Now that the ladder's gone
I must lie down where all ladders start
in the foul rag and bone shop of the heart.1

Termination. The action of terminating... 2. The point or part in which anything ends. End (in time), cessation, close, conclusion.3 Termination, this word that defines the last chapter of psychiatric treatment, has a ring of finality that sounds harsh and uncompromising. Resonating, as it does, with the feelings evoked by other endings and other concluding events, it provokes powerful associations. Successful management of this phase of treatment is as pivotal in producing therapeutic gains as is the beginning.

As July and the end of the academic year approach, the departing psychiatric residents in the Outpatient Clinic will be ending their treatment with 60 or 70 patients. The treatment with some patients will be terminated, while others will be transferred to incoming residents. In either instance, it is an ending, a saying good-bye, to the relationship. Consequently, July brings a forced termination, rarely welcomed and usually unwanted.

This situation is not unique to the academic world. In many respects, it mirrors what happens in the “outside world.” Patients’ financial limitations, insurance limits, time constraints, a therapist's illness or decision to move or alter work patterns can all result in a similar set of circumstances. Yet, this painful and unwanted ending can often be turned into an affirming therapeutic experience.

Psychotherapy endings, forced or mutually agreed upon, contain elements that are, as Edelson writes, an aspect of a “universal human experience.”

There is no joy that is not shadowed by its transience. There is no contact with another human being, no alleviation of loneliness, without the aching certainty—no matter how we try to hold it back—that loneliness will return. No matter how desirable it is to come, it is yet unknown; and what is is sweet and terrible to lose. (p. 20)4

The ambivalence with which human beings respond to the vicissitudes of growth and development is visible at an early age. The toddler, excited by being able to take his first step, delights in this mastery but quickly returns to the waiting adult, and cries, “Up, up, pic’ me up.” Each developmental achievement carries with it the thrill of independence along with an accompanying loss of security as one moves from the known to the unknown, from home to the outside world. The universality of this experience is repeated each time a patient says the final “good-bye” at the end of treatment.

Therapeutic work dealing with good-byes starts at the beginning of treatment. How the patient deals with leaving at the end of each session and handles a therapist's unavoidable lateness, interruptions, and vacations all reflect his or her responses to loss and separation. Timely attention to these events and seeing them as a source of useful insights into a patient’s psychological make-up presages productive therapeutic work at the time of termination.

There are certain gratifications inherent in the psychotherapy setting that add to the difficulty of ending the relationship. The privacy of the treatment situation inadvertently creates a sense of the ideal, longed-for parent/child dyad. The psychiatrist’s attention is focused solely on the patient and the patient’s problems. The telephone is usually turned off, there is a “do not disturb” sign on the door. The patient is expected to concern himself only with his own problems and never those of the psychiatrist. Given the fulfillment that comes from being the center of attention, concern, and goodwill, with no concomitant responsibility to provide for the caregiver, one might ask, “If one had limitless funds, why would anyone ever leave?” This question is very closely linked to the philosophical one of “Why would one grow up?” The patients in the clinic have no choice; they have to leave their current treating psychiatrist. But the same is true for many patients in other treatment situations.

The Patients

Patients’ situations vary widely at the time of forced terminations. For some, the timing of the termination, as with the timing of a therapist’s vacation, is terrible, and there is no silver lining. Their illness may be at its worst, real life circumstances may have become catastrophic, and external supports may have disappeared. To think that something productive can grow out of the parting in such a situation is

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completely unrealistic. This is not to say that these patients will never be able to grow developmentally by dealing with separations and endings, but just that at this time in their lives it is not easy for them.

Another group of patients appear to be completely oblivious to the emotional forces attendant on leave-takings. Some have never allowed themselves to become attached—so the change is hardly noticeable emotionally. Others, using denial and other psychological defenses, will wish their therapists well and give lip service to feelings without experiencing them with any depth.

Finally, there are the patients who are painfully aware of the loss. Their distress is related to this loss and all that it represents.

The therapist must be guided by an awareness of the conscious and unconscious meaning of separation for the patient, as well as by the patient's developmental experiences and current reality. Patients who are in a state of overwhelming stress need to know that you understand their reality, and realize that this is a terrible time for you to be leaving them and that this loss only adds to their already devastating condition. Conversely, patients who have no awareness of loss need to be prodded and prodded and in an effort to make the defended affects surface. Patients in the third group need no help becoming aware of their loss but do need help in learning from it. A termination, forced or otherwise, presents an opportunity to revisit a whole panoply of memories and experiences, real and distorted. Processing these memories and experiences can mean the difference between moving forward in life or getting stuck. Herein lies the therapeutic opportunity. The patient's insights achieved during therapy about his intrapsychic and interpersonal conflicts can be strengthened by dealing with them in the context of the anxieties aroused by the need to say "good-bye."

The Psychotherapists

All treatment terminations are challenging for psychotherapists, and especially those that are dictated by forces other than a resolution of the patient's treatment needs. The balancing act required to deal with the reality of the patient's distress while avoiding descent into the quicksand of guilt is no small job. Martinez, writing about her experience in relocating and how she dealt with the forced termination of many patients, notes that the loss of empathic capacity can occur in two directions. In trying to establish an empathic link, at times she ended up overly identifying with the patient and thereby mismanaging a session. A second response, which occurred most often when she was tired, was a feeling of numbness to the patient's pain. She interpreted this too as a counter-reaction to a massive identification with the patient. One should be aware that the farewell is a loss for the treating therapist as well and that feelings of sadness and pain are all a part of it. All of this underscores the importance of treating therapists being well aware of their own responses to separation and loss.

In addition to the general psychodynamic themes that leave-taking evokes, there are some themes that are specific to the situation of forced terminations. Dewald comments that one effect of this type of termination is to introduce a reality event that involves a repetition for the patient of infantile and childhood helplessness in the face of arbitrary parental behavior. The feelings of rejection and desertion have a basis in current reality. The psychotherapist who is free of excessive guilt about the ending can help patients identify this similarity with past restraints, restrictions, and helplessness. This enables patients to find a different way of responding emotionally to a situation that originally occurred at a time when they were in fact helpless to find their own way in the world.

Guidelines for Dealing with Termination

- Acknowledge the reality of patients' unhappiness and the frustration that accompanies their inability to influence the act of ending.
- Acknowledge the specialness of the relationship and the reality of the loss.
- Empathize with protestations about the difficulty of transferring if the patient is to "begin again" with a new therapist.
- Don't lose sight of the fact that the patient can benefit from the process of dealing with the termination.
- Encourage patients to talk about their reactions to other leavings, partings, and separations.
- Explore the manner in which the current situation resonates with past experience and search together for different ways to leave and attach to new people.

The purpose and therapeutic challenge in every termination is to unearth demons that, if untamed, can destroy the gains made during treatment. Unresolved past angers about separation and loss that continue on, blindly displaced onto the termination process and the departing therapist, undermine the positive internalized psychic structures established during treatment. These internalized structures provide patients with guidance and comfort as they continue the treatment process alone.

References