

Crossing frontiers: forced termination of an analytic process due to emigration of the psychotherapist /patient

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ABSTRACT: This paper is about the abrupt termination of analysis due to political turmoil and the analyst's emigration. This situation crossed the frontiers of what is and what is not possible to work through when confronted by internal and external turmoil and by the fear of dying on the part of both analyst and patient. Issues of mourning and loss are central to this communication. Clinical material of adolescents and adults illustrates how in each case termination had a different outcome.

KEYWORDS: Psychoanalysis, Psychic Pain, Mourning, Termination, Political Violence.

In the 1970s, Argentina went through years of terror and persecution. Intellectuals, students, young people, psychoanalysts, therapists, actors, trade unionists, but mostly young people, especially young lawyers, were relentlessly persecuted and made to disappear. The families of the victims couldn't find their bodies or bury their loved ones. No law or organized resistance existed.

In contrast to the atrocities of the Second World War, during which countries occupied by the Nazis put up some form of clandestine resistance, in Argentina the military managed to create a disconcerting passivity among common people and democratic institutions, which clung to the false hope that the legal system was still functioning. The only active dissention came from a group of desperate mothers who put white handkerchiefs on their

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heads and walked in a circle at the Plaza de Mayo every week while demanding information about their missing children. They were called “Las Locas” (The Crazy Ones). We now refer to them respectfully as “The Mothers of the Plaza de Mayo.”

It is necessary to understand the madness of the everyday life for Argentinians at that time, the grotesque contradictions created by the head of all the atrocities, General Videla², who combined murder, torture and horror with color TVs, a world champion soccer team (1978)³, and newly acquired luxury imports. The work I am presenting today took place in this environment.

When I left Argentina in the context described above, I thought I was saving my life, though not without a price: it left scars on me, as well as on my patients, some of whom unfortunately experienced excruciating persecution, as well as psychic and physical pain.

I kept notes of some dreams from my patients from the time of my emigration; one of my patients (Susan) left me an envelope full of little notes with her dreams as a gift. Some of the dreams were from patients who left treatment either to go underground or to emigrate in order to escape the repression in Argentina as it became more and more pervasive.

Looking back now, I can observe how emigration produces a collapse in one's entire identity, a subsequent fragmentation of the self and a state that predominates in the mental apparatus. I paid some attention to fantasies that are attached to the use of a language that is different from one's mother tongue in moments of intense regression, when words, music, smells, food and all sensory experiences in general are part of the endangered parental containing function.

Termination and mourning

Freud states that an indicator for termination is when the patient ceases to attend sessions. “Analysis Terminable and Interminable” (1937c). He posits that the idea of cure is that which the pair (analyst/patient) can achieve as the best functioning of the Ego. I believe that, if things go well - and this applies to any human interaction -, the end of a relationship happens before people actually stop seeing each other. In the analytic situation, the end of the relationship

2. Head of a military *coup d'etat* in Argentina on 24 March 1976 to 1983.

3. The Soccer World Cup was played in Argentina in 1978 in spite of an International boycott.

starts even earlier; the mourning process that goes with it extends beyond the end of the analysis into the post-analytic/therapeutic process, which lasts for approximately another year, at which time the truth about the reality of psychic change is fully grasped.

In addition to Freud's indicator, in 1949 a Symposium on "Criteria for Termination of Analysis" was held at the British Society, in London. Melanie Klein said that analysis should end when the Paranoid-Schizoid anxieties and Depressive anxieties of the first year of life had been worked through. This included the progression from the Paranoid-Schizoid to the Depressive Position in the first place (Klein, 1950).

We know that this progression is not a developmental model but expresses the optic that the patient uses to look at the object, the same lens that the baby uses when looking at the first object (the breast/mother). I consider this to be a new point of view that is sometimes hard to achieve by a baby in his/her own growth process. There is always a constant oscillation between positions.

She also says, in a paper on this subject published in 1950, that all the losses that people experience in life get reactivated when termination is about to take place and what is finally worked through is the loss of the first object: the breast. In relation to her original, although controversial, concept of Projective Identification, described in her (1946) paper on "Some Notes on Squizoid Mechanisms," termination is also linked to the predominance of Introjective Mechanisms over Projective ones, since a real learning process only occurs when associated with a predominance of Introjective Mechanisms.

Horacio R. Etchegoyen (1991) says, in agreement with Donald Meltzer: "Nobody arrives at the Depressive Position, rather than being an achievement is an aspiration not a place or a thing but a complex constellation of phantasy and reality organized around the object relations and strongly aspired by urgent reparation." Meltzer (1967) calls this stage "The threshold of the Depressive Position."

