

Separation Resistance in the Termination Phase of Psychotherapy

An Integrative Approach from the Perspective of OLI Psychodynamic Psychotherapy

Miljana Cvetković¹

OLI Center for Integrative Psychodynamic Psychotherapy, Belgrade · ORCID: 0009-0007-2025-4867
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Abstract

The termination phase of psychotherapy is a specific developmental period in which therapeutic gains are consolidated while separation-related themes are simultaneously reactivated. The aim of this paper is to examine the phenomenon of separation resistance — the defensive patterns through which a client seeks to avoid the intensity of parting from the therapist — and its function in the termination phase. The paper proceeds from the thesis that separation resistance is not a new problem arising at the end but the final version of patterns present throughout therapy, now placed in the context of the actual relinquishing of the relationship. The phenomenon is analyzed from five theoretical perspectives: psychoanalytic theory, object relations theory, self psychology, attachment theory, and contemporary relational approaches. Particular attention is given to distinguishing developmentally expected from defensive termination, to transference and countertransference reactions, and to typical patterns across clients with pronounced narcissistic, borderline, dependent, avoidant, and obsessive-compulsive organizational features. A clinical illustration of a client with pronounced dependent organizational features is presented. The paper integrates these perspectives within the framework of OLI integrative psychodynamic psychotherapy, in which readiness for termination is conceptualized through the development of basic developmental competencies of personality and the internalization of the therapeutic relationship. In conclusion, clinical interventions are proposed that allow the therapist to work through separation resistance without hastening or delaying termination, along with directions for further research, primarily the empirical operationalization of developmental indicators of the termination phase.

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¹ E-mail: m.cvetkovic.2704@gmail.com

Introduction

The termination of psychotherapy has long been regarded as a technical, almost administrative moment of the process — the point at which, once symptoms have receded, therapist and client simply part. Clinical experience, however, suggests otherwise. It is precisely at the end, when the relationship has already become significant and its loss looms, that the deepest layers of what brought the client to therapy reopen. In this sense, the termination phase may rightly be described as a maturity test for the entire process: the way a client copes with parting reveals how much of what happened in therapy has truly become their own.

Despite this clinical weight, the termination phase remains among the least elaborated parts of the psychotherapy literature. It is written about as an outcome and rarely as a process with its own internal dynamics. Systematic reviews show that most theoretical attention to termination has come from the psychoanalytic tradition, but predominantly in the context of long-term analyses and without a consistent operationalization of concepts (Joyce et al., 2007; Rabinowitz et al., 2025).

The central concept of this paper — separation resistance — refers to the set of defensive maneuvers by which a client, consciously or unconsciously, seeks to avoid the pain of parting. The thesis advanced here is that these resistances are not a new problem born at the end, but the final version of patterns present throughout the entire therapy. If the client previously avoided painful content, they may now avoid termination itself; if closeness was once difficult, it is now difficult to relinquish. Resistance, therefore, does not disappear as the end approaches — it changes form and function. In this sense the termination phase acts as a second chance for working through earlier separation conflicts, much like the second individuation of adolescence (Blos, 1967).

The aim of the paper is twofold. First, to examine separation resistance through five complementary theoretical perspectives: psychoanalytic theory, object relations theory, self psychology, attachment theory, and contemporary relational approaches. Second, to integrate these perspectives within the framework of OLI integrative psychodynamic psychotherapy (OLI IPP; OLI stands for the Serbian phrase *Otkrivanje lične istine otklanjanjem lažnih informacija*, i.e., the discovery of personal truth through the removal of false information; Jovanović, 2013), in which readiness for termination is assessed not only by symptom reduction but by the development of basic developmental competencies of personality and the degree to which the therapeutic relationship has been internalized. Methodologically, the paper is conceived as a theoretical, integrative review rather than an empirical study.

Methodological framework

This paper is conceived as a narrative, integrative theoretical review rather than a systematic review in the strict sense or an empirical study. This approach was chosen because the aim of the paper is to connect and integrate several theoretical traditions around a shared phenomenon rather than to quantitatively summarize findings; a narrative review is better suited to this task, as it allows for conceptual synthesis and interpretation.

