Behavior, and Interview Behavior. Under each of these categories were a list of behaviors and statements characteristic of that reaction.

Since each reaction pattern encompassed both affects and behaviors, it was felt that a separate rating for each one would increase the amount of information obtained. That is, someone may have a set of feelings that is captured by one reaction pattern while her behavior might be more indicative of a different reaction pattern. In addition, the category of interview behavior was used to add a further dimension. That is, perhaps the subject's role as interviewee elicited very different behavior than did her role as a therapist at termination.

Using seven point Likert scales, the raters were asked to assess the extent to which each of the four termination

reactions were evident in: (a) the overall interview, (b) the feelings about termination expressed by the interviewee, (c) the behavior of the interviewee during termination, and (d) the interview behavior. In order to train the raters, they were given transcripts of pilot interviews done by the author, and together the author and rater discussed how they would be rated. The raters were then asked to listen to the five taped interviews and rate them on their own.

## CHAPTER III

## CASE STUDY: ILENE

Intreview ResultsIntroduction

After close to two years of working with a woman with characterological pathology and neurotic conflicts, the therapist, Ilene, terminated treatment with her patient, Amy as Ilene was about to begin internship. Ilene felt very attached to her patient whose strength she admired while she also acknowledged that Amy was child-like. The patient was extremely poor and had received little education although she was returning to school for a high school equivalency program. Amy had struggled to bring up two children. A third child died from a degenerative nerve disease and the reason for the child's death had never been explained to Amy. Ilene described Amy as "a real survivor" and liked her very much because of that. The termination was a very emotional one as the patient was someone who had difficulty controlling her affects.

Ilene did largely supportive work with Amy. Amy had difficulty keeping appointments and Ilene would go to her house to see her. At Christmas time, Ilene contacted an agency that provided gifts for Amy's children. Ilene

extended herself to Amy and felt that Amy was able to make use of it. By termination time, Ilene felt that Amy was ready for a more analytic-type of treatment. She felt that it had been a difficult case and that she had seen real movement in it.

One interesting facet of this termination had to do with the fact that Amy's child was in treatment at the same clinic. The child's therapist left the year before, several months after Ilene began working with Amy. Amy had met regularly with the child's therapist. The child's termination had been difficult for Amy, i.e. she stopped attending her own therapy sessions. Thus, Ilene had to work with this split transference to reengage Amy in her own treatment.

#### Change in Therapist Behavior at Termination

Ilene felt that her own behavior did not change too much at termination time. Perhaps the only change was that after the last session, she walked Amy home to her new apartment. While Ilene had gone to Amy's house before she never walked home with her and "talked in that way before." She felt she was in some way gratifying the wish that they remain friends. Along similar lines, Amy asked Ilene for her telephone number. Ilene felt ambivalent but with the support of her supervisor, decided that the work was not analytic and that she would give her the number.

Since Ilene was transferring Amy to a new therapist, she felt less compelled to try to finish, i.e. to cram in, get in the last little bit of work. Although Ilene felt this would have been clinically contraindicated anyway, she felt she would have been personally more compelled to do it if she were what she called "truly terminating."

### Transfer

Amy had a difficult time getting to the clinic where Ilene worked and she lived just around the corner. Ilene felt that for financial and psychological reasons, Amy would not be able to see Ilene in the hospital where she would be interning which was located a considerable distance from Amy's home. However, she felt that Amy could use more treatment so she transferred her to a new therapist in the same clinic. This was to be Amy's third therapist as she had been transferred to Ilene from another therapist in the same clinic.

Ilene looked for someone to replace her who would have good clinical skills. In addition, she tried to find someone whose style was similar to her own, someone who was "laid back and quiet, soft-spoken; actively involved in a non-aggressive sort of way." When looking back on it, Ilene said "I had picked the person to follow in my footsteps who would be most like me so that things would easily continue."

To deal with her competitive feelings toward this new therapist, Ilene felt she rationalized them by saying the new therapist would be able to do interpretive work and Amy would be able to make greater changes. However, she believed it was her own work that had prepared Amy for these changes.

### Supervision

Other than an attempt to bring some closure and to summarize, Ilene did not feel that there was much change in supervision around termination. Termination of the supervisory relationship was not discussed.

In all, Ilene felt a great deal of satisfaction in the growth of her clinical skills. She saw a parallel process between herself and her patient. She had moved from being "too laid back" to becoming more "active and interpretive." Ilene felt less dependent upon her supervisor and more sure of her own clinical decisions. She found termination to be a particularly productive time because she was able to use it to focus on and review everything that had happened in the treatment.

### Leaving the Institution

Ilene had spent an extra year in her graduate program and therefore felt very ready to leave. She had stayed the extra year to gain some extra clinical experience as well as for other things. She felt the loss of a minority

peer group and did not look forward to entering a group in which she was the only minority person. She was anxious knowing she would have to be fairly independent, would have to make new friends, and that she did not have all the skills she would need to do well on internship. However, she felt ready for the challenge.

She had seen other therapists returning to the clinic during their internship to see certain patients and allowed herself the fleeting thought that she could do the same, but Ilene felt she wanted to make the break. Whereas, the year before she had felt totally unready to leave. This year, she felt ready.

#### Termination with Other Patients

In comparison with the other terminations and transfers, Ilene experienced this particular one as the "best." This was largely due to the fact that it was mutually agreed upon. Another patient left prematurely making Ilene wonder what she had done wrong, and she was able to transfer a third to the hospital where she was interning.

#### Summary of Interview

Ilene's termination reaction was characterized by increased attempts to become closer to her patient i.e. walking her home, giving Amy her telephone number. According to her report, both her work and her style at

termination were consistent with her supportive style throughout the therapy. It seems that Ilene responded to separation anxiety with positive and supportive feelings towards Amy.

Ilene described Amy as strong but child-like with difficulty taking care of herself. Certainly, Ilene responded to her in a maternal way, taking care of those needs which Amy could not manage herself. It is not clear from the description of termination with other patients whether this was a consistent response on the part of Ilene regardless of the patient or whether it was elicited only in more child-like patients such as Amy.

#### Results of Interview Ratings

Ilene's interview ratings confirm the clinical findings. On a seven point Likert scale, her average ratings went from highest to lowest: Pollyana 4.25, Intellectualized-Detachment 2.6, Ignoring 2.5, and Identification 1.7. Ilene scored the highest of all the subjects on the Pollyana reaction. That is, her response of moving toward the patient took the form of focusing on the positive, becoming nurturing and avoiding feelings of anger and loss. Her second highest scores were on the moving away dimension both in Intellectualized-Detachment and Ignoring. Her low score on Identification response once again indicates her unwillingness or inability to focus on the painful aspects of termination.

## TAT Results

### Clinical Discussion

Ilene's TAT is marked by strong ambition and push toward the future. There is the sense of one having to overcome great obstacles in order to achieve and that one has to rely totally on oneself to do this.

#### Story 14

This is a fellow who is very much a dreamer. He walked and stands at his window gazing at the stars thinking about his plans for the future and hoping that they will come true. He is someone who had to fight against extreme odds to get where he's at. He was very dependent and had to rely on himself to be able to get himself into school and work his way through school. Times had been difficult for him but he was really able during the hard times to maintain his goal and to constantly remind himself that he would be going through the financial struggle for a relatively short period of time as opposed to the rewards he would reap at the completion of his educational training. He was very convinced that once having these tools that he was going to be able to go very far in his field and be very satisfied in his accomplishments.

Feelings about loss or dependency are largely neglected or denied in order to achieve these goals. In addition there is a sense that love or attachment is secondary and come only later in life, after these other achievements have occurred. In story 10 which is usually seen as two elderly people and often raises issues of separation from love objects and dependency upon parents, Ilene gives the following.

#### Story 10

This is a couple on the brink of their engagement, well in fact they've already set the engagement and

wedding date. In celebration of it they had gone out dancing and had dinner and were feeling very very romantic and were beginning to make plans for their wedding which was going to occur in a few months. They had been planning to announce the wedding for sometime but had put it off until both of them had really felt ready and the girl had finally consented that she was ready was when they decided to set the date. They were both very happy about it.

In this story, there is the possibility of two messages, one is a denial of a statement that attachment occurs late in life. If people do separate or even disagree in the story they talk things out until both are satisfied and they can remain friends. Both feelings of loss and anger are neglected or overcome. There is a tremendous push for happy endings or positive outcomes or looking on the bright side. These reaction formation defenses occur alongside intellectualization. Feelings are tightly held in check.

In addition to the themes already mentioned, Ilene is very much preoccupied with altruism, sacrifice and guilt. In story 2, a girl goes off to school only because her parents have made huge sacrifices and then she comes home every evening to help out in order to ease their burden somewhat. In story 8GF a woman is thinking about how hard she has worked as a domestic in order to save up money for her children's education. She is torn between her own dreams and ambitious strivings and the desire to give to her children. It is primarily guilt, sacrifice, and altruistic strivings that link people to each other. Altruism and personal ambition are sometimes in conflict.

In story 9GF anger breaks through the defenses when Ilene describes two sisters talking together about their mother who died. In fact they are arguing about who had received the most and who had given up the most for their mother. In a slip of the tongue, Ilene described her as their "deceived mother" instead of "deceased mother." We may speculate based on this story that the strong defenses against feelings of loss and anger have their roots in a deep and early maternal loss.

#### Summary of TAT

In sum, Ilene's TAT responses are characterized by themes of ambition and survival as well as those of sacrifice and altruism. Denial of negative feelings and intellectualization are the characteristic defensive reactions. Strong defenses against feelings of separation and loss may have their root in issues of early maternal loss or deprivation.

#### Discussion

Ilene, like several of the other therapists in this study, admired the same qualities in her patient that she valued in herself. For Ilene it was being a "survivor," maintaining personal ambition in the face of great economic and social obstacles. Her own self-image as revealed in the TAT response is also one of a survivor and achiever. In addition, she values the qualities of altruism. In

order to allow these qualities, Ilene has chosen a helping profession. In addition, she was very maternal in her role with this patient who was described as "childlike" with such acts as seeing Amy in her home and sending presents at Christmas time.

We may speculate that having to terminate with this patient in order that Ilene might go on internship, thus furthering her own career would cause conflicts for Ilene. Once again as in her TAT stories, she must decide between altruism and personal ambition.

Ilene's response to feelings of anger and loss at termination was one that greatly utilized the defense mechanism of reaction formation. Ilene very much wanted to gratify the wish of the patient's that they become friends. Ilene did not seem to look consistently at loss or anger and in a way reduced these feelings in her patient by becoming the good mother. She viewed the therapy very positively and was optimistic about future growth for this patient. She did not in the least berate herself for not having done analytic work with this patient but focused on the fact that she had prepared her for it.

Ilene's reaction to termination is characterized primarily by the moving towards dimension and in particular, the reaction described as Pollyana or looking at the positive side of things. One possible dynamic explanation

for the choice of this reaction pattern is that Ilene's maternal behavior compensates for her own experience of early maternal loss or deprivation. She identifies with the lost mother and provides for the patient the caring that she was deprived of.

An important aspect of the reaction pattern described above is the denial of feelings of sadness and anger at times of loss or separation. This behavior alone without the maternal aspects taps the termination reaction described earlier as Ignoring. Ilene seems to alternate between the two reactions. For example, while her discription of the termination implied that she was maternal and caring with the patient, her interview behavior was more distanced and affectless. One hypothesis is that Ilene functions in a 'moving toward' or Pollyana style when she is in a maternal or authority role.

However, when she is in the role of patient or in this case interviewee, she tends to deny her own dependency needs and become more distanced.

Why Ilene chose this patient may have to do with her other possible choices. One patient left without any explanation, one stayed in treatment. Ilene may have picked Amy because the termination and transfer captured the conflict of leaving someone she cared about. However, a more compelling explanation seems to be that this patient allowed Ilene to both identify with a cherished

part of herself i.e. the survivor as well as work through issues of maternal loss through actively nurturing another.

## CHAPTER IV

## CASE STUDY: SUSAN

Interview ResultsIntroduction

For one beginning therapist, Susan, the first feeling that was apparent when she told a borderline female patient about her leaving in three months was that of guilt. When the patient was told, she fled the therapy room and the therapist began to cry. Susan wondered what right she had to just go and further her career when the patient had imbued Susan with so much power in her life. On closer examination, however, Susan's thoughts during this cry showed empathic understanding of pain and abandonment for this patient. Susan soon realized that while the feeling of guilt was something that was easily worked through, her identification with the patient's sense of abandonment was at the core of her tears during that session and during the termination as a whole. Susan was to say later in the interview "I wasn't crying for her. I was crying for a memory of me in her position."

### Changes in Therapist's Behavior at Termination

Susan claims that she made certain conscious tactical decision about changing her behavior or stance as a therapist during the three months of the termination phase. Perhaps most obvious and immediate was her change to a more active stance. When the patient, Joanne fled the session in which she was told about termination, Susan called Joanne both empathizing with her feelings and encouraging her to not pretend that she, Susan did not exist as she had done with other people who had disappointed her in the past. Susan explained that she experienced the "courage" to both call and continue talking to the silence of the other end based on her increased empathic identification with her patient. However, Susan also described the courage it had taken to do this without calling her supervisor and checking. Based on this and other examples we will explore in the section on supervision, Susan seemed to have been able to take into herself the executive power she had previously attributed to her supervisor. Her experience was one of knowing "on a deep human level" that this was the right thing to do.