In relation to the mourning process in termination, Melanie Klein (1950), following Freud's ideas in "Mourning and Melancholia" (1917e), says that one of the fundamental elements in the depressive position is the capacity to stay in contact with the object, that is, with reality. Freud says that mourning is the painful awareness that the object is no longer there, while Klein describes the process of mourning as the ability to accept psychic and external reality as they are.

To complete the connection between termination in therapy/analysis and mourning, Michael Balint (1949) describes termination as "a new begin-

ning.” When one is able to mourn the innumerable set of losses, according to Balint, one is making a new attempt to find the love object that was absent in childhood.

All the above ideas about termination assume the implicit concept of mutual agreement, a bilateral termination. In other words, two people who, after sharing a few years of their lives exploring mental mechanisms, thoughts, feelings and anxieties, are ready to begin the weaning process and go through the work involved in this.

In unilateral termination, such as the type I want to explore here, there are strong feelings in the transference-countertransference process that affect both ends of the relationship; unlike bilateral termination, neither part is ready to let go of the other. Further, to abruptly terminate a therapy when there is intense external persecution and precarious resources to ground oneself in reality are a very bad combination, as bad as the combination of termination with emigration in the process of mourning.

In my own case, the political situation become more and more difficult, to the point that my patients and I created a kind of shared internal exile without words during sessions, in which paranoid anxieties predominated. My experience was that, due to the external threat and the horrors that surrounded us, we cohabited some kind of psychic retreat, a place where we could not be reached by external forces, as a form of temporary protection. We were soon to discover that this delusional space was like a trap from which we could not restore ourselves to a previous state in the treatment, a place where there was sufficient internal freedom to explore my patients’ feelings of hostility and despair and to acknowledge my own contratransferential reactions (sometimes concordant and/or complementary) (Racker, 1957).

Our encounters were very often flooded with intense anxiety, in which every day a patient reported the disappearance of someone that he or she knew (another analyst, intellectual or scientist) and I would wonder over and over how Klein and others managed to work while bombs fell all around them in WWII Europe. I thought that the difference must be that the bombs were easily identifiable as such, whereas sometimes I didn’t know whether my patients were on the same side as I was. At the time, it was hard to define if this type of abrupt termination was in itself an illness that was imposed upon us; the outcome of the work we were doing together was equally unclear. We didn’t know if this process of termination was going to affect our lives in such a way that the loss would have irreparable consequences.

In retrospect, I believe that each treatment had a different outcome that depended upon the time in which it took place. Some patients were extremely angry and disappointed, most of them were sad for our predicament, and some managed to complete a satisfactory termination before I left the country. I would like to share some vignettes with you:

Susan was 40 years old at the time, divorced, with three adolescent children. As she was firmly part of the Establishment and I knew that she would never leave the country, Susan is a noteworthy illustration of one direction the termination process can take. In part, her secure place in her social environment created some stability in the work we were doing together. She was in the process of termination after four and a half years of fairly successful analysis. When I apprised her of my impending departure, I knew that this would have a profound effect upon the course of the treatment, because of the innumerable losses that she had suffered from an extremely early age. She belonged to a very traditional family in Buenos Aires and worked as a medical assistant, while her ex-husband, who was very rich, was extremely right wing politically, and provided a good income for the family.

She felt very confident about her personal safety. She could not even conceive that her life ran any real risk. Her only anxiety was directed at her adolescent children, since they were exposed to a different reality than her own, at school and at university. Her real tragedy, according to her, occurred when she was 15 years old and her mother died. She was an only child and her father became unable to take care of her, due to his own depression. During the analysis, she reported numerous dreams about her despair at not being able to bring her mother back to life.

At this point in the transference process, she was terrified for my safety while denying the idea of my emigration with intense force. She produced numerous dreams when I announced my intention to leave the country. In one of them she dreamed that her daughter Maria (who was 15 years old at the time) told her that her aunt (who had become a substitute mother to her) was dead. Maria didn't want to go to the funeral but didn't want her mother to feel bad about it. Susan had no feelings of pain or sorrow in the dream but decided to buy a nice dress for her aunt's funeral. In interpreting the dream, I said that she wanted to be well behaved upon my departure, be proper and well dressed, and didn't want to have any contact with her feelings of sadness about my leaving. She did not want to make me feel bad. However, I said, she had become again the girl that debated whether or not to acknowledge death.