Since the paper is conceived as an integrative theoretical review, the literature was selected through a combination of two procedures. First, by searching the databases PsycINFO, PubMed/MEDLINE, Scopus, and Google Scholar, using key terms and their combinations: “termination,” “ending of psychotherapy,” “separation resistance,”

“separation-individuation,” “object constancy,” “selfobject,” “attachment and termination,” and “therapy dropout.” Second, by searching the reference lists of the retrieved articles (the so-called snowball procedure) and by including the foundational, canonical works of the psychodynamic tradition that are not always fully indexed in these databases (Freud, Klein, Winnicott, Mahler, Bowlby, Kohut, Kernberg, Masterson). Priority was given to peer-reviewed sources and primary theoretical works; the inclusion criterion was the theoretical or clinical contribution to understanding separation dynamics in the termination phase, rather than a temporal restriction, since this is a review connecting classical and contemporary contributions.

The concept of separation resistance and its function

The concept of resistance belongs to the very foundations of psychoanalysis. Freud (1937) defined it as everything in the client that opposes the work of making the repressed conscious — a force that, paradoxically, protects the very psychic equilibrium whose rigidity led the client to seek help. In this sense, resistance is not a mere obstacle to be removed but a communication: a message about what is too dangerous for the psyche to touch directly.

Separation resistance is a specific kind of resistance tied to the theme of parting. It is activated when the loss of the relationship becomes a real possibility and when, with that loss, earlier experiences of abandonment are re-lived. Its function is not to obstruct therapy but to protect the client from the intensity of separation — from the anxiety, grief, and emptiness that parting brings.

For clinical precision it is important to distinguish several related concepts. Separation anxiety is an affective response to the threat of losing a significant object (Bowlby, 1973). Separation grief, or mourning, is the process by which loss is worked through and the object internalized (Klein, 1940). Regression denotes a temporary return to earlier modes of functioning under the pressure of separation. Separation resistance, finally, is neither the affect itself nor the loss itself, but a defense against them — a set of procedures by which confronting the end is postponed, avoided, or rendered meaningless. Distinguishing these levels is no academic trifle: a therapist who confuses resistance with anxiety risks soothing where they should understand, while one who confuses it with mourning risks forcing grief before the defense has been worked through.

Manifestations of separation resistance in the termination phase

Separation resistance rarely appears as open opposition to termination. Far more often it is woven into seemingly reasonable behavior, which is precisely why it is easy to overlook. Below we single out four typical forms.

Avoidance and postponement of the topic of termination

The most direct form of separation resistance is the absence of the topic of termination where it would naturally arise. Although the problems that brought the client to therapy have largely been resolved, the question of ending is not raised. Therapy continues without clear development, content becomes repetitive, and the relationship is maintained but no longer deepens. This is a stagnation easily rationalized as “maintenance work.”

Prolongation through rationalizations

A second common form is the prolongation of therapy on seemingly rational grounds. Statements such as “just a little longer to stabilize the changes” or “so that you are there just in case” appear mature and responsible at first glance. Yet behind them often lies an emotional dimension — a need for security, continuity, and holding on to the relationship. The therapist’s task is not to take these statements at face value but to explore their meaning: what exactly “just in case” means, what the client experiences as unstable, and whether this is a realistic appraisal or a difficulty in relinquishing a relationship that has become important.

Covert resistance and silent dropout

Particularly significant are covert forms, among which the silent abandonment of therapy stands out. A client may end the work without explicitly closing the process, through formulations such as “we’ll be in touch” or “I’ll call,” after which they never do. Such an ending allows avoidance of a direct confrontation with separation and with the emotions it carries. Contact is broken without full processing and symbolization — the loss, in order to be avoided, is simply not named.

Regression and the return of symptoms

Finally, in the last phase it is not uncommon for “old” symptoms to return or for the client to regress to earlier modes of functioning. Although it looks like a deterioration, such a return often has a defensive function: the reactivated symptom seems to announce that the work is not yet finished and that parting should be postponed. For this reason the therapist does not automatically interpret such moments as failure, but as part of a separation dynamic that needs to be understood.