Besides a more active stance, Susan became more supportive towards her patient and became increasingly tolerant of Joanne's anger, as well as able to help her

express the anger. Susan also felt freer to confront Joanne. She also shared more of her own feelings with the understanding that if she could get Joanne to believe that both people are hurt by separation she would feel less overwhelmingly traumatized and powerless. Susan also felt that Joanne deserved an answer to her repeatedly asked question, "Will you remember me?" As a result, Susan described her own sadness about the work not continuing, explained how her feelings were of sadness but not terror and stated that she would remember Joanne. Susan felt that her decision to be more personally expressive was tactical i.e. she could have controlled it but she felt that it would help the work.

Other behavioral changes in Susan around the time of termination had to do with periods of increased distancing of her feelings and of the patient, periodically feeling strong maternal pulls and an increased dependence on her primary outside relationship. There was some sense that the sadness over the loss might get "out of control" and that Susan would cry in front of Joanne. However, when she was not in touch with the feelings of loss Susan felt she tended to distance them with the experience of "It doesn't really matter." There was some confusion about whether or not these distancing tendencies were adaptive or problematic as Susan at one point said that distancing was a problem for her and at another point said "If I had

been super, super in touch with all those feelings all through those sessions I don't know really how well I could have worked." However, she noted that Joanne who was extremely sensitive to Susan would accurately guess when Susan was feeling more distance by saying "those are just words" implying that the caring or connection was not there.

### Transfer

Susan's wish was to continue to work with Joanne during her internship. When that turned out to be impossible because Joanne did not belong to the hospital's catchment area, Susan decided to refer her to a woman (Joanne's wish) who would see Joanne privately for as long as she needed treatment, the primary motive being to prevent Joanne's having to experience another termination. Susan felt very strongly that because the patient had formed such an intense fantasy laden attachment to the therapist and since this was the only substantive object relationship in her life, it was very destructive to Joanne to have to terminate with her and very unlikely that Joanne would be able to connect with a new therapist. In addition, Joanne tried to seal over her ambivalence particularly the negative feelings toward Susan. Thus, Susan felt that a new therapist would bear the brunt of those negative feelings. Finally, Susan fantasized that the new therapist would be unlike her which she based on a minimal description of the

new therapist by her supervisor and that in any case the new therapist would not be able to have the special understanding of this patient that she had. Some of these feelings were based on her understanding of this patient and some on, as she labelled it, her "grandiosity."

Susan was surprised by two things. First, Joanne experienced receiving the name of the referral as bringing home the reality of the separation. She was extremely upset by it. The second surprise was that Joanne did call the new therapist. Susan felt delighted by this fact and felt it bespoke the good work she had done with the patient. Thus, Susan's feelings of her unique capacity to understand the patient did not seem to disrupt her ability to help the patient connect with the new therapist.

Susan decided to give the patient her work number at the suggestion of her supervisor. As Joanne was not a neurotic patient and Susan was her primary object attachment, both therapist and supervisor felt that the rules of not continuing the relationship after termination were not applicable. Susan felt that this was a "heavy decision" for her as she had not worked through her fantasies of seeing Joanne as a patient again some time in the future.

### Supervision

Susan felt that she had finally allowed herself to become dependent upon her supervisors such that she could

take in what they had to offer. Thus, when both her supervisors terminated with her before she terminated with her patients, she felt abandoned. The supervisor for Joanne offered Susan the option of a supervision following the last therapy session with Joanne but Susan turned it down feeling the only thing there was to do was say "good-bye." This did not feel like a legitimate enough reason to have another supervision session. But Susan felt abandoned by her supervisors and sad about ending with them. Also, after supervision ended, Susan had the feeling that she had finally learned what the supervisor had been trying to teach about the concept of listening for the transference.

#### Leaving the Institution

Overall, Susan felt a positive connection to the institution that she was leaving which contributed to her sense of loss on terminating with her patients. She felt that this was the first institution to which she had felt connected and that she had been popular here. She was not sure things would be the same at the next place.

Susan felt she had grown as a therapist during the preceding years particularly in the way she was willing to make object commitments to her patients. That is, she began by not being able to separate herself from her role as therapist and experienced seeing her patients as a training exercise. Only as she became more comfortable in

her role and with the help of supervision was she able to really be there for her patients.

#### Summary of Interview

Susan's behavior during termination was primarily characterized by the Identification reaction. That is, she heavily identified with her patient's feelings of abandonment and she responded by moving closer to her patient i.e. calling her on the phone, crying when her patient left the room and helping her explore her feelings of abandonment and loss. She became more active, supportive and confrontational during this period and she felt freer and more inclined to reveal her own feelings to the patient. Internally, Susan felt she vacillated between great caring and concern based on identification and intellectualized detachment. In addition, she sensed that her patient seemed to pick up on these swings.

#### Results of the Interview Ratings

Susan's average scores on the interview ratings of each style went from highest to lowest; Identification 5.6, Pollyana 2.6, Intellectualized-Detachment 2.3 and Ignoring 1.5. Susan scored higher than any of the other subjects on Identification. These findings confirmed the clinical findings that Susan's predominate termination reaction was one of identifying with her patient and focusing on the difficult and painful aspects of separation and loss.

TAT ResultsClinical Discussion

Susan's responses on the Thematic Apperception Test (TAT) were highly elaborated, long detailed stories which included much associative material and displayed some looseness of boundaries. Susan consistently addressed the theme of each story displaying a great deal of emotional candidness and willingness to explore her internal world. However, there was an almost counterphobic pull to say the worst. There is a pervasive theme of disappointment, a sense that life did not turn out to be all that it promised. This is tied in with giving up of idealization and adolescent ideals. The wiser older people in the stories point out that life isn't perfect.

Story 7BM

This is just a sourpuss young son. He's saying . . . You know its funny when I saw this picture another time, I remembered the story I thought of was like here is this idealistic young son and he wants to, you know, he works for his father's factory or something and the father says we have to cut back 50,000 workers and the son says No, No, No, I won't do it. He quits and blah blah. And now that I look at it I see, well the son kind of looks like a sourpuss, he's not very realistic and the father looks kind of kindly and kind of benevolent and he understands things about the way the world really is and the son obviously doesn't want to understand yet. Its disappointing but its just the way the world is. So, the son is having problems in his marriage and he's saying I want to leave. The father is saying that's the way life is, it's not always perfect. [How are they feeling?] Oh, how are they feeling? Well, the son is kind of adamant, the father is kind of like concerned but indifferent, you know, therefore there is nothing he can do about it but just tell him what he can tell him. [Doesn't sound

like they have much of a relationship.] Um, well I guess they are like any parent and child, strangers.

Based on the content of these responses there is a sense of having to struggle a great deal and wondering if one will be able to overcome depression and neurotic isolation and to live with the knowledge of the unconscious even without the promise of a perfect reality.

#### Story 14

I've always had alternate feelings about this card. Like when I'm feeling hopeful I think it's somebody who's like crawling out of the darkness of the unconscious into the light and when I feel more depressed I feel like this void is about to suck him back and he'll never be seen again. Um, I would say that it's kind of a stark picture. I would say overall. I don't know, I can't decide whether to be hopeful about it or be depressed. Whatever its been its certainly been a long struggle to get to where its even light, even if light doesn't have all the commutations being in the light had to you. Like everything is terrific, I mean its light but its also stark out there and it doesn't look rich or full or colorful or anything. But its better than being in the darkness. This is getting very embarrassing but I'm doing my best.

This is also connected to the sense of being cut-off from other people, overly intellectualized and overly abstract. These people are usually particularly cut-off from sensuality and sex which is seen as being a key part of life. This content fits with the struggle in these stories between a highly intellectualized presentation and a clear openness to exploring conflictual and feelingful states. In story two, a young girl is cut-off from the richness of sexuality and home by her bookishness and schizoid qualities. In story 4 a man leaves a woman for

one of three reasons. Susan cannot decide which. Either, he is leaving to help others, he is leaving to search for some idealized vision of reality or he is leaving for more explicit sexuality presumably with a prostitute. Here the struggle is between the superego, ego-ideal and the id.

There is both a sense of insecurity and neediness described in many of the younger female figures. The woman never leaves but is left by the man or left out by a man and woman and is seen as urging the man to stay. On the other hand, older women are seen as wise, capable of having loving relationships and also feeling more complete in themselves.

There is some evidence of a powerfully rivalrous relationship between sisters over a man, presumably the father. In story 9GF one sister is a maid and the other a debutante. The one who is a maid kills the other but does not get the man with whom they are both in love.

#### Story 9GF

These are two sisters that are both in love with the same man. And one of them is a debutante, the other one is working as a maid. The debutante is running along the beach and I can't tell you why she's so frantic but anyway the other one is going to murder her, by throwing a rock on her head and killing her. That's why she's hiding behind the tree. But it won't do her any good because she won't get the other man anyway.

#### Summary of TAT

In summary, Susan's TAT reveals a struggle around narcissistic issues of idealization and perfection. In

addition, people who are cut-off from other people and self-absorbed are contrasted with older, wiser, self-contained people who are able to love. The struggle for Susan seems to be one from adolescence to adulthood which stirs up early unresolved narcissistic issues.

### Discussion

Susan's termination experience as well as her responses on the Thematic Apperception Test contain a paradox. On the one hand she delves into her own feelings and into the experience of the person she is with. On the other hand, her intellectualizing and distancing tendencies pull her away from direct experiencing.

Clearly this was one of the richest interviews in terms of the therapist's openness and willingness to explore her feelings about termination. On the other hand, she said that she would sometimes say to herself "It doesn't really matter" about the termination.

Perhaps central to this paradox is the issue of boundary management. It was Susan's identification with Joanne that enabled her to have the exquisitely empathic sense of what Joanne was experiencing. It was also identification which caused her to cry for a memory of herself in a similar position. The distancing and intellectualizing seems to be her way of managing the intensity of the feelings elicited by such identificatory

activity. It is clear that Susan doesn't feel in complete control of her boundary management.

The issue for Joanne during this termination was the loss of the idealized other and the profound sense of abandonment that ensued. This sense of disappointment and the giving up of idealized fantasies also pervades Susan's TAT responses. It is not clear in this instance as in some of the others whether Susan has picked this patient to discuss because this patient touched on some of the issues she may have been struggling with at the time or whether there is a tendency in beginning therapists to focus on one's own issues as they emerge in the patient (see Discussion).

## CHAPTER V

## CASE STUDY: KAY

Interview ResultsIntroduction

Kay chose to discuss a termination with a male patient David who had lost both of his parents. The patient was diagnosed as a passive-aggressive personality. Kay felt that during this two year long therapy, she had colluded to avoid getting into David's unresolved grief over the loss of his parents. She had kept things on a superficial level. She traced this countertransference reaction to the fact that her husband had also lost both of his parents. With both her husband and her patient, Kay was afraid of having to take the place of the dead parents. It was 10 months prior to termination that she began to realize all of this. Kay discussed it in supervision and with a push from her supervisor was able to address these issues with David. In addition, she knew that termination would be a particularly important and difficult time for David.

When Kay brought up the fact that she would be leaving in three months (even though she had mentioned it at the beginning of treatment) David began to miss

sessions, change appointments, come late. He rejected all interpretations that this had to do with Kay's leaving. Kay describes having to grit her teeth and continue making interpretations particularly those having to do with the transference. After she began pushing, Kay felt that David was more easily able to express anger and especially the feeling that if he had been a better son his parents wouldn't have died.

Kay felt that her reluctance to interpret David's feeling about his parent's death or her leaving was not only that she wanted to avoid being put in the role of the dead parents, but also that she was frightened of David's anger. She did not want to be "exposed as a mean and cruel person" or an "abandoning mother, seducing him into trusting me, then turning him down." Kay also reported feeling some relief to be finished.

#### Changes in Therapist's Behavior at Termination

Kay felt that she had definitely become more active during termination but she saw this on a continuum. That is, she had already increased her level of activity from "2 to 6" in the second year. Then, during termination it increased to 7. She felt a sense of urgency about the task especially because of this patient's history. But the sense of urgency was also due to a time pressure and a more clearly delineated task.

### Transfer

Kay described going through an elaborate procedure to find a new therapist for David. After she wrote up her complete summary, Kay asked several people to read it, and she described carefully watching their reaction. She wanted to see who would love this person and who would be as kind as she was. She was feeling as if she had been mean to David by forcing him to face all those issues. She chose someone younger with whom she was friendly, to whom she did not feel inferior or intimidated. She was careful not to choose someone worse than herself. On the other hand, she didn't want to feel that David was getting someone better than herself. She felt that this person was as good as she was. In retrospect, Kay felt that she picked someone who like herself may have been "too kind."