She then produced another dream: a little girl was lying in an operating theater and Susan was aware that the operation was incomplete and the girl was left with her body still open. The girl was holding an old doll. She wanted to tell the doctor “do it right” but had no voice. I told her that she was terrified for the girl and for herself. I was leaving her open - “unfinished” - and she had no words for the precariousness in which she had been left, with the sense that no one seemed to listen to her.

During the last 3 weeks of the analysis we managed to access her anger at my turning the happiness of termination into a traumatic event. She was saddened by the end of the analysis, but felt hopeful that all that she learned about herself was going to last and be inside herself “forever.”

Mariana was 16 years old at the time. She had a dream in which I was the only one able to find refuge during a flood. She was upset and shocked that a mother like me could be so mean as to run away, leaving a child to her own devices. Some relief was mixed in with her feelings when I decided to leave, because it opened the possibility for her and her parents to leave too. That reality pervaded our sessions as the time of my departure approached. She found it difficult to differentiate between fantasy and reality, between paranoia and a real sense of protection and responsibility. Those feelings of guilt and responsibility filled my own internal world, as I watched her struggle from day to day. I expected her as well as some of my other young adolescent patients to disappear, either because their parents would take them abroad or because being in therapy was “suspicious.” The reality that my patients and I learned was that thinking was equated with “subversion” in the current climate. There was also Nora, who felt repelled by an intense, almost, psychotic fantasy of me as a contagious breast that would poison her internal world. In her mind there were things that could not be thought about, such as feeling angry or frightened - even the fear of coming to my office. The police would sometimes raid therapists’ offices during group therapy sessions and remove the therapist in front of the patients. For her, words were as deadly as bullets. Very slowly, she managed to recover her symbolic capacity when she came to consider thinking as a refuge from madness and distraction, and see it as the only possibility for survival.

The external/internal bombardment of my patients increased. Real problems arose from the difficulties in differentiating between external/internal reality and creating a space where thoughts could be processed. The situation became so intolerable for some patients that they were very tempted to

discontinue treatment as a way of protecting themselves from psychic pain, panic, and resentment.

One patient, a 45-year-old man named Roberto, viewed my departure in terms as not only my own death but also as the threat of his own impending death. This situation contained a mixture of depressive and persecutory anxieties. According to him, I was robbing him of the possibility of growth and life. I was gradually taking away life from him. Only after an intense and condensed piece of work could he settle for the ambivalence of hostility coupled with relief that I was moving to a safe place. In his mind, this termination was taking place abruptly, but his capacity for thinking about his feelings and his most valuable ideas were something that he hoped would remain with him beyond my absence.

Rosa was an 18-year-old adolescent who had started analysis at the age of 14. Her parents “could not cope with her.” She had been a nice, pleasant girl and “suddenly” became nasty, arrogant, out of touch, violent, and depressed. She was adopted two days after her birth. The adoption was decided due to her adopted father’s infertility. The baby’s mother was a healthy adolescent; mother and daughter had never met. Rosa was a beautiful pleasant baby who developed normally; she loved her parents and performed well at school. The truth about her origin was never kept secret and her earliest memory about this information is from when she was three years old and there was a talk in the household about adopting another baby. Although she knew about the adoptions, she never thought much about it, nor did she consider it a source of difficulties. At the time she was referred to me, she refused to do any schoolwork and used to fall asleep during classes. After a couple of months of analysis, Rosa became so violent that I had to refer the parents to professional help (couples therapy). The physical violence was such that her father could not restrain her.

While this was going on at home, the analysis was taking place in a rather relaxed atmosphere. She never missed a session, was very punctual and, for all practical purposes, hers was the analysis of a typical adolescent. At one point Rosa became sexually promiscuous, which at the time I interpreted as an attempt to “recover” her adolescent mother through a pathological identification. I understood this behavior to be a defense against her mourning of her biological mother. She was equating promiscuity with fertility.

The transference countertransference experience was of a mother-analyst exposed to the anxiety of her blooming sexuality, for which she needed a lot of help. She also considered me as an aging mother incapable of work-

ing through my own anxieties without risking my life and exposing her to abandonment. At this point, Rosa had three simultaneous mourning processes to work through: the mourning of her biological parents, the loss of her adoptive parents as a child and the loss of the role related to her own developmental stage.