Theoretical perspectives

Separation resistance can be illuminated from several theoretical angles, each emphasizing a different aspect of the same phenomenon. Below, each perspective is presented briefly and then linked to the corresponding concept of the OLI framework — in the sections titled “OLI conceptualization.”

Psychoanalytic theory

In classical psychoanalysis, separation resistance is most naturally understood through the concepts of resistance and the repetition compulsion. In his late paper *Analysis Terminable and Interminable*, Freud (1937) asks whether analysis can ever have a definitive end, pointing to the persistence of the repetition compulsion and the depth of character structures that resist change. For him, termination is not the same as cure; rather, it is a matter of the client acquiring the capacity to deal more freely with inner conflict. Half a century later, this dilemma of the “terminable and interminable” remains the focus of debate on termination (Blum, 1987).

Particularly instructive in the psychoanalytic tradition is the concept of the negative therapeutic reaction — a worsening that occurs precisely when improvement would be expected, which Freud links to an unconscious sense of guilt and a need for punishment. In the termination phase this reaction takes a specific form: progress and the possibility of parting are unconsciously experienced as something one must not allow oneself, so a symptom revives in order to undo the success. Hence the classical view that termination

is not merely a technical outcome but the final round of working through — above all the working through of mourning, in which libido is gradually withdrawn from the therapist as object and made available again for new relationships. Termination thus proves to be work rather than the mere cessation of work.

OLI conceptualization. From the perspective of OLI integrative psychotherapy, separation resistance is the repetition compulsion in the key of termination — an attempt to avoid anxiety, except that it now unfolds at the level of relinquishing the relationship. The criterion of ending thereby shifts from symptom reduction to a more durable structural change.

Object relations theory

Object relations theory shifts the focus from drives to the inner world of relationships. Klein (1940) links the capacity to bear loss to the depressive position and the capacity for mourning: a mature parting presupposes that the client can mourn the object without either destroying or idealizing it. Winnicott (1953, 1958) introduces the transitional space and the capacity to be alone — the ability to remain alone in the presence of an internalized good object; without this capacity, every parting threatens to be experienced as abandonment. Mahler et al. (1975) describe separation-individuation and the rapprochement subphase, in which the child oscillates between the need for autonomy and the need for closeness — a pattern that is almost literally reactivated in the termination phase of therapy. Kernberg (1975), finally, emphasizes how fragile the integration of the object is in more disturbed personality organizations, so that parting easily triggers splitting into the idealized and the persecutory.

The depth of this approach is also evident in the fact that parting once again tests the transition from the paranoid-schizoid to the depressive position: as long as the object is experienced partially — now ideally good, now persecutory bad — parting threatens to be a catastrophe, because one loses “all the good” or is violently “freed” from “all the bad.” Only when the object is experienced as whole, with good and bad sides in one person, are true mourning and reparation possible. Winnicott’s concept of the use of an object is especially instructive here: the object becomes genuinely usable only after it has been “destroyed” in fantasy and has survived that destruction. A client who in the termination phase dares to express anger about parting, and whom the therapist survives without retaliation or withdrawal, experiences that the relationship can bear aggression — a precondition for mature separation.

OLI conceptualization. From the perspective of OLI integrative psychotherapy, all these ideas are condensed into the competence of maintaining object constancy: the ability for the therapist to remain “good” and present in the inner world even when physically absent. Termination is possible once this constancy is stable enough to survive parting.

Self psychology

Kohut (1971, 1977) describes the relationship with the therapist through the concept of the selfobject — an other who performs functions of maintaining cohesion and self-esteem that the client is not yet able to perform alone. In the termination phase, the theme of losing the idealized selfobject and the soothing, regulating presence the therapist provided is especially activated. The key developmental outcome is transmuting internalization: the gradual taking over of selfobject functions into one's own structure through a series of tolerable, "optimal frustrations." Parting thereby ceases to be a loss and becomes the assumption of a function. A similar dynamic of selfobject loss and the initiation of mourning has been described in the group context as well, at the intersection of contemporary object relations theory and self psychology (Schermer & Klein, 1996).