Although Kay had an option of continuing with one of her patients, she did not pick David. She picked the patient who had changed the most. She felt guilty about the act of choosing. During termination, Kay began to feel a strong attachment to David and felt that if she had been able to make the decision at that point, it would have been to continue because the work was so exciting.

### Supervision

Kay denied the termination with her supervisor. She immediately got involved in working on her dissertation proposal with him so that their working relationship would

continue. She did feel that her supervisor's support in looking at personal factors that might be affecting the treatment was very important. Also, as the activity in the therapy increased, so did the activity in supervision. In all, Kay was very attached to her supervisor.

#### Leaving the Institution

Again, Kay felt as if she didn't leave. She goes back twice-a-week to see the patient she continued with and she still has a mailbox, which is unusual for a fourth year student.

#### Termination with Other Patients

Kay felt sadder ending with this patient than with some of the others. There was an intensity about the work at termination and a collaborative effort. In addition, Kay felt more identification with David as he, like herself, came from a small town and felt like an outsider in the big city. He also looked like a brother towards whom Kay had felt guilty. This she felt was another component of her reluctance to get involved.

Kay felt that her work was probably characterized in general by a reluctance to get involved but that this was especially true for this patient. In general, with all the terminations, she felt an increased sense of guilt and an increase in her level of activity.

### Summary of Interview

Kay described a continuing struggle to interpret separation issues with her patient because of her guilt and her fear of her patient's anger as well as her general unwillingness to take on the role of mother. She said that countertransferential factors in these areas which were augmented by her associating this patient with her husband and her brother inhibited her ability to work. Kay described a reluctance to get involved with all her patients which was intensified in this case by the issues described above.

### Results of Interview Ratings

Kay's scores are from highest to lowest: Identification 4.3, Pollyana 3.8, Ignoring 2.6, and Intellectualized-Detachment 1.5. Kay's scores span a smaller range than do most of the other subjects. She displays a good amount of Identification reaction, Pollyana, and Ignoring. The following clinical material allows us to speculate about the order in which these reaction patterns appear.

### TAT Results

#### Clinical Discussion

Kay's responses on the Thematic Apperception Test (TAT) confirm her self-report that guilt about being an abandoning woman is a significant conflictual area for

her. Her guilt seems to have several sources. Firstly, there is the possibility of guilt over leaving her mother or family as portrayed in the response to the second TAT card. A girl is torn between helping her "weary mother who is pregnant" and her wish to go off to the library to prepare herself for college.

In addition, there seems to be guilt about the woman who betrays the man with sexual promiscuity. In response to the fourth TAT card, the man has learned that his wife is going to have a baby by another man. In the card 6GF that usually pulls for a younger woman's feelings towards an older man, the woman is told a secret about another idealized woman's sexual promiscuity. She believes it without question.

Finally, the wife feels guilty because she is not responsible enough as a wife. According to the story in response to card 10; the wife's responsibilities include the motherly role of keeping track of her organically-impaired husband. A young therapist in story 7BM lets down his patient and needs the reassurance and support of an authority figure.

In addition to the theme of 'guilt,' Kay expresses through her stories ambivalence about being responsible and ambivalence about getting involved. There is a tug between professional, adult responsibilities and relaxing and enjoying oneself. Her characters switch quickly from one to the other but there is little sense of integration.

In story 9GF, one woman is feeling as though she should help out another woman who seems to be distressed. As the story goes on and the woman finds herself unable to do more than call out to the distressed woman, she fears the other will kill herself.

#### Story 9GF

The young woman running has a rather desperate look on her face and she's \_\_\_\_\_. The woman leaning against the tree watches her run past, is trying to decide whether to get involved or not in whatever the other woman is desperate about. She's been reading a magazine. She would like to just sit down and relax and read the magazine again and yet she feels like she should see if there is anything she can do for the woman who is running. I can't come up with anything more.

There is something apparently calamitous involved here. The woman by the tree first thought is: My goodness she looks crazy enough to jump off the edge of this enormous cliff above the ocean. She's still not quite sure she wants to get involved. I think she hesitates for a moment more and then can't quite get it together to run after the woman who's running but she instead calls to her: Is everything all right? This is all she can muster.

Thus, we may speculate that Kay fears that her ambivalence about getting involved may have such disastrous consequences as someone else's death. No wonder she is ambivalent about taking on such responsibility.

Defensively, Kay alternates between denial/repression and a reaction formation type of defense. She will be describing a disastrous scene only to tack on a happy but disjointed ending. For example,

#### Story 4

Who are these . . . is this from a movie? Is it Trevor Howard or Clark Gable?

He's just learned that his wife is going to have a baby by another man. He's going to go and kill the other man. His wife is pleading with him not to go and do anything rash, that it was all a mistake and she'll make it up to him. He won't be reasoned with. He tears himself away from her arms and goes running out into the sultry summer evening. However, when he gets to the end of the block he thinks the better of it and comes back. There are many harsh words exchanged but they eventually work out this difficulty in their relationship.

I just realized what these cards have to do with the issue of termination.

#### Summary of TAT

Kay's TAT reveals issues of guilt over abandoning mother, betrayal of men and inability to meet responsibilities. Taking on responsibility is avoided because of the tremendous burdens it implies. Others are described as organically impaired or suicidal and as a result, making a commitment to them is a burdensome, frightening and sometimes overwhelming prospect.

#### Discussion

Kay's reaction patterns do not emerge as clear-cut from the data as they do with some of the other therapists. From her description of termination and from her responses on the Thematic Apperception Test, she sometimes stays at a superficial level. This corresponds to her desire not to become involved and a fear of taking on responsibility.

In Kay, this fear is often although not exclusively focused around not wanting to take on the burdens of others or to risk being seen as an abandoning or non-giving mother.

What is unique about Kay is that she can and often does step back from her detached stance, explore her feelings and resistances and then lets herself get involved. This was true in her work with her patient when she realized her fears of having to take the place of his dead parents. When she does get involved (be it with the theme of a story or work in therapy), she seems to go right to the core and effectively use her own feelings for the purpose of understanding. She will often employ the Identification reaction pattern at such times.

When such intensity becomes too much Kay occasionally turns to a Pollyana reaction pattern to ease things. All of a sudden a disastrous story will receive a happy ending. There is a sense when this happens of a lack of integration. The ending does not appear to emerge organically from what preceded it.

## CHAPTER VI

## CASE STUDY: CAROL

Interview ResultsIntroduction

Carol did not initiate termination with any of her patients when she left her graduate program and clinic. She had the option of transferring them all to the hospital in which she would be interning. However, she chose to talk about one patient, Sally, who planned to continue treatment but who dropped out over summer vacation. Carol had worked with Sally whom she diagnosed as having an anxiety neurosis with hysterical and depressive features for eight months twice a week. According to Carol, Sally had been intensely ambivalent throughout the treatment. Carol felt that the move to a hospital implied for Sally that she would really take treatment seriously and perhaps the more irrational meaning that she was really crazy. These meanings may have added to her negative feelings about transferring.

Carol describes Sally as "very needy, very bright, and very much looking for a mother. According to Carol, she was very interesting with a complicated family history.

Her mother died when she was young and her father had affairs with her mother's sisters. She was raised by another daughter of her father's who was 25 years her senior. As a result she had much identity confusion. Sally also had two daughters of her own and was struggling to mother them while needing a great deal of mothering herself.

Carol liked this patient a lot and found her very interesting. She felt sad about losing her when she dropped out and had to make sure she wasn't calling her or intruding on her. Carol alternately expressed the sense that she was sorry to lose Sally as a patient for her own sake and that she was mostly concerned for Sally's sake. Carol felt that Sally could benefit from treatment a great deal but was too scared of the involvement. At another point, Carol said that Sally was full of emotions and very demanding. There were always things going on in her life which would have been nice to get rid of. She was often fending Carol off but when she wasn't she was very moving. Later in the interview Carol said that she felt frustrated a lot of the time. Sally wanted her to be everything and at the same time devalued her and put her down by responding to her comments with "I don't care" and "It doesn't matter." She would be open in one session, then withdrawn in the next.

Carol gave her patients three months notice that she would be leaving the clinic and moving to a hospital where she could continue to see them. Sally reacted with a lot of anxiety as any change tended to be confusing and anxiety-provoking to her. For example, when she initially met Carol, she confused her with an intake worker. Her fears about becoming involved and attached were centered on her fear of being deserted. She first heard the statement about the transfer as if Carol were saying that they were terminating and experienced it as a rejection. Even after the meaning was clarified Sally continued to hold onto the feeling of being rejected. Then she reversed the sense of helplessness about being left into a decision about whether she would leave the treatment or not.

Carol took two weeks vacation in June during which time she got married. She felt at that time that what was going on in her life had priority. She felt somewhat guilty about leaving to get married. Because there was a storm on the island where she was honeymooning she came back a day or two late and had to call all her patients from the island to change their sessions. She felt extremely uncomfortable with that and later felt that was because of too grandiose notions of how important she was to her patients.

During the two weeks that Carol was away, something significant had occurred with Sally's father, and the most she said to Carol was that it crossed her mind that she would have liked to be able to share it. She basically denied any feelings about the separation. She came late, cancelled and missed three or four sessions in a row in July. Carol called Sally encouraging her to come in but Sally did not return and did not show up for her appointment in the hospital in the fall. At one point she left a message at the clinic for Carol to call her. They had some conversation and Carol, whose memory was vague about how the ending had gone, said she thinks they left it that if Sally were interested in continuing, she should call Carol.

#### Changes in the Therapist's Behavior at Termination

Carol felt that her behavior did not change at all during this terminating or transferring period. It was only, she believes, the content of the sessions that changed.

Carol does feel that if she were doing the same thing now, she would be more supportive of Sally, would offer her more encouragement and reassurance. She feels that it was a combination of her training and her anxiety that caused her to sit back and be too passive. In addition, she feels that the angry oral demanding quality of this

patient caused her some difficulty and she felt like she was struggling to resist the pull. She feels that now she would be freer to answer some of this patient's questions.

### Transfer

Carol never really had to entertain the notion of transferring her patients to another therapist as she found out early she would be able to continue working with them. She felt that these were her first patients and she wanted to see them through the whole process, she felt a little paranoid that they might see someone else and talk about what lousy therapy she did. Also, she felt it would have been hard for her to terminate. So much had been stirred up, it would have felt incomplete. She hadn't told her patients about a time limit when she began and felt reluctant to spring one on them.

### Supervision

Carol never discussed termination with her supervisor but Carol felt there was a change in the supervision around this time. She began to share more personal information with her supervisor especially about her marriage. Her supervisor offered to continue supervising Carol on these patients into the following year. They planned to do so. However, when Carol began internship, she informed her supervisor that Sally had dropped out

and Carol got a supervisor in the hospital to continue supervising her on her other case from the clinic. She found this more convenient.

#### Leaving the Institution

Carol felt that leaving the institution was "great." She felt tremendously glad to be out of there and began decathecting the place months before she left. She focused on getting married, on taking certain steps in her life. She felt that she had never gotten close to any faculty members, and that the slow separation over the summer had been like a weaning process. She was frightened about internship but glad to be leaving her graduate program.

#### Termination with Other Patients

Although she transferred her one other adult patient to the hospital where she was interning, Carol had had patients who dropped out before. She had felt a lot more upset with these past terminations as she had experienced them as a personal failure and wondered what she had done wrong. With Sally, she experienced less of that than she had in the past. She did not feel she did anything different in this termination than she had done in the others.

### Summary of Interview

Carol describes a patient who prematurely terminated rather than be transferred to the hospital setting where Carol would be working. Carol seems to have been passive and reluctant to interpret her patient's sense of rejection on hearing about the transfer. She feels that had she been more supportive and active, Sally may have been able to stay in treatment. Carol felt frightened of the patient's demands, unsure of herself in her role as therapist, and somewhat more preoccupied and committed to her personal life than to her work at the time.

### Results of Interview Ratings

Carol's scores on the interview ratings went from highest to lowest: Ignoring 3.9, Pollyana 2.6, Intellectualized-Detachment 2.4, and Identification 1.6. Consistent with the clinical findings Carol scored highest on the Ignoring reaction. Carol's range of scores was the narrowest of any subject. In addition, Carol scored fairly low on all the termination reactions. She seemed to display less reaction in general. The following clinical material suggests one explanation for this. Carol is hiding behind a bland unresponsive exterior.

## TAT Results

### Clinical Discussion

It is more difficult to get a sense of Carol from her responses on the Thematic Apperception Test than it is for the other subjects. Her stories tend to be conventional with little affect, plot development or conflict. To one rater this implied a sense that she is well adjusted, to other raters, Carol appeared to be using a great deal of repression and denial in that she avoided the main themes of all of the stories. All raters agreed that there was a sense of unrelatedness, unconnectedness between people. Carol's story about two sisters implies that because of shyness and anxiety neither sister will have a good time at a party. This may be an expression of two parts of herself.