Rosa, at 18 years old, was terminating her analysis at the time I decided to emigrate. I had to let her know about my decision, since we had previously arranged several meetings during the first year of post-analysis. She was quite ready to leave, I thought, then she produced an interesting dream: she was alone in a lab where she was going to have a blood test, and fainted. In fact, the nurse who accompanied her left the room, she said. Her mother was in the waiting room. When she recovered, she saw two columns, looked up, and realized they were her mother's legs. She saw the smiling face of her mother. She thought that it was like being born to a happy mother. She thought the dream was hopeful; she could be born as a new person to her mother, and she really liked it.

I thought that the last part of the dream showed the possibility of being very little and helpless while still having a mother. This time, Rosa had managed to start a "New Beginning," unlike the beginning of her life, in which she had lost her biological mother and almost "killed" her adopted parents and I. She was being reborn from a mother that was waiting for her, and she cried in fear and gratitude, begging me to tell her that my emigration was not related to her harmful comments and to her periods of intense hatred of me and acting out. Rosa told me that she knew that I would miss our jokes in Spanish (since she knew I was emigrating to England), and that she thought I would be going through some of the situations that she went through in those years, meaning her own losses and multiple mourning processes. She thought that perhaps I had learned something from her during this process, and I thought that her separation from me was sad, but not tragic, for her. This ending helped us both, and I found that letting go of her was sad but hopeful. She was a young woman who had some choices; she wanted to stay but accepted my leaving. Our paths were different but we were not harming each other by going our separate ways.

I remember Rita, a 17-year-old Argentinean emigré who I analyzed abroad. I was in this case in a very safe environment, beginning an analysis with an adolescent who was suffering the consequences of an imposed, violent emigration. Some of Rita's fellow high school students had disappeared after a protest against prices in the cafeteria. At the time of her emigration, she had

been in analysis in Argentina and her parents managed to take her out of the country overnight. She decided to view this trip as a holiday and went through a total denial of the loss of her classmates, analyst, country, etc. When she came to me, she had developed serious psychosomatic problems: asthma, eczema and headaches. Her system was unable to expel all the pain, anger and desperation of her experiences; her skin was uncontrollably uncontained and her mind could not hold any kind of thought related to her painful predicament. As her symbolic capacity improved and she became capable of articulating some of her feelings in words, and find meaning to her painful feelings and memories, her physical symptoms gradually decreased to the point of total remission. She herself had “crossed her and my frontiers”.

Final Comments

The outcome of my patients was intimately connected with the mental state they were in at the time of the country's political turmoil and my emigration.

Leon Grinberg (1984) describes both the normal and the pathological development of mourning: one is a persecutory (paranoid) guilt and another is what he calls depressive guilt. Persecutory guilt will eventually lead to pathological mourning with the presence of melancholic traits, somatizations and psychosis. Depressive guilt, on the other hand, would lead to concern for the object, sadness and a true desire for reparation of the object as well as her damaged self, eventually becoming a “normal mourning.”

I believe that there is always a certain degree of persecutory guilt when the loss has a traumatic component. Unfortunately, moments arose when external reality invaded our mental apparatus in such a way that only those who learned to work through depressive guilt managed to survive and make some reparation, as long as they were not caught and murdered in the middle of the political chaos.

My patients helped me through this process and I am extremely grateful to them.

Cruzando fronteras: final abrupto de um processo analítico por emigración del terapeuta/paciente

RESUMEN: Este artículo trata sobre la abrupta terminación del análisis debido a la extrema situación de violencia política que desencadenó la emigración de la analista. Esta situación

cruzó las fronteras de lo que es y de lo que no es posible elaborar cuando nos enfrentamos a un estado constante de agitación interna y externa y el temor de morir por parte del analista y del paciente. Pérdidas y duelos son centrales en esta comunicación. El material clínico de adolescentes y adultos ilustra cómo en cada caso la elaboración de la terminación tuvo un resultado diferente.

PALABRAS CLAVE: *psicoanálisis; dolor psíquico; duelo; término de análisis; violência política*

Cruzando fronteiras: final abrupto de um processo analítico por emigração do psicanalista/paciente.

RESUMO: *Este artigo trata sobre a interrupção abrupta da análise devido a extrema situação de violência política que resultou na emigração do analista. Esta situação cruzou as fronteiras do que é e não é possível elaborar quando nos deparamos com um estado de agitação interna e externa e o temor de morrer do analista e do paciente. Perdas e dor são temas centrais nesta comunicação. O material clínico de adolescentes e adultos ilustra como em cada caso a elaboração do término teve um resultado diferente.*

PALAVRAS CHAVE: *psicanálise; dor psíquica; luto; término da análise; violência política*

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