Kohut distinguishes several types of selfobject transference — mirroring, idealizing, and twinship — and each carries a specific loss in the termination phase: the loss of affirmation, the loss of the idealized strength the client relied upon, or the loss of the sense of essential likeness and belonging. An important theoretical controversy concerns whether selfobject needs are ever fully "transcended." Unlike the classical ideal of complete autonomy, self psychology holds that selfobject needs persist throughout life and are not abolished but mature — from archaic toward more mature forms. In this light, termination does not mean that the client no longer "needs" the therapist, but that the client is able to find selfobject functions in more mature relationships and within themselves.

OLI conceptualization. From the perspective of OLI integrative psychotherapy, this is recognized as the internalization of the relationship — the moment when the therapist becomes the client's "inner voice." A client who says, "It's as if I now know what you would tell me, and then I tell it to myself," is describing transmuting internalization in her own words.

Attachment theory

Bowlby (1973, 1980) provides a developmental and evolutionary framework for understanding reactions to parting. The threat of losing the secure base triggers separation protest and then grief; attachment patterns shape how the client will cope with the ending. The contemporary application of attachment theory to termination shows that parting activates the attachment systems of both client and therapist, and that it triggers emotion-regulation strategies that may increase engagement or, conversely, intensify defense (Holmes, 1997; Marmarosh, 2017). Thus a client with an avoidant pattern will be more prone to premature distancing and deactivation, while one with a preoccupied pattern will tend toward prolongation and hyperactivation.

At the heart of this approach is the concept of internal working models — unconscious "maps" of how available others are and how worthy the self is of care. At best, therapy enables earned security: a gradual revision of these models through the experience of a reliable, sensitive therapist as a secure base. Termination is the decisive test of this revision, because it is precisely at parting that one checks whether the client has truly internalized the image of an available other or whether security has remained tied to the therapist's physical presence. In disorganized attachment, where the attachment figure was simultaneously a source of comfort and of fear, parting may activate especially confusing, contradictory reactions, and thus requires a particularly patient and

predictable framework of termination.

OLI conceptualization. From the perspective of OLI integrative psychotherapy, this belongs to the competence of tolerating separation: the ability to endure parting with present but bearable ambivalence, without fleeing into premature termination or into endless prolongation.

Contemporary relational approaches

Contemporary relational psychoanalysis sees termination not as the therapist's decision that the client receives, but as a jointly constructed process in which both sides participate and both lose something. The emphasis shifts from interpretation to encounter: Stern et al. (1998) describe "moments of meeting" as agents of change that operate beyond interpretation. This accords with the frequent clinical observation that clients remember as most important not great insights but small, seemingly everyday moments of understanding and authentic interest. Fonagy et al. (2002) add the concept of mentalization: the capacity to keep one's own and others' mental states in mind, which allows even parting itself to be thought about rather than merely (en)acted.

The relational turn also brings a shift in the understanding of the therapist's role at the end: instead of a neutral "screen," the therapist is understood as a real participant who also lives through the parting. The concept of mutual recognition emphasizes that the client's autonomy is not born in isolation but in the encounter of two subjects who recognize each other as separate. In the termination phase this opens the sensitive question of the therapist's authenticity — how much and how to share one's own feelings about parting. Here a live controversy emerges between the classical caution toward self-disclosure and the relational conviction that a thoughtful, measured acknowledgment of the therapist's experience can be precisely that "something more" than interpretation which enables the integration of experience.

OLI conceptualization. From the perspective of OLI integrative psychotherapy, at work here is the basic premise that change is brought not by technique but by the relationship: what the client takes away is not only understanding, but the experience of being able to be in a relationship and, at the same time, to be oneself.

Transference and countertransference reactions at termination

The termination phase is perhaps the strongest test of the transference-countertransference field. On the client's side, the announcement of the end revives earlier losses and abandonments, so that parting from the therapist is unconsciously equated with earlier partings. Transference in this phase may take various forms: idealization of the therapist and prolongation of dependence ("I can't manage without you"), but also its opposite — devaluation and denial of the importance of therapy, as a defense against the pain of loss. A particular form is "flight into health," the sudden and premature declaration of full recovery by which parting is taken over before separation anxiety has had a chance to be felt.