### Story 9GF

This is two sisters at the beach they've just come from their house. They are running down to a beach party. The one that's running looks very anxious and pinched-faced. But they are going to a party and that they are very different. The older one . . . I guess the feeling is that the one who's up is the behind the tree, is going to the party and is bringing a book and is kind of contemplative and is not going to participate very much, she's going to be somewhat on the periphery and the other one is looking very eager but also pressured. They are going to have a mediocre time at this party. That's the story. [Why are they going to have a mediocre time?] Cause the younger one is too pressured and the older one is too removed, is just shy and is going to have a hard time getting involved.

It is hard to get to know Carol from her stories as she seems to be hiding behind convention. There is a hint of this when she begins with a story about the death of a parent, stops midstream, changes the story into what she calls "the classic." A man gets into a fight and the woman worries and tries to stop him. Even that doesn't seem right to her as she notices the blandness in the woman's face. We might speculate from this story that it may be that the blandness is hiding or masking depression over loss. The healthy parts of Carol are clearly evident but she leaves us wondering if even these are partially avoidances. For example, there is story 14.

#### Story 14

This is a man who has just moved into a new house. He is in the process of cleaning out the cellar and fixing it up and he's been working all day and he comes upstairs to look out the window, its in the country, and to breathe the fresh air and he's feeling expectant. He's feeling good, he's feeling like he's working. He's building something for himself and he's contemplating but its more with feeling full and good. Feeling counter-depressive and counter-suicidal.

In this story Carol appears to be talking about inner change and growth which makes her feel a sense of expectancy. At the end, however, she adds "feeling counter-depressive and counter-suicidal." It is not clear whether the story is a reaction-formation against the latter, or the latter is a way of devaluing the positive feelings described in the first part of the story.

What is clear is that there is very little anger expressed between people. If a couple fights it is over externalized issues like money. Direct anger is never expressed. If there is a fight, Carol makes it clear that it isn't physical and it is resolved.

From the TAT Carol appears to be thinking about issues of adult-development, particularly marriage and having children.

#### Summary of TAT

Carol's TAT reveals a self-image of a shy almost disconnected person who has trouble relating to others. Anger is avoided as are feelings of loss. Any intensity of feeling is missing and what is shown to the world is conventional but bland or affectless.

#### Discussion

In both the interview and TAT stories it is hard to get a sense of Carol. She hides in the interview by largely focusing on her patient rather than her own feelings. In the TAT stories, she hides by producing conventional and superficial stories. All of this implies her use of reaction four--ignoring. In addition she focuses on the positive, avoiding feelings of anger and loss and Pollyanna is also a reaction pattern that Carol manifests. However, neither reaction is there in extreme and Carol combines a bit of all four types.

In her work with her patient Sally, Carol was not able to articulate to the interviewer and presumably to herself during termination what the affects of her marriage, her late return from her honeymoon, and the two vacations in a row were for this patient. Carol seemingly avoided interpreting the patient's anger. In addition, although Carol herself describes deathtaking from the graduate institution and becoming absorbed in steps in her own life, she does not describe this as a source of counter-transferential difficulties.

Once again, Carol seems to be someone who is taking positive steps in her own adult development but does not see in what way those might have aided in the avoidance of working through termination both for herself and her patient.

## CHAPTER VII

## CASE STUDY: JANE

Interview ResultsIntroduction

For Jane, termination provided a significant contrast in her work with two different adult patients. With one she felt satisfied both with the termination process and with the overall course of the two year treatment, in terms of the patient's progress. With the other patient, Peter, she was dissatisfied about termination and she had questions about whether this patient had progressed at all in his two years of treatment. Jane chose to focus the interview on Peter whom she diagnosed as a narcissistic character disorder.

Jane felt that all of her attempts to interpret termination issues which emerged in dreams or in the therapy were denied by Peter. Ironically, Jane felt that she was the narcissistic one rather than Peter as she was constantly bringing things back to herself and the treatment. It was during termination that Jane began to first wonder about the overall course of treatment with Peter. She felt that she had conducted a "Kohutian" type

of treatment believing that just the retelling of his life experiences with the approving gleam in the therapist's eye would be beneficial to the patient. She was reluctant to interpret or confront. Jane later felt some of this may have had to do with countertransference issues arising from her identification with the patient. She would often assume she knew what he meant without asking him questions or clarifying things. She felt this identification got in the way of her working effectively with this patient.

In addition, Jane felt she avoided the patient's anger which manifested itself in a constant ambivalence towards therapy. She would comment on it from time to time but never consistently worked on the anger. Or she would comment on his anger knowing it was the right thing to say but not sure if she believed or felt her comments to be true on an emotional level.

#### Changes in the Therapist's Behavior at Termination

Jane felt that the work did not change at all during termination with the possible exception being that she was more conscientious about making transference interpretations.

#### Transfer

Jane had wanted to continue working with this patient during her internship but was told by the hospital that she wouldn't be able to do so. As a result, she felt

victimized by the "higher ups." She felt sad that she would have to abandon the treatment in midstream. Her feeling of victimization led to further empathizing with the patient's sense of victimization. However, she felt that she did a lot of the feeling for the patient again preventing her from actively working with his feelings.

When Jane found that she would not be able to continue seeing the patient, she attempted to pick the best of the available successors. She wanted very much to make things easy and protect her patient. Later, she felt this also had to do with her wanting him not to be angry with her. Her search for a successor led her to someone who was like her having a predilection for object relations theory and preoedipal issues as well as someone who, like herself, was more gentle, caring rather than aggressive and confrontative. On thinking back on it, Jane felt that this would not have been the greatest coupling as the qualities about herself that she wanted to preserve in the next therapist were just those about which she had second thoughts.

Jane felt that she, the patient, and the therapist that she was choosing to replace her had a similar narcissistic vulnerability. They relied heavily on others for a sense of self-esteem, and they had a certain grandiosity invested in verbal skills and humor. Compared to her work with her other patient, Jane felt less

differentiated from the patient and therefore less able to help him. On looking back, she thought her choice of successor would have had similar difficulty.

As it turned out, Jane's supervisor insisted that she allow the patient to decide what he wanted to do before she picked out a successor. Jane disagreed and felt that Peter might have continued in treatment only if she set it up for him. However, when he was asked, the patient said that he was not sure, that he wanted to take time to think about it. He never returned to the clinic.

#### Supervision

This was the second of Jane's supervisors on this case as she was required to change supervisors after her first year of adult work. She had a difficult relationship with this second supervisor because she felt he was more theoretically oriented around "Oedipal" issues, more classical in his technique and more aggressive as a person than she was. Jane did not feel that she was in good contact with her supervisor or that he generally heavily influenced her work. However, during the termination she felt that he became "realer" and was very helpful to her. In particular, her supervisor was glad that she was forced to terminate before her internship rather than continue with this patient because he felt it would be an opportunity to have a greater variety of patients during her training and therefore more experience.

This was so counter to her wish to continue that she was relieved and felt she was able to achieve a more balanced perspective.

#### Leaving the Institution

In June, 1978, Jane claims that she was feeling very ready to leave the institution and that she had exhausted what she was able to get from it. As this was a fourth year for her in the program, all her friends and classmates had gone on internship the year before. Jane felt as if she had separated from the institution when her classmates left. The separation in June 1978 felt anticlimatic. The only termination was with her patients.

#### Termination with Other Patients

Jane felt that her terminations with her two adult patients were extremely different from each other. She felt that she had developed two very different styles of working with them largely in response to their cues and that neither of these two styles had changed significantly during termination. Both patients responded differently to the termination. Jane's female patient used the announcement of Jane's leaving as a spur to integrate. She did not regress. With some defensiveness and particularly denial, she pulled things together in her life and in the treatment. Together, they summarized the issues that had improved and the ones that still needed work.

The patient said that she would probably enter private treatment at some point in the future since she could now afford it. She also brought in a homemade cake for the therapist and expressed the feeling that she and the therapist were friends.

On the other hand, Peter truly denied any feelings for the therapist which left her feeling guilty for continually insisting that he had them. However, in the last session Jane made a prolonged statement about what she felt had gone on in the treatment particularly about his learning about his vulnerability related to self-esteem issues. He responded by saying that it had sounded like a sermon and she had become a priest. Jane asked if he was being sarcastic and he said he wasn't. It was the first time in the treatment that he had allowed himself the full impact of what he was feeling. Jane felt touched by this regressive, magical outpouring, but also uneasy because there would be no time to work any further with it. She felt wistfulness and regret.

#### Summary of Interview

Jane responded to her patient with strong identification which she later felt had gotten in the way of working effectively with him. She felt that the identification had affected her ability to question or challenge the shared qualities. She protected her patient by doing much of the feeling and work for him. In

addition, she chose a successor she felt would continue to make the same mistakes although this was not conscious at the time.

### Results of Interview Ratings

On the interview ratings, Jane's scores were from highest to lowest: Identification 5.2, Pollyana 3.25, Ignoring 2.4, and Intellectualized-Detachment 2.3. Her score on the Identification reaction was higher than the others. Jane characterized her work in her own words as being heavily influenced by identification. Her work with other patients including the one who brought Jane a cake at termination sounds more like it had elements of the Pollyana reaction which was Jane's second highest score.

### TAT Results

#### Clinical Discussion

The most striking theme in Jane's TAT has to do with a conflict about exploring feelings, opening up the past, delving into oneself. There is some fear of going crazy if this happens. The other alternative is to remain cool, controlled and controlling. For example in story 14,

#### Story 14

Well, the electricity fails and the man is opening the window to let the sunlight in.

This is a young man who returns to the home of his childhood and he's just spent a few hours in the

attic looking through old boxes of things gathered from long ago . . . who's just thinking about, thinking and remembering. . . . He's decided that maybe he shouldn't go into psychotherapy.

In story 4 the man is disturbed about something and will wind up in a mental institution with ECT while the woman remains separate, consoling him but also leaving him. As it is sometimes men and sometimes women who are out of control in her stories, we may speculate that these two characters represent two aspects of Jane, the part wanting to stay in control and the part that fears she will go crazy.

In Jane's stories there is not a clear sense of positive human contact although there is a great wish for it. When it happens it seems to be a mystery. She does not articulate much about it and is not clear how it happens. For example, in story 10.

#### Story 10

I can't think of a story for this one. I have a kind of a warm feeling about it. Its a fifty-ish couple, its a cold . . . I'm going to listen to my stories and diagnose myself after this. They live in a small town and they have a small home. Its a cold winter evening and they are sitting by the fire and they are just embracing. [What will happen?] They'll pretty much continue as they have for many years and feel relatively content with their lives.

Most of the other stories involving couples include the possibility of a separation or a lack of trust, and there is a sense that relationships between men and women are tenuous.

In relationship to authority figures, Jane has a tendency to deny their existence or treat them with some sarcasm. On the other hand, she seeks their advice and help.

In one story there is a hint of oedipal guilt as well as a sense of the lack of trust between men and women.

#### Story 6GF

These two folks have conspired in committing a crime and the deed has already been done. It was all for money. He sneaks into his living room asking for help, something has gone wrong. Something that he was supposed to do and it didn't come off and he's asking her to do something about it and her attitude is I've done my share, this is your problem. However, after he really explains to her in more detail what has happened, she decides that it is really in both of their best interests to collaborate with him to smooth this out.

There are themes of disaster and destructiveness in the stories. A farm is destroyed during the Civil War, a man winds up in a mental hospital with ECT, a malevolent sister steals something from her other sister and never returns it. Clearly, anger has powerful ramifications.

Finally, there is a slight loss of distancing in the stories which in this case both enhance her creativity and indicate possible boundary difficulties.

#### Discussion

Jane stressed in her interview the difficulty she had in both working with and terminating with Peter. Her

reluctance to interpret or confront him was multidetermined. One factor that she mentioned was her identification with him. She viewed Peter as vulnerable particularly in regard to self-esteem, and her own wish to stay defended and in control may have contributed to Jane's reluctance to delve into the treatment with him.

Another factor Jane mentioned was her inability to work with Peter's anger. It is possible that her own fears of the destructive potential of anger further contributed to this avoidance. The anger that Jane was feeling during termination was directed at authority figures and partially turned against herself in her feelings of not doing a good enough job.

There are references in the interview to making interpretations without feeling them at a gut level, to a supervisor with whom she had difficulty making contact. These reflect, as did the TAT, a concern about really feeling things and really making human contact.

It seems that in the termination in which Jane felt clearly differentiated from her patient, she was able to experience more feeling in general but particularly positive feelings. In the termination in which she felt less differentiated or overidentified with the patient, Jane had more difficulty.

## CHAPTER VIII

### RESULTS OF RATINGS

#### Reliability

In order to complement the clinical findings, the interviews were rated by two independent blind clinical psychologists as well as by the author. In order to determine the consistency among raters, a reliability coefficient was calculated.

The raters were asked to assess the extent to which each of the four termination coefficients were evident in (a) the overall interview, (b) the feelings about termination expressed by the interviewee, (c) the behavior of the interviewee during termination, (d) the interview behavior. Ratings were done on seven point Likert scales where one represented no evidence of the reaction and seven represented complete evidence of the reaction.

To determine the degree of reliability of the judges' ratings of each reaction, a reliability coefficient was computed separately for reactions one to four on the interviews. These coefficients are presented in table 1.