On the therapist's side, countertransference in the termination phase carries three typical pitfalls. The first is a need to prolong therapy — out of attachment to the client, a sense of meaning in the work, or one's own discomfort before parting; thus arises the phenomenon of "holding on to the client." The second is a tendency to unconsciously hasten the ending — out of fatigue, saturation, or avoidance of emotionally demanding

separation themes. The third is minimizing the importance of the relationship, by which the therapist eases parting for themselves but at the same time deprives the client of space for the full integration of the experience. In all cases it is crucial that the therapist not attribute their own reactions solely to the client, but recognize them as part of a shared process and bring them into understanding — most often with the help of supervision.

Developmentally expected versus pathological reactions to separation

Not every difficulty at parting represents a resistance to be “resolved.” A certain measure of anxiety and grief at the end of therapy is not only expected but is also a sign that the relationship mattered and that real change occurred. Mourning that accompanies a mature parting speaks of successful internalization, not of pathology. Clinically, therefore, it is crucial to distinguish developmentally expected reactions from pathological forms of resistance.

The criteria of distinction concern the intensity, duration, and flexibility of the reaction, as well as the capacity for mentalization and the outcome. A developmentally grounded reaction is bearable, transient, and can be thought about and shared within the relationship; the client can feel both grief and satisfaction at the same time. Pathological resistance, by contrast, is rigid, prolonged, prone to acting out, and resistant to reflection — loss is not mourned but avoided, somatized, or turned into a sudden crisis.

From this follows the key distinction between developmentally grounded and defensive termination. A client may end therapy because they have developed the capacity for autonomous functioning — but they may equally “end” it in order to avoid deeper closeness, separation, or the activation of earlier conflicts. It is up to the therapist not to take termination at face value but to understand its function in the concrete case: whether it is mature self-emancipation or a flight well wrapped in the language of progress (Mahler et al., 1975; Masterson, 1981).

Typical patterns across different personality organizations

Although the separation dynamic is universal, its form depends on the client’s personality organization. For each, one can single out the dominant separation fear, the characteristic resistance, and the countertransference pitfall into which the therapist most easily falls.

Narcissistic organization

In clients with pronounced narcissistic organizational features, parting threatens the loss of the idealized selfobject and of the mirror that maintained self-esteem (Kohut, 1971). The typical resistance is devaluation — a sudden diminishing of the importance of therapy and therapist (“it didn’t help me much anyway”), by which the pain of loss is preempted. The countertransference pitfall is the therapist’s woundedness or a need to prove their own worth.

Borderline organization

In clients with pronounced borderline organizational features, termination activates abandonment depression and the threat of disintegration of the object (Kernberg, 1975; Masterson, 1981). Resistance manifests through oscillation between approach and rejection, through crises just before the end, and through the risk of acting out and abrupt dropout. The countertransference pitfall is for the therapist, driven by guilt and fear, to endlessly postpone parting or, conversely, to reactively rush to end it.

Dependent organization

In clients with pronounced dependent organizational features, the fear of autonomy and the belief “I can’t manage on my own” dominate. Resistance takes the form of prolongation, helplessness, and the appearance of “new crises” by which the end is postponed. The countertransference pitfall is for the therapist to accept the role of a permanent support and thereby, paradoxically, confirm the client’s belief in their own incapacity.

Avoidant organization

In clients with pronounced avoidant organizational features and a deactivating attachment strategy (Bowlby, 1980), parting is defended against by premature distancing and denial of the importance of the relationship. Typical is the silent dropout: “I’ll call” — and disappearance. The countertransference pitfall is for the therapist to readily accept the apparent ease of parting and fail to name what is being avoided.

Obsessive-compulsive organization

In clients with pronounced obsessive-compulsive organizational features, the separation affect is defended against by intellectualization and control. Resistance is seen in excessive planning, “summarizing,” and control of the pace of termination, by which grief is kept at a safe distance. The countertransference pitfall is for the therapist, too, to flee into a technical, “tidy” closing of the process and thereby avoid the emotional part of parting.

The OLI model of the termination phase

The framework of OLI integrative psychodynamic psychotherapy (Jovanović, 2013) allows the perspectives presented above to be connected into an operational clinical model. In it, the termination phase is understood as a developmental period rather than a technical closure, with three key foci: separation, integration, and evaluation. Its specificity lies in the fact that it simultaneously represents a test of the stability of the basic developmental competencies developed during therapy.

The original contribution of the OLI approach can be defined, in relation to the existing literature on termination, on three points. First, whereas the criterion of termination is traditionally tied to symptom reduction or, in psychoanalysis, to interminable structural change (Freud, 1937; Joyce et al., 2007), the OLI framework operationalizes that criterion through the development of basic developmental competencies — thereby making the intuitive assessment of readiness verifiable. Second, rather than viewing termination as an outcome or a technical act, OLI elaborates it as a process with five defined elements of work, giving the therapist an operational map of the phase. Third, OLI does not choose among the five theoretical

traditions but unites them under the shared construct of competencies. In this way OLI adds to the existing theories of termination not a new theory but an integrative and operational framework that translates them into clinical criteria and steps.

The five elements of the work

The termination phase is not a single moment but a process with internal steps. The OLI model singles out five elements of the work that intertwine in practice yet retain a logical sequence: recognizing separation themes, working through separation anxiety, recognizing and understanding separation resistance, planning the ending, and finally the closing session as a symbolic rounding-off of the process. A common clinical error is skipping a step — for example, moving to planning the ending while separation anxiety has not yet been worked through.

Basic developmental competencies of personality as the criterion of readiness

The key contribution of the OLI framework is the shift of the criterion of termination from the question “does the client feel better” to the question “does the client function differently.” Readiness for termination is assessed by the development of basic developmental competencies, among which the following are especially relevant for this phase: tolerating separation, regulating affect without external support, maintaining object constancy, and the capacity for independent reflection. The assessment, then, is not only whether the goals have been achieved, but whether the changes are sufficiently integrated to be sustained outside the therapeutic relationship. These competencies can be explicitly enumerated in the model and operationalized through indicators, which makes the model clearly defined and amenable to empirical testing.

The OLI framework distinguishes eight basic developmental competencies (Jovanović, 2013), which we briefly describe here for readers not primarily trained in the model:

Neutralization (“the psyche’s regulator”) — the capacity to convert instinctual energies (aggressive and libidinal) into neutral energy in the service of rational thinking and problem-solving; the person “does not lose their head” even in emotionally charged situations.

Mentalization (“the psyche’s articulator”) — the capacity to reflect on one’s own inner states and to grasp that others have their own beliefs, wishes, and intentions; the basis of a “map of the mind” and of secure attachment.

Object wholeness (“the psyche’s glue”) — the capacity to experience another person, and oneself, as a whole, with good and bad sides, without splitting into the ideal and the demonic.

Object constancy (“the psyche’s stabilizer”) — the capacity for the bond with the loved object to remain stable even when the object does not gratify a need or is not physically present; the capacity to “hold it within.”

Frustration tolerance (“the psyche’s immunity”) — the capacity to cope with the discomfort of an ungratified need without abandoning the goal; the person learns from failure and changes strategy.

Ambivalence tolerance (“the psyche’s steerer”) — the capacity to bear opposing feelings toward the same person or activity with a predominance of positive ones, and still reach a clear decision.

Will (“the psyche’s motor”) — the capacity to invest continuous effort in developmental goals; the central force of individuation.

Initiative (“the psyche’s mover”) — the capacity to independently begin and take responsibility for setting something in motion, without another’s prompting.

These capacities, like atoms, are interlinked and build the more complex “molecules” of the psyche — the capacity for love and work.