TABLE 1  
RELIABILITY FOR STYLES ON INTERVIEW

Reaction	Reliability Coefficient
1. Pollyana	.62
2. Identification	.97
3. Intellectualized-Detachment	-.43
4. Ignoring	.92

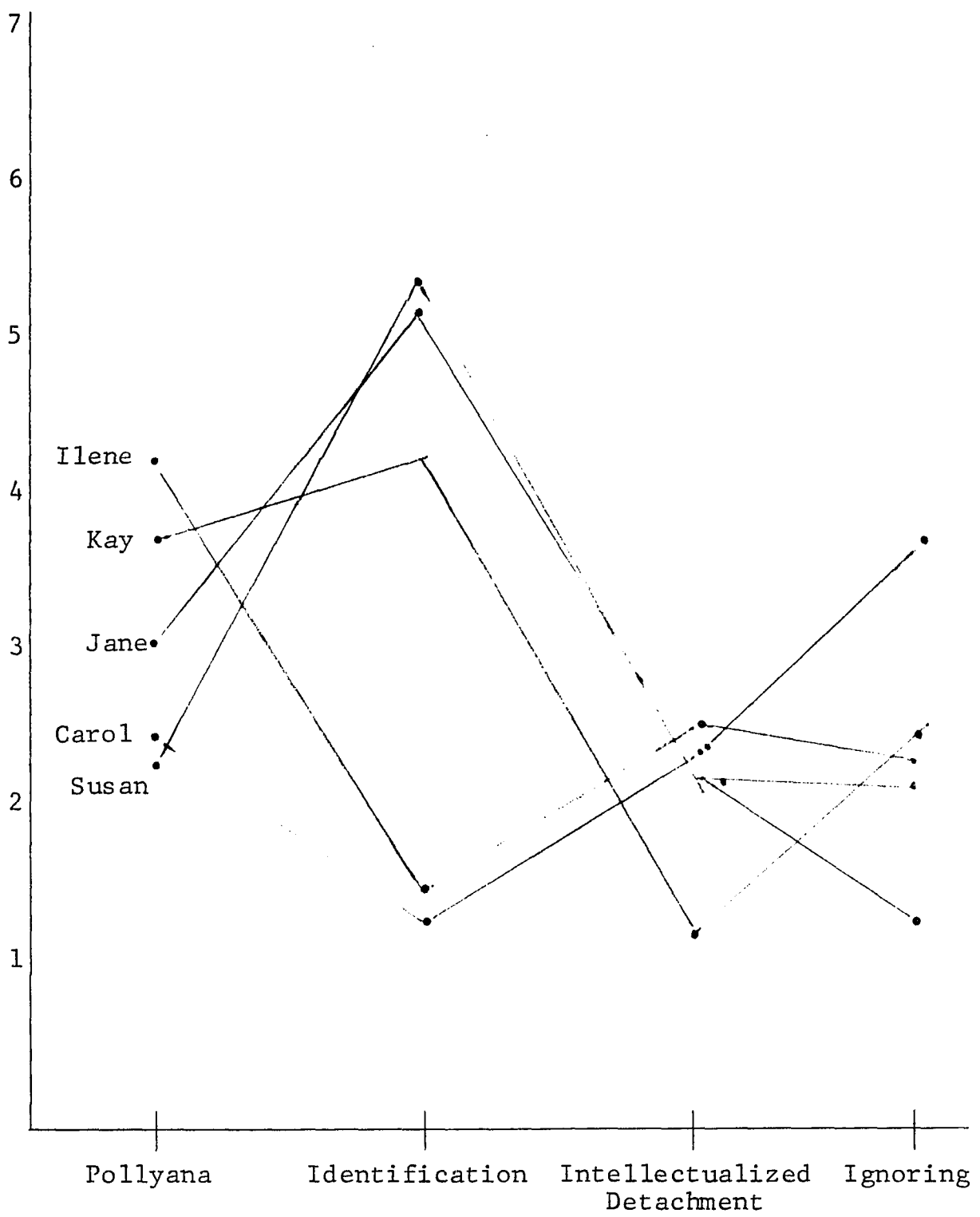
The results indicate that on reactions two and four the three judges rated in a highly consistent manner. On reaction one the judges were fairly reliable. However, on reaction three, the ratings were clearly unreliable. Therefore, any interpretation of reaction three on the interview must be made with extreme caution.

Since high reliability was found on three of the four interview reactions, the scores were used to add to the clinical findings (see preceding case discussions). Table 2 and Figure 1 give a presentation of the average scores of the three raters for each reaction for each subject. The table and graph allow us to compare the subjects.

TABLE 2  
INTERVIEW SCORES

	Reaction			
	1	2	3	4
Ilene	4.25	1.7	2.6	2.5
Susan	2.6	5.6	2.3	1.5
Kay	3.8	4.3	1.5	2.6
Carol	2.6	1.6	2.4	3.9
Jane	3.25	5.2	2.3	2.4

FIGURE 1  
REACTION PATTERNS ON THE INTERVIEWS



## CHAPTER IX

## DISCUSSION

The Termination Reactions

The question was raised in the introduction whether these five beginning therapists would respond to termination in ways that could be classified by the following system. I described two major interpersonal reaction patterns: moving towards and moving away. Under moving towards I suggested two types of reactions: Pollyana or focusing on the growth, rebirth aspects of termination and Identification in which the therapist identifies and helps the patient delve into his or her sadness, anger and anxiety. Under moving away, I also described two types of reactions. The first was Intellectualized-Detachment in which the therapist distances herself from the patient and becomes cut off from her feelings. The second was Ignoring in which the therapist forgets or pretends to forget about the termination.

As reported in the preceding chapters, the results indicate that these categories are identifiable and useful ways to label the therapists' reactions. The results of the ratings are in agreement with the author's clinical

findings. The following is a brief summary of the findings on each of the subjects and their termination reactions.

### Ilene

Perhaps Ilene's most recognizable and clear reaction to termination is the Pollyana reaction. Ilene responds to separation by a strong pull to be nice and giving. She avoids the more negative aspects of the situation or stimulus, be it patient or TAT card. She often avoids seeing separation as an issue, and if she does see it, she maintains that it can be done nicely. That is, if both parties talk it out, they can remain friends. Consistent with this, the TAT reveals that altruism is highly regarded or valued in Ilene's scheme of things. At termination time, Ilene responded to her patient by becoming more giving, walking her home and gratifying her patient's wish for friendship. Ilene scored higher than the other subjects on the Pollyana dimension in the interview ratings.

### Susan

Susan speaks directly and openly about her increased identification with her patient at the time of termination. She empathized with her patient's feelings of abandonment and wept for a memory of herself in her patient's position. On the interview ratings, Susan scored the highest of all the subjects on the Identification reaction. In addition,

the TAT showed some looseness of boundaries i.e. carrying a character from one story over to another story while joking and laughing about what she was doing. It may be that this looseness was one of the characteristics that allowed Susan to identify with her patient.

The clinical material, much more than the ratings, gives a picture of Susan's tendency to move in and out. Either she is so emotionally involved that she is sobbing when her patient leaves the office or she is cut off emotionally and feeling very removed from her patient. At those times, her patient comments that Susan speaks all the right words but they don't feel genuine.

Susan's own issues about the loss of the idealized other which emerge on the TAT corresponds to those of her patient at termination. However, Susan's ego strength is much greater than that of her patient. These corresponding issues must have in some way fostered or enhanced the identification.

### Kay

Kay's reactions to termination are complex. Her initial tendency is to withdraw from a difficult or a painful stimulus such as termination with a patient or a difficult TAT card. She avoids taking on responsibilities and especially a mothering position. However, when she does pull back and gain some distance she is able to do

some self analysis and overcome certain resistances. This allows her to work intensively with the patient. At that point, behaviorally she uses the Identification reaction, moving closer to the patient and interpreting difficult or painful affect. There is evidence both from her description of termination and from the TAT that when the affects become too painful during her Identification reaction, she switches to a Pollyana response. It suddenly becomes important that the patient like her and that everything have a happy ending. On the ratings Kay was highest on Identification, but also showed a substantial amount of Pollyana and Ignoring response.

### Carol

Carol's reaction to termination involves a good deal of Ignoring. On the TAT, she moves away from the topic of death by changing her story midstream. At termination she does not make the connections between her vacations and her patient's reactions. She scores the highest of all the subjects on the Ignoring reaction. All the raters had trouble getting a sense of Carol. One rater in a personal communication to the author expressed a tremendous dislike of this particular subject. Another rater found her one of the most well adjusted subjects although she felt as if Carol had a schizoid core. It was unusual that this particular subject evoked "special" reactions in the raters

i.e. there was little communication about the other subjects. It may be that her inscrutability evokes strong reactions in others. Like the characters in her stories, she remains estranged and uncomfortable. It is notable that Carol's patient also had difficulty connecting up with Carol, felt rejected and left treatment.

### Jane

Jane spoke about her identification with her patient and not surprisingly she scored second highest of the subjects on Identification reaction. She felt that her identification with her patient had gotten in the way of her questioning him as much as she should have. She assumed that she understood what was going on with him without questioning.

In addition, Jane scored high on the Ignoring reaction and her behavior with her patient can also be seen as an avoidance of negative transference. She both overidentifies but ignores what she knows. Jane, like Carol, has difficulty making contact. Perhaps she embodies even more than the other therapists the conflict about identifying and yet needing to distance oneself which will be elaborated in upcoming sections.

It appears as if the data supports the existence of these categories to a great extent. However, using this categorization system leaves certain questions unanswered. Perhaps the most compelling one of these is: What is it

about the patient that is inducing certain reaction patterns in the therapist? Would these be the same with another patient? In the clinical data it appears as if the patients described induced particular reactions in the therapist, and one could easily imagine a different type of patient inducing other reactions. For example, Ilene's patient had a child-like manner which seemed to elicit a maternal response in Ilene. If the patient had been challenging or counterdependent, we could imagine Ilene reacting more by moving away or distancing herself from the patient. In order to see if these reaction patterns are consistent styles, one would have to look at terminations with several different patients. This study does not allow us to say either that these patterns are consistent or that they are simply a result of this patient-therapist interaction.

Another limitation with this categorization system has to do with the fact that the clinical data often indicates a complex organization of termination reactions with some seemingly representing conflicts and some defenses against the conflicts. For example, an extreme identification reaction may have represented unresolved issues of abandonment in the therapist. The next reaction the same therapist might have is Intellectualized-Detachment in order to distance herself from the first reaction. Besides defenses and conflicts, there are also inconsistencies

between behavior and inner experience. For example, although Kay would often feel like ignoring certain aspects of the patients transference at termination, she would force herself to make interpretations taking on an Identification-like reaction pattern. To describe the therapist's reaction pattern by a list of categories is to forfeit this information i.e. the relationship of the different reaction patterns to each other in any particular therapist's personality configuration.

Finally, another limitation with the termination reaction patterns is that the categories are not mutually exclusive. For example, Pollyana reaction includes the ignoring reaction pattern although it is distinguished by its other component of focusing on the positive.

Despite these unanswered questions, this categorization may prove to be a fruitful way to look at therapists' responses' to termination. In addition, there are certain underlying themes that seem to permeate the findings having to do with the issue of boundaries.

### Boundary Issues

What did emerge from the data as a compelling underlying theme at termination was the issue of boundary management. By boundary management, I am referring to both personal boundaries i.e. self-other differentiation as well as a psychosocial notion of boundaries i.e. role-person differentiation.

Termination, similar to other endings and beginnings is a time of flux when systems and people are changing. The therapist is required to manage the ending of the relationship and therapy contract. The ending of the relationship, particularly for the beginning therapist may also stir up her own unresolved developmental issues with separation.

Mahler et al. (1975) have written about self-other differentiation or the young toddlers process of becoming separate from the mother. As discussed in the literature review, it is important to remember that separations do not exclusively stir up anxiety from this developmental stage. Rather, depending on the developmental level of the therapist, separation may stir up fears of dissolution of the self, loss of the other, loss of the other's love, or castration anxiety. Separations may even stir up different developmental levels of anxiety in the same person at different times. However, for the sake of this discussion when I refer to boundary issues it will have to do with the loss of the sense of self, or merging with the other, using the developmental level described by Mahler in her work.

One aspect of the psychosocial boundaries that is applicable to this data is articulated by Levinson (1959) in his notion of role. Role requires that one adhere to externally dictated functions and norms but it is also characterized by personal values and style. The therapist decides what is appropriate and inappropriate to express or

bring to her role. This notion raises controversial issues in the sense that different therapists may define the same behaviors as appropriate or inappropriate. For example, in this study, Ilene's walking her patient home after the last session may be seen as an aspect of her style or way of working or as appropriate to the nature of the work she did with this particular patient. On the other hand, the same behavior may be seen as a countertransferential acting-out of her wish to gratify this patient's desire to become friends. Psychosocial as well as personal boundaries are at greater risk during termination. According to these beginning therapists, they tended to reveal more about themselves or feel pulled to reveal more both verbally and in their interpersonal style during the termination. As Geller (1977) found, beginning therapists may be more influenced by their personal needs for intimacy and distance than by the external requirements of the situation.