When brought into relation with the termination phase, it becomes clear that the tolerance of separation is not a separate capacity but their resultant. Neutralization and mentalization allow the affects of parting — anxiety, sadness, anger — not to be enacted through impulsive acting-out or somatization but to be thought and symbolized. Object wholeness makes the therapist be experienced as a whole, avoiding the defensive splitting into idealization (“I can’t manage without you”) and devaluation (“it didn’t really help me”). Object constancy is most closely tied to the parting itself: it is the capacity for the therapist to remain present in the inner world even when physically absent, so that the relationship survives that absence. Frustration tolerance permits bearing the non-gratification of the need to continue the relationship, and ambivalence tolerance allows gratitude and anger to coexist while a decision about the ending is nonetheless reached. Finally, will and initiative carry the developmental meaning of termination: parting is not only a loss but a step of individuation. The tolerance of separation is thus a test of the maturity of the whole set, not of a single isolated capacity.

Internalization of the relationship

One of the key developmental outcomes of the termination phase is the internalization of the therapeutic relationship. What initially existed as an external relationship with the therapist gradually becomes part of the client’s inner world — as the ability to understand, soothe, perceive, and support oneself. It is precisely this process that allows parting to be experienced not as a loss but as a transformation of the relationship: the therapist moves from an external support to an “inner voice.”

Developmental indicators of the termination phase

To distinguish a developmentally grounded from a premature or defensive termination, the OLI framework offers a framework for clinical reflection — not a rigid checklist but a map for orientation. Table 1 summarizes the main developmental indicators.

Table 1: Developmental indicators of readiness for termination

Area	Indicators of developmental termination	Signs that further work is needed
Relation to the problem	Recognizes patterns and reacts differently in real situations	Understands the problem but still reacts the same
Affect regulation	Tolerates unpleasant feelings without an urgent need for relief	Seeks quick soothing or external support
Independent thinking	Pauses, reflects, and decides without relying on the therapist	Expects confirmation, advice, or guidance
Ego functions	Does on their own what they previously did with the therapist (recognizes, pauses, regulates)	Still depends on the therapist to understand and regulate
Separation	Can think about the ending with bearable ambivalence	The ending provokes strong anxiety or is avoided
Relation to the therapist	The therapist becomes an “inner voice” (internalization)	The therapist remains the primary source of regulation

Area	Indicators of developmental termination	Signs that further work is needed
Resistance	Resistances are recognized and can be reflected upon	Resistances are active (postponement, rationalization, dropout)
Stability of change	Changes are present over time and across situations	Changes are fragile or situational
Relation to the ending	Can express both grief and satisfaction about the end	The ending is experienced as loss or its significance is denied

Source: author of the paper.

Clinical interventions

The basic principle of working with separation resistance can be summed up in one sentence: do not force the ending, but do not ignore it either. The therapist seeks a pace of parting attuned to the client's capacities — neither too fast, which avoids separation, nor too slow, which sustains dependence.

The first intervention is translating behavior into meaning. Instead of taking the statement "I come to maintain this" literally, the therapist opens it up: "What would happen if you did not come? What does 'maintain' mean to you?" In this way rationalization is turned into material for the work, and the covert fear of autonomy is given space.

The second concerns working with resistance through the sequence validation — interpretation — exploration of personal meaning. The therapist first recognizes and validates the affect (validation), then links the current reaction to a broader pattern (interpretation), and then explores its unique meaning for the client. In this way resistance is not broken but understood.

The third intervention is support for the process of internalization. Questions such as "What was most significant to you in this relationship?" and "In what way can you now give yourself what you received here?" help translate the experience of the relationship into an inner resource. The aim is not for the client to remember the therapist, but to take over the therapist's functions.

Finally, working with separation resistance is inseparable from the therapist's work on their own countertransference. The questions the therapist asks themselves — "Do I have a need to prolong the work, and why? Am I hastening the ending because I am uncomfortable staying with separation themes? Am I minimizing the importance of the relationship in order to ease parting for myself?" — are as much a part of the intervention as what is said to the client. Supervision here is not a luxury but a means of protecting the process.

CLINICAL ILLUSTRATION: SEPARATION RESISTANCE IN A CLIENT WITH PRONOUNCED DEPENDENT ORGANIZATIONAL FEATURES

The client's identifying details have been altered to protect confidentiality.