#### The Relationship of Boundary Issues to the Four Termination Reactions

There are two primary ways in which this conflict over boundaries emerged in these therapists: one is a loosening of boundaries and the other, a tightening of boundaries. The loosening of boundaries took the intrapsychic form of merging with the patient and on a psychosocial level it took the form of over-involvement, overly maternal behavior or giving up the role of therapist to become a friend. The

tightening of boundaries took the intrapsychic form of rigid isolation (inability to empathize or feel for the patient) and the psychosocial form of hiding behind the role, becoming intellectualized and distanced.

These two responses corresponded to the two categories hypothesized as termination reactions i.e. moving towards and moving away. Some therapists tended to distance themselves during the termination by ignoring separation themes or becoming intellectualized and detached. Others moved closer to their patients through identification or Pollyanna-like behavior. The one termination reaction which provided the most information about boundary issues was the Identification reaction. When we look at the graph of the ratings (see Figure 1) on the interviews, two patterns are visually apparent. The two are largely characterized by the difference in the ratings on the Identification Reaction Pattern. Three therapists were rated high on Identification while two were rated low. The two who rated low on Identification were also among the three highest on Ignoring. In other words, there was some indication that those who were low on this aspect of moving towards were high on the moving away behavior of Ignoring. In addition, the clinical data supported the sense that Identification was a crucial variable for these therapists and that the therapists either tended to "throw themselves into the work with the patient," identify with the patients feelings about termination and

have a feeling of intensity about dealing with the painful aspects of separation. These are the therapists who scored high in Identification. The others seem to be less apt to deal with the painful aspects of separation, to "throw themselves into the work," or to identify with the patient.

### Identification

. . . in this process the subject modifies his motives and behavior patterns, and the self representations corresponding to them, in such a way as to experience being like, the same as, and merged with one or more representations of that object . . . (Schafer, p. 140)

It hardly seems to be a coincidence that nearly all of the therapists interviewed spoke about their feelings of identification with the patient with whom they were terminating. Even when the identification was not conscious, as with one therapist, Ilene, the clinical material indicated that the qualities that Ilene valued highly in her patient were the same as the representations of herself that she valued.

Since the interviewer's instruction was to talk about the termination that felt most important, it may be that one implication of "most important" was feeling identified with the patient. Or it may be a more general factor. For example, all therapists or perhaps beginning therapists in particular may pick out something about each of their patients with which they identify. In this sample, identifying with their patients seemed to both help and

hinder the therapist. At times it provided them with deeper empathy and ability to reach out to the patient. At other times, they would assume they understood too much and it would get in the way of their questioning or really listening to the patient. The therapist's identification with the patient may have narrowed their focus to those areas that felt important in themselves, and they may have missed other areas that were important to the patient.

Two therapists spoke in depth about the issue of identification. In Susan's work with her patient, her identification with the patient enabled her to understand as well as reexperience the profound sense of loss that her patient felt at termination. It seemed that this identification allowed her to reach out to this patient in such ways as telephoning her and encouraging her to come in. There were also times when the identification would become too great and she would be in tears during a session, or she would have to distance herself from her patient. Jane identified particularly with certain narcissistic features of her patient. She felt her identification primarily worked against her being able to question the patient and encouraged her to assume she knew what he meant prematurely. It is not surprising that these two therapists were rated highest on the Identification dimension since this style included the notion of over-identification or dealing with anxiety by throwing oneself into that which makes one most

anxious. The subject who scored third highest on Identification, Kay also spoke somewhat about her identification with the small town background of her patient.

Ilene mentions identification only in the context of feeling that like her patient, she had grown and matured during the course of their work together. However, there are indications from the clinical material on the TAT as well as from the interview that Ilene viewed her patient as a survivor and herself as a survivor. She valued this quality in both herself and the patient. If there was identification with this aspect of the patient, it was unconscious identification. Ilene's loosening of boundaries was more evident in the psychosocial realm where she essentially gave up her role as therapist at the end giving her patient her phone number and walking her home after session.

Carol did not mention feeling identified with her patient. At termination she responded by tightening her boundaries i.e. pulling away from her patient both physically (she took two vacations) and intrapsychically (her own personal life took priority). It may be that Carol feared that her patient's angry demandingness would somehow destroy Carol's ability to have her own life. It is also possible that in pushing away those similar qualities in herself that she felt would destroy her life. She may have

tightened her boundaries in order to ward off any reminder of this identification.

It is clear that these five therapists struggled with boundary management as well as with issues of identification during termination. In the following section, I will speculate about the relationship between boundary management and identification.

### On Boundaries and Mourning

If it is in fact true that the separation process at termination involves a crisis over one's boundaries or separateness, it may be that this is an adaptive first step of the mourning process as Freud described in *Mourning and Melancholia* (1963). In this essay Freud describes that when a love object is lost, the libido is removed from the object and taken into the self. There it helps "establish an identification of the ego with the abandoned object" (p. 170). *Melancholia* is complicated by a narcissistic regression in which ambivalence is paramount and some part of the self turns punitively on the part of the ego that has identified with the object. Freud makes developmental distinctions in this essay between what he calls transference neurosis and narcissistic attachments. These distinctions sound much like those made in current psychoanalytic writing between narcissistic character disorders and neurotic disorders. However, what is important for the purposes of

this study is that identification with the lost object is an important part of both healthy mourning (grief) and pathological mourning (melancholia).

In the preceding discussion, we have seen that the five therapists had boundary issues emerge at termination which they responded to by either moving towards or moving away from their patients. In addition, they have for the most part either consciously or unconsciously identified with certain aspects of their patients. Perhaps the termination process or the separation in general facilitates the mourning process by precipitating boundary disturbances. Identification involves merging which involves a loosening of boundaries.

This hypothesis cannot be demonstrated from this study because it is not clear if the identification occurred during termination, before it or after it. That is, it would be important to compare the beginning, middle and ending of treatment in order to ascertain if these processes are unique to separation.

Another way of understanding separation issues in these therapists is to focus on their ability to make an attachment, get involved or make an object commitment.

#### On Getting Involved

Although all of the therapists mention some ambivalence about becoming involved with their patients, Kay, Carol and Jane most clearly articulated these dilemmas. For Kay, the

ambivalence manifested itself by her staying on a superficial level with the patient, her fear of interpreting or even exploring his feelings about his dead parents or her leaving. The fear about getting involved or allowing the transference to emerge and develop implies two difficult tasks. One is taking on the burden of the patient's neediness which in this case meant to Kay replacing the dead parents. The second is being able to tolerate the patient's anger especially when the therapist is leaving or initiating termination. Kay's guilt about being an "abandoning mother" was so great that it affected her ability to join in the treatment.

Carol was not as conscious of her ambivalence as Kay was. However, at times she expressed her interest in her patient, and at other times she talked about her relief about being rid of her patient's angry oral demandingness. In addition, Carol did not discuss the implications of her involvement in her marriage, her two vacations in a row, or her deathecing the clinic for her work with her patient. Although, Carol did say that she would have been more supportive and active with her patient now than she was then, there is the sense that her passivity was partially due to her reluctance to experience or take on the full impact of this patient's angry neediness.

Jane's reluctance to get involved occurred in a different way. She spoke about making interpretations but

not really feeling the authenticity or truth of them. She also took a somewhat passive or what she called "Kohutian" role with this patient allowing him to retell his life experiences without doing too much confronting or interpreting. Jane said this was due to her over-identification with the patient which may be true. However, another component is perhaps a need to distance herself, to avoid "taking on" both the patient's anger and the patient's love in the transference.

Although sometimes ambivalent and needing to pull away, Susan's tendency during the termination was to become greatly more involved with her patient, calling her when she did not come in and encouraging her to come in. It is significant that Susan did this without consulting her supervisor. She understood this as finally having achieved something she had talked about and worked on in supervision i.e. the capacity to make an object commitment to her patient.

Ilene did not address the issue of getting involved with her patient although her behavior indicated that she had become overly involved. That is, she arranged for Christmas presents for her patient's children, and she often would walk to her patient's home. Yet, she maintained a distanced attitude during the interview, indicating that Ilene too is somewhat ambivalent about getting involved. Perhaps she was less ambivalent vis a vis this patient or in doing therapy in general because she is more comfortable in the role of therapist.

Perhaps Susan's comment about the capacity to make an object commitment captures the dilemma these therapists face. The type of object commitment one makes towards one's patients is different than that which one makes to one's family and friends. As a therapist, one must, within the confines of therapy, be willing to experience both the neediness and anger as well as a multitude of other feelings in their patients. It has usually been the inability of others to tolerate these feelings in the patient that has caused them to experience their feelings as unacceptable. I have speculated that the therapists identification with these aspects of their patients may have at times inhibited and at times enhanced their ability to become involved with their patients. However, there are other factors that may also affect their capacity to make an object commitment.

Adult Developmental and Professional  
Issues Affecting the Capacity  
to Become Involved

It may be that this issue of "object commitment" or object-involvement is also a developmental one in the training of clinical psychologists. Clinical psychology graduate students and therapists in training are usually young adults who may be dealing with issues of intimacy and commitment in their personal lives. In addition, professionally they are undertaking a career in which others who are in need seek their help. Implicit in this is a

sense of responsibility and certain ethical issues which are not addressed directly in their training. Achieving a balanced sense of being good enough (Schafer, 1979) to help someone without grandiose notions of one's ability is part of the development of a clinical psychologist. The beginning therapists in this study all seem to be struggling with this issue in one way or another.

The therapist's status of studenthood also has implications for the quality of the involvement with the patient. The therapists interviewed were all at the point of leaving their graduate program and entering their internship where they would take on more of the role of a professional. It may be that the role of student adds an additional burden to the nature of the therapist's involvement with the patient. In his role of student, the therapist might tend to view the patient more as an object of his own training than as a person in need of therapy. Often the student's anxiety about being evaluated by his supervisor decreases his ability to be emotionally available to the patient.

#### Role of the Patient's Boundary Issues

One of the most important factors not systematically accounted for in this study is the role of the patient. If we assume that boundary issues emerge for therapists at termination, we might also assume that they exist for the patients. Besides the situational factors of termination the patients each have characterological pathology which

implies different levels of developmental problems. Do patients with more severe boundary issues pull for greater involvement? greater distance? Do patients who tend to move closer at termination pull for the same response or opposite responses?

The five therapists were asked their diagnostic impressions of the patients they had chosen to discuss. However, they were not asked to elaborate in depth and as a result the following summary is limited. Susan diagnosed her patient as borderline. Kay, Jane and Ilene diagnosed their patients as having characterological problems. Jane, in particular, specified that her patient was a narcissistic character disorder implying perhaps a greater degree of pathology than the other two in this category. Finally, Carol diagnosed her patient as having neurotic problems. It would be important to have more objective validation of these diagnoses. For example, from the clinical summary Carol's patient sounded more complex and perhaps more disturbed than a diagnosis of neurotic would imply. However, based on the above, those therapists who scored high on Identification also had the more disturbed patients. It may be that greater pathology pulls for greater involvement on the part of the therapist. However, I suspect this finding is an oversimplification.

Perhaps a more compelling place to focus in on is the interaction of a specific patient with a specific therapist.

In the clinical material previously described and in the preceding discussion we have seen that a complex interaction of character style, induced countertransference, identification and situational factors vis a vis termination affect the therapists response at termination. We have seen that patient pulls interact in a complex way with the therapist's own characterological make-up which results in a specific behavioral response. For example, while all the therapists tended to identify with certain qualities in their patients some tended to admire these qualities and feel closer to their patients as a result. Others tended to want to disown those aspects of themselves which led them to want to disown the patient.

#### Implications for Healthiness or Adaptiveness of Response

In Geller's study (1977) he found that beginning therapists were more heavily influenced by their personal needs for intimacy and distance than by external situation-specific task requirements. In the preceding discussion we have seen that these five beginning therapists tended to identify with their patients and responded to that by either moving towards and becoming more involved or by moving away and becoming less involved.

Several questions have emerged from this study. Is one or the other of these reactions more healthy or adaptive?

Is a therapist with greater boundary difficulties more apt to have an extreme reaction in one direction or another i.e. to become more or less involved? Are there characterological distancers or intimacy seekers or does it vary from situation to situation? Do the patient's boundary issues i.e. their need for distance and closeness affect the therapists responses vis a vis boundaries?

There is no easy way to answer these questions. I have speculated earlier that loosening of boundaries and identification may be part of a healthy mourning process. Yet, we have no way of knowing the optimal level of this activity. It would seem that those therapists who tended towards the extremes with either a great fluidity of boundaries or a great rigidity of boundaries would be manifesting more difficulty dealing with the separation. While there were differences in this particular sample none of the therapists had seriously impaired object relations. While they ranged from those who move toward a great deal (Susan) to those who moved away a great deal (Carol), none of them were grossly irresponsible. Another factor that may affect their functioning is their awareness or psychological mindedness about these issues. Someone like Kay could overcome her wishes and natural inclinations to move away because of the insight she was able to gain through supervision.

In looking towards a model of a healthy termination, I will make some speculations. It may be as Geller (1977) has found that more experienced therapists would be more secure about their own boundaries and would need less intimacy from their patients. We may also speculate that more experienced therapists in general would be less motivated by their own personality needs and more responsive to the needs of individual patients and situations. Comparing this sample with a sample of experienced therapists would provide more information in this area.

#### Transfer During Termination

Of the three therapists who actively set about seeking a replacement for themselves, all three chose people whom they described as like themselves in certain ways. In Ilene's words, "I had picked the person to follow in my footsteps who would be most like me so that things would easily continue." Jane described attempting to find someone like herself who believed in object relations theory, was gentle and caring as opposed to aggressive and confrontative. She did this in order to protect the patient and perhaps so that the patients would not be angry with her for leaving. Kay felt she wanted to find someone as kind as she was particularly since she felt that she was being "mean" by leaving. In all three instances, the therapists wanted to choose a successor like themselves in

order to ease the transition. The fantasy behind this seemed to be that if they choose someone like themselves, the patient would be less likely to be angry at them for leaving.

In his article on the termination of brief psychotherapy, Schafer (1973) describes what he calls a sense of one's own goodness which allows the therapist to feel basically that he or she is essentially benign despite limitations in his ability to heal or affect changes. The therapists in this study are struggling with these issues. Kay describes feeling like a mean "abandonning mother." The sense that she is doing something bad by leaving has outweighed her sense of goodness.

In seeking to avoid the patient's anger by choosing someone like themselves, these therapists indicate a somewhat inflated notion about the amount or quality of the patient's anger and about their own importance. Schafer speaks about beginning therapists having a difficult time giving up infantile fantasies of omnipotence and accepting their own limitations as healers. This is particularly true since inherent in the decision to become a therapist is the choosing of active defenses, i.e. healing over passive defenses, i.e. being healed.

There is also evidence of some magical thinking in the notion that choosing someone with certain similar qualities to oneself will make the loss any less painful or difficult

to the patient. Susan's version of this grandiosity took a different form than the others described. She felt that the new therapist who was picked by her supervisor and who was someone in private practice would be completely different than she was and would not have the special understanding of this patient that she had. Susan felt that it was unlikely that the patient would connect with the new therapist.

Almost all of the therapists interviewed commented on their fear of being evaluated negatively by the therapist who would continue working with the patients. Lenzer (1955) mentions that the new therapist may become a narcissistic threat to the terminating therapist especially in trauma settings in which sibling rivalry is likely anyway. Perhaps, the choice of someone like oneself as the new therapist is a way of lessening this threat. In the cases described the new therapist was often a friend of the terminating therapist. This may have resulted in a press to suppress competitive or critical feelings.

In addition, several of the therapists commented that in retrospect, they were concerned about their choice of successor. This person who had similar qualities to themselves was also likely to make the same mistakes as they made or have similar countertransferential reactions to these patients. Jane articulated it most clearly when she said that she realized those qualities for which she chose her successor were just those qualities which she had had

second thoughts about in her treatment of the patient, i.e. they were qualities which had gotten in the way of her helping the patient. One speculation is that the choice of a similar successor also reflected an unconscious wish to continue the same mistakes in order to avoid competition or narcissistic injury.

Jane went on to say that the qualities for which she chose her successor were similar to the qualities with which she had identified in the patient. The other therapists did not mention this so it is not accurate to call it a trend. However, it becomes clear from the preceding that identification with both patient and succeeding therapist is a predominate issue.

#### Supervision During Termination

Perhaps the most striking aspect of the supervision of these therapists during termination was the fact that none of them discussed the termination of the supervisory relationship. Susan said that her supervisor had offered her an extra session after her last session with the patient but she refused as she believed that "saying goodbye" was not a legitimate enough reason for a therapy session. It seemed that both supervisors and supervisees colluded in this avoidance.

In Kay's case, the supervisee began her doctoral research and her supervisor became her research advisor.

In Carol's case, her supervisor offered to continue supervising her with the same cases when Carol went on internship the following year. They both agreed to this even though Carol would be getting several new supervisors at her internship setting, and it was a very unusual plan. In both cases, it seemed as if the supervisor and supervisee avoided the ending of the relationship by continuing it in a new form.

There were several changes in the supervisory relationship at termination as reported by the therapists. Jane reported that her supervisor became "realer" to her. Carol said that she began to share more about her personal life with the supervisor. Kay reported that towards the end her supervisor became more active and helped her explore personal material that was disrupting the therapy. She also became more active with her patient. Ilene reported there was no change in the supervision except for an attempt at closure.

All of the therapists reported feeling less dependent upon their supervisors than they had initially. They were willing to and often did make more clinical decisions on their own.

While there were clearly behavioral changes between supervisor and therapist at termination, there was little discussion of termination of the supervisory relationship. One reason for this may be that the supervisors viewed

supervision as a qualitatively different activity than therapy and that it would not be appropriate for supervisor and therapist to discuss feelings about each other. Another alternative is that the supervisors were defensively avoiding an issue that is difficult for both patients, therapists and supervisors, i.e. separation. Another alternative is that there actually was more discussion about termination between supervisor and therapist than was reported by the therapist. Perhaps the questions did not address this issue as directly as they might have or perhaps the therapists felt more guarded about disclosing feelings about their supervisor.

#### Other Factors Contributing to Therapists Response During Termination

In this study I have focused on the role of the therapist's termination reaction in the termination process. However, this is only one factor affecting termination. There are other factors having to do with the patient's personality and the interaction between therapist and patient. In addition, there are situational variables such as the context of the termination, length and nature of treatment, and organizational factors affecting the termination.

The study addressed these other factors only minimally. The therapists were asked if their responses to different patients during termination were different. Most replied

that the terminations themselves were very different, but they did not address themselves to the issue of whether their response or their termination reaction was different. Since they each described only one termination in depth, there was not enough information from which to infer whether they had a consistent style with different patients. Several of the therapists said that they felt that the same issues that made termination difficult with the patient they described also made termination difficult with the others.

The subjects were also asked about their feelings about leaving the institution. The responses ranged from Carol who couldn't wait to get out, through Ilene, Susan and Jane, who described themselves as "ready to leave" to Kay who maintained a mailbox and in many ways felt that she didn't leave although she went on internship. However, none were able to relate these feelings to the termination experience with the patient described. In one case when Jane's new hospital would not allow her to transfer the patient, she described identifying with her patient's sense of victimization and not being too helpful to him. In this case, Jane's feelings about organizational factors clearly affected her work.

What emerged from the interviews as other important factors affecting termination were the therapist's adult development issues. One therapist, Carol, who was getting

married at the time felt that her outside life had priority. Thus she took a vacation in June and again in August. The repercussions of this for her highly ambivalent patient were great and the patient did not remain in treatment. The death of Kay's husband's parents also affected her termination work with her patient, whose parents had died. She was reluctant to take on what she perceived as the responsibility to take their place. There were other ways in which adult development issues affected the therapists response. These had to do with getting involved with or making an object commitment to one's patient and developing as a professional. These have been discussed in preceding sections.

#### Choice of Method and its Limitations

The nature of the topic to be explored as well as the limited amount of previous work on termination greatly affected the method of exploration of this study. The author felt that an in-depth study with a small sample would allow an exploration of the complexities of 'termination reaction' and suggest hypotheses for further empirical study. The sample size of five was chosen because it would allow for in-depth interviewing as well as administration of some TAT cards. Exploratory work of this nature was felt to work best when minimal structure was imposed on the data before it was collected.

On the other hand, since some structure was necessary certain questions which emerged from pilot interviews were used to structure the interview and the ratings. The results of these ratings are indicative of certain trends. However, they need to be tested on a larger sample to demonstrate the generalizability of the findings.

It is also important to note that the sample is a homogeneous one of all female beginning clinical psychologists and that the results or issues that emerged may be different for a different type of sample. In terms of the subjects, another variable that may have affected the data was my relationship with the subjects. While some of the subjects were friends, all were at least acquaintances. This had the advantage of allowing fairly in-depth interviews in which the subjects for the most part seemed willing to share both their accomplishments and mistakes with the interviewer. On the other hand, the relationship with the subject or previous sets on the person must have certainly affected the way I was able to look at the data.

In terms of the raters, there is the possibility of contamination coming from the rater's personalities and their individual responses to the subjects. This was further confirmed by the rater's subjective communications to the author. Often, they would express an extreme liking or dislike of certain subjects, and these varied from rater to

rater. In addition, because they rated all of the material for each subject together and were aware of which material belonged with which subject there may have been a pressure to see internal consistency on the part of the raters.

Finally, this method relied on self-reports by the subjects as opposed to observable behaviors. Therefore, like all self-report, it is subject to distortion and may not be as valid as other types of measures.

#### Ideas for Further Research

There seem to be two types of studies needed in the area of termination. As with all psychotherapy research the topic needs to be approached from an empirical perspective, i.e. What do patient and therapist actually do during termination? Here, videotaped or taped sessions might be used and rated for observable behaviors. Naturalistic observation is another alternative although not many therapists are willing to allow an observer into the intimate confines of the therapy session.

On the other hand, more work of an analytic descriptive nature on the internal perceptions of therapists and patients as to what goes on during termination is also needed. Along this vein, it would have been interesting for this study to hear the patients perceptions of their therapist's reactions.

### Summary

In sum, beginning therapists' responses to termination may be described by the four reaction patterns hypothesized. However, this still leaves open the questions of the consistency of these responses over time and with different patients. How much of the therapist's behavior is induced by the particular patient?

The notion of boundary issues at termination emerged as a critical one. It seems that some therapists respond to this issue by moving closer to their patients and some respond by moving away. Alongside of these boundary issues, the therapists also seem to identify with certain qualities in their patients which I have speculated may be a part of the mourning process.

## APPENDIX A

## INTERVIEW SCHEDULE

1. Think about one patient you've recently terminated with--the one that felt most important to you. Please describe the termination.
2. How did you feel at termination?
3. What was that about?
4. What was the meaning of that for you?
5. How did the patient respond to you and you to the patient?
6. How did these feelings manifest themselves behaviorally, or what did you do with your feelings?
7. How did you change or not change during the termination period in your work with the patient?
8. Did you transfer, terminate, or bring your patient with you on internship, and why?
9. If transferred, what fantasies or feelings did you have about your patient and the next therapist?
10. How did you evaluate your work with the patient? How did you feel your supervisor evaluated your work with the patient?
11. What was supervision like around this termination?

12. Did terminating affect your identity as psychologist, or did it affect your professional identity?
13. How did you feel about leaving graduate school, beginning internship?
14. What was diagnosis of the patient?
15. In what way was your response to this patient similar or different to other patients?

## APPENDIX B

## SUBJECT INFORMATION FORM

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parents' Occupations \_\_\_\_\_

Location or area where you grew up. \_\_\_\_\_

Amount of experience in the field before graduate school.

Your therapeutic orientation. \_\_\_\_\_

Have you been in therapy? \_\_\_\_\_ If so, from \_\_\_\_\_  
to \_\_\_\_\_. What is the orientation of your own treatment?

In reference to the patient you discussed in the interview  
on termination, the treatment began \_\_\_\_\_ and  
ended \_\_\_\_\_.

How many times a week did you see that patient? \_\_\_\_\_

How many supervisors did you have for the case? \_\_\_\_\_

## APPENDIX C

## INTERVIEW RATING FORMS

## Reaction 1: Pollyana

Feelings

1. Focus on positive feelings and relative avoidance of negative feelings (anger, sadness).
2. Feeling optimistic about the future of the patient.
3. Defenses are reaction formation i.e. unconsciously determined overemphasis on conscious attitudes and impulses that are the opposite of particularly threatening, unconscious ones.
4. Feelings or wishing to feel closer to the patient.
5. Wish to continue seeing the patient.
6. Liking the patient more at termination.
7. Strong urge to help the patient.
8. Focus on the positive aspects of the therapist's separation from the institution (e.g. looking forward to internship, ensuing life events).
9. Feeling high at the last session.

Behavior

1. Focus of comments to the patient is on the positive aspects of separation particularly mastery, growth, rebirth.
2. More supportive.
3. May hug patient at end.

4. May attempt to transfer patient rather than terminate.
5. Reluctance to have someone else work with the patient.
6. Becomes more personal and more emotionally open with patient at termination.
7. Getting closer to supervisor, sharing more personal information with supervisor.
8. Wanting to continue supervision rather than end.
9. Tendency to interpret the success of treatment.

#### Interview Behavior

1. Positive affect, moving closer to the interviewer.

## Reaction 2: Identification

### Feelings

1. Feeling identified with the patient at termination time.
2. Desire to merge.
3. Termination time feels difficult for the therapist as well as for the patient.
4. Increased feeling of intimacy.
5. Tendency to plunge into dreaded feelings around termination i.e. anxiety, anger, sadness--usually.
6. Fears or ideation about death, loneliness.
7. Greater intensity of feelings at this time.
8. Counterphobic defenses i.e. a complex defense pattern involving projection, denial and reaction formation; attacking or daring in situations where one is most afraid.
9. Sense of urgency.
10. Sense of excitement.

### Behavior

1. Overinvolvement with the patient at termination e.g. overly pursuing patient who withdraws tremendous effort in selecting appropriate replacement.
2. More interpretive, confrontative than usual particularly about separation affects.
3. More active in general.
4. Bringing up therapist's own past experiences with loss and abandonment as a way of understanding the patient's experience of termination.
5. Sees termination as a specific phase of treatment but without expectations of complete closure i.e. expects disruptions, problems around termination.

Interview Behavior

1. Richness of interview i.e. elaboration of memories, thoughts, fantasies, feelings.

## Reaction 3: Intellectualized-Detachment

Feelings

1. Feeling withdrawn or cold.
2. Absence of memories about feelings during termination.
3. Feels disconnected or removed from the termination process.
4. Defenses of intellectualization i.e. a form of isolation--pathological intellectualization involves substituting logic, knowledge, and objectivity for all impulse and feeling.
5. Wish to give a cognitive framework for the experience of termination, wish to explain everything.
6. Desire for closure at termination.

Behavior

1. Becomes more passive, silent.
2. Intellectualized comments.
3. Attempts at closure, wrap-up, some things to look for in the future.
4. Attempt to provide a cognitive framework.

Interview Behavior

1. No feelings are described, interview is intellectual.

## Reaction 4: Ignoring

Feelings

1. Didn't have any, can't remember any.
2. Didn't think about termination.
3. Afraid of intensity of feelings.
4. Staying at a superficial level.
5. Pretending that termination isn't very important.
6. Guilt is ignored.
7. Defenses of denial i.e. turning away from painful reality in the past, present and future and reversing the painful facts in fantasy--and repression i.e. unconsciously purposeful forgetting or not becoming aware of internal impulses or external events which, as a rule, represent possible temptations or punishments for or mere allusions to objectionable instinctual demands.
8. Reluctance to discuss termination.
9. Talks about "blind spots."

Behavior

1. Doesn't tell patient until the last minute.
2. Minimizing patients feelings about termination.
3. Missed certain responses about separation on the part of the patient, particularly transference and counter-transference.
4. Supervisor forced therapist to deal with something.
5. Doesn't deal with termination issue in supervision i.e. termination of the supervision.

Interview Behavior

1. Paucity of interview.
2. Reluctance to discuss termination.

## RATINGS

1. How much of reaction one is evident in this interview?

1	2	3	4	5	6	7
No evidence of one	Slight evidence of one	Some evidence of one	A good deal of evidence of one	A great deal of evidence of one	Almost completely one	Completely one

2. How much of reaction two is evident in this interview?

1	2	3	4	5	6	7
No evidence of two	Slight evidence of two	Some evidence of two	A good deal of evidence of two	A great deal of evidence of two	Almost completely two	Completely two

3. How much of reaction three is evident in this interview?

1	2	3	4	5	6	7
No evidence of three	Slight evidence of three	Some evidence of three	A good deal of evidence of three	A great deal of evidence of three	Almost completely three	Completely three

4. How much of reaction four is evident in this interview?

1	2	3	4	5	6	7
No evidence of four	Slight evidence of four	Some evidence of four	A good deal of evidence of four	A great deal of evidence of four	Almost completely four	Completely four

5. How much of reaction one is evident in the feelings about termination expressed by this interviewee?

1	2	3	4	5	6	7
No evidence of one	Slight evidence of one	Some evidence of one	A good deal of evidence of one	A great deal of evidence of one	Almost completely one	Completely one

6. How much of reaction two is evident in the feelings about termination expressed by this interviewee?

1	2	3	4	5	6	7
No evidence of two	Slight evidence of two	Some evidence of two	A good deal of evidence of two	A great deal of evidence of two	Almost completely two	Completely two

7. How much of reaction three is evident in the feelings about termination expressed by this interviewee?

1	2	3	4	5	6	7
No evidence of three	Slight evidence of three	Some evidence of three	A good deal of evidence of three	A great deal of evidence of three	Almost completely three	Completely three

8. How much of reaction four is evident in the feelings about termination expressed by this interviewee?

1	2	3	4	5	6	7
No evidence of four	Slight evidence of four	Some evidence of four	A good deal of evidence of four	A great deal of evidence of four	Almost completely four	Completely four

9. How much of reaction one is evident in the behavior of this interviewee during termination?

1	2	3	4	5	6	7
No evidence of one	Slight evidence of one	Some evidence of one	A good deal of evidence of one	A great deal of evidence of one	Almost completely one	Completely one

10. How much of reaction two is evident in the behavior of this interviewee during termination?

1	2	3	4	5	6	7
No evidence of two	Slight evidence of two	Some evidence of two	A good deal of evidence of two	A great deal of evidence of two	Almost completely two	Completely two

11. How much of reaction three is evident in the behavior of this interviewee during termination?

1	2	3	4	5	6	7
No evidence of three	Slight evidence of three	Some evidence of three	A good deal of evidence of three	A great deal of evidence of three	Almost completely three	Completely three

12. How much of reaction four is evident in the behavior of this interviewee during termination?

1	2	3	4	5	6	7
No evidence of four	Slight evidence of four	Some evidence of four	A good deal of evidence of four	A great deal of evidence of four	Almost completely four	Completely four

13. How much of reaction one is evident in the interview behavior?

1	2	3	4	5	6	7
No evidence of one	Slight evidence of one	Some evidence of one	A good deal of evidence of one	A great deal of evidence of one	Almost completely one	Completely one

14. How much of reaction two is evident in the interview behavior?

1	2	3	4	5	6	7
No evidence of two	Slight evidence of two	Some evidence of two	A good deal of evidence of two	A great deal of evidence of two	Almost completely two	Completely two

15. How much of reaction three is evident in the interview behavior?

1	2	3	4	5	6	7
No evidence of three	Slight evidence of three	Some evidence of three	A good deal of evidence of three	A great deal of evidence of three	Almost completely three	Completely three

16. How much of reaction four is evident in the interview behavior?

1	2	3	4	5	6	7
No evidence of four	Slight evidence of four	Some evidence of four	A good deal of evidence of four	A great deal of evidence of four	Almost completely four	Completely four

17. What defenses do you think this person is using?

18. This person uses denial.

1	2	3	4	5	6	7
Not at all	Rarely	Sometimes	A good deal	A great deal	Almost always	All the time

19. This person uses intellectualization.

1	2	3	4	5	6	7
Not at all	Rarely	Sometimes	A good deal	A great deal	Almost always	All the time

20. This person uses counterphobic defenses.

1	2	3	4	5	6	7
Not at all	Rarely	Sometimes	A good deal	A great deal	Almost always	All the time

21. This person uses reaction formation.

1	2	3	4	5	6	7
Not at all	Rarely	Sometimes	A good deal	A great deal	Almost always	All the time

22. What is your diagnostic impression of this person?

23. In your own words, please describe this person's reaction to termination.

## REFERENCES

- Applebaum, S. A. The Anatomy of Change. New York: Plenum Press, 1977.
- Balint, M. The Basic Fault. London: Tavistock Publications, Ltd., 1968.
- Bertini, M. Il tratto difensivo dell'isolamento nella sua determinazione dinamica e strutturale. Contributi dell'Intituto di Psicologia, 1961, Serie XXV. Milano: Univer. Cattolica.
- Bion, W. R. Experience in Groups. New York: Ballantine Books, 1959.
- Bowlby, J. Separation. New York: Basic Books, Inc., 1973.
- Edelson, M. The Termination of Intensive Psychotherapy. Springfield, Ill.: Charles C. Thomas, 1963.
- Epstein, L. "The Relationship of Certain Aspects of the Body Image to the Perception of the Up-right," Doctoral dissertation, New York University, 1957.
- Erikson, E. Childhood and Society. New York: W. W. Norton & Co., Inc., 1950.
- Fenichel, O. The Psychoanalytic Theory of Neurosis. New York: W. W. Norton & Company, 1945.
- Firestein, S. K. Termination in Psychoanalysis. New York: International Universities Press, 1978.
- Freud, A. The Ego and the Mechanisms of Defense. New York: International Universities Press, 1966.
- Freud, S. Beyond the Pleasure Principle. New York: Bantam Books, 1959.
- Freud, S. "Mourning and Melancholia" (1917). In General Psychological Theory. Edited by P. Rieff. New York: Collier Books, 1963.

- Freud, S. "Analysis Terminable and Interminable" (1937).  
In Therapy and Technique. Edited by P. Rieff.  
New York: Collier Books, 1963.
- Gardner, R., Holzman, P., Klein, G., Linton, H., and  
Spence, D. "Cognitive Controls A Study of Individual  
Consistencies in Cognitive Behavior." Psychological  
Issues 1, 4, 1959.
- Geller, J. D., and Greene, L. "Personal Boundaries and  
the Termination of Psychotherapy," 1977.
- Geller, J. D., and Nash, V. "Termination from  
Psychotherapy as Viewed by Psychiatric Residents,"  
1975.
- Glenn, M. "Separation Anxiety: When the Therapist Leaves  
the Patient." American Journal of Psychotherapy  
25 (1971):437.
- Goldstein, M., and Blackman, S. Cognitive Style--Five  
Approaches and Relevant Research. New York:  
Wiley-Interscience, 1978.
- Greenson, R. The Technique and Practice of Psychoanalysis.  
New York: International Universities Press, 1967.
- Guntrip, H. Schizoid Phenomena, Object-Relation and the  
Self. New York: International Universities Press,  
1969.
- Hartmann, H., Kris, E., and Lowenstein, R. "Notes on the  
Theory of Aggression." Psychoanalytic Study of the  
Child 3(4) (1949):9-36.
- Horney, K. Our Inner Conflicts. New York: W. W. Norton  
& Company, Inc., 1945.
- Kauff, P. F. "The Termination Process: Its Relationship to  
the Separation-Individuation Phase of Development."  
International Journal of Group Psychotherapy 27(1)  
(1977):3.
- Keith, C. "Multiple Transfers of Psychotherapy Patients."  
Archives of General Psychiatry 14 (1966):185.
- Kernberg, O. F. Borderline Conditions and Pathological  
Narcissism. New York: Jason Aronson, 1975.
- Klein, M. "On the Criteria for the Termination of a  
Psychoanalysis (1950)." In Envy, Gratitude and Other  
Works, 1946-1963. New York: Delacorte Press, 1975.

- Kohut, H. The Restoration of the Self. New York: International Universities Press, 1977.
- Konstadt, N., and Forman, E. "Field Dependence and External Directedness." Journal of Personality and Social Psychology 1 (1965), 490-493.
- Lenzner, A. J. "Countertransference and the Resident on Leaving His Patient." Journal of Hillside Hospital 4 (1955):148.
- Levinson, D. J. "Role, Personality and Social Structure in the Organizational Setting." Journal of Abnormal and Social Psychology 58 (1959):170-180.
- Mahler, M., and Kaplan, L. "Developmental Aspects in the Assessment of Narcissistic and So-called Borderline Personalities." In Borderline Personality Disorders, the Concept, the Syndrome, the Patient. New York: International Universities Press, 1977.
- Mahler, M., Pine, F., and Bergman, A. The Psychological Birth of the Human Infant. New York: Basic Books, 1975.
- Murray, H. A. Thematic Apperception Test: Manual. Cambridge: Harvard University Press, 1971.
- Pumpian-Mindlin, E. "Comments on Techniques of Termination and Transfer in a Clinic Setting." American Journal of Psychotherapy 12 (1958):455.
- Rappaport, D., Gill, M., and Schafer, R. Diagnostic Psychological Testing. New York: International Universities Press, 1968.
- Reich, A. "On Termination of Analysis." In Psychoanalytic Contributions. New York: International Universities Press, 1950.
- Reich, W. Character Analysis. New York: Orgone Institute Press, 1949.
- Reider, N. "A Type of Transference to Institutions." Bulletin of the Menninger Clinic 17 (1953):58-63.
- Schafer, R. Aspects of Internalization. New York: International Universities Press, 1968.
- Schafer, R. Psychoanalytic Interpretation in Rorschach Testing. New York: Grune & Stratton, 1954.

- Schafer, R. "The Termination of Brief Psychoanalytic Psychotherapy." International Journal of Psychoanalytic Psychotherapy 2 (1973):135-148.
- Searles, H. F. Collected Papers on Schizophrenia and Related Subjects. New York: International Universities Press, 1965.
- Shapiro, D. Neurotic Styles. New York: Basic Books, 1965.
- Wachtel, P. L. "Field Dependence and Psychological Differentiation: Reexamination." Perceptual and Motor Skills 35 (1972):179-189.
- Witkin, H. A. "Psychological Differentiation and Forms of Pathology." Journal of Abnormal Psychology 70 (1965): 317-336.
- Witkin, H. A., Oltman, P. K., Raskin, E., and Karp, S. A. A Manual for the Embedded Figures Test. Palo Alto, Calif.: Consulting Psychologists Press, 1971.