Client M, 32 years old, came to therapy because of difficulties in becoming autonomous and a chronic sense of being responsible for the moods of others. She grew up with a possessive mother who experienced any separation on her part — going out, a relationship, a view of her own — as a betrayal, responding with the withdrawal of love or open anger. M thus learned early that autonomy is dangerous: that every step toward herself wounds the other and that punishment follows. These pronounced dependent

organizational features, with an unresolved separation-individuation conflict, formed the core of her difficulties.

The work was conducted once a week, face to face, over about a year and a half. The process can roughly be divided into three stretches: an initial phase of establishing the working alliance and mapping the separation-individuation conflict; a longer middle phase of working through — centered on the relationship with the mother and on the pattern by which autonomy meant aggression and punishment; and the termination phase, which lasted about three months and whose specific separation dynamic is the subject of this illustration.

Over about a year and a half of work, M developed firmer boundaries and greater security in relationships. When the therapeutic goals had largely been achieved and I first opened the topic of a possible ending, claustrophobic symptoms appeared in her — seemingly out of nowhere: attacks of discomfort in elevators and on crowded buses, a sense that she “lacked air,” and a need to get outside immediately. The symptom, as usual, spoke a language M could not yet put into words: she was trapped between two seemingly impossible options — to stay meant suffocating in fusion, and to leave meant committing an aggression for which she would be punished. Claustrophobia thus became the bodily metaphor of separation resistance: the closeness she was not allowed to leave had turned into a room without air.

The decision to open the topic of termination was preceded not only by symptom remission but by an assessment of the development of the basic developmental competencies. By then M could neutralize and think about affects that would earlier have flooded her (neutralization, mentalization) — instead of reacting impulsively or withdrawing, she could name what she felt and talk about it. Her experience of others had ceased to split into idealized and persecutory figures, indicating a consolidated object wholeness. Most indicative was the development of initiative: M had begun to independently start new activities, to assert and expose herself, without seeking my approval or confirmation — a sign that she was freeing herself from the need for constant reliance on an external object. What still “lagged” was object constancy, that is, the tolerance of separation — the capacity to hold me “within” even when I am not physically present. This competency was therefore set as the explicit focus and criterion of the termination phase.

Recognizing the separation theme. M initially said that we should continue “just a little longer, just in case.” Instead of taking that statement literally, I explored its meaning: what it would mean for her to no longer come. After a long pause she said: “I have the feeling I’d be leaving you in the lurch.” The ambivalence between the need to leave and the fear of thereby hurting someone proved to be the central material of the termination phase.

Working through separation anxiety. We connected the claustrophobic symptom with separation. Suffocation in a closed space proved to be a bodily image of her inner relation to a closeness she must not leave. I did not rush to soothe her; instead, we worked on making the feelings speakable and connected to meaning. As that connection became clearer, the attacks subsided.

Working with separation resistance. At the core of the resistance was a transference fantasy: M believed that, if she left, I would become angry with her — just like her mother. I asked her how she imagined me after her departure. She described an image of a therapist who was “hurt and cold,” who had “given up on her.” Thus we

reached the core of the resistance: in her unconscious, autonomy was an aggression that destroys the object, and prolonging therapy a way to spare the object.

The meaning of the therapist's anger. The central part of the work was distinguishing me from the maternal figure. We explored the difference between her mother's experience of her separation as betrayal and my stance, according to which her departure is a sign of success, not abandonment. The question "what would my anger mean to you?" opened up a whole layer: for M, another's anger had always meant the loss of love and confirmation that she was "bad" when she wanted something for herself. Gradually she was able to bear the idea that someone can let her go without anger — and that her autonomy need not hurt anyone.

The nature of the interventions was, throughout the therapy and in the termination phase as well, predominantly transference-interpretive rather than advisory or supportive. The work proceeded in two steps: we first analyzed in detail her relationship with her mother — the way every separation had been experienced as betrayal and followed by a withdrawal of love — and then found its link (the transference connection) to the current relationship with me. Only once this connection had become conscious could the separation resistance be worked through rather than merely understood rationally. The ending itself was neither imposed nor hastened: the pace was hers, through a gradual spacing out of sessions.

Planning the ending and the closing session. We planned the ending together, through a thinning of sessions, so that the pace would be hers and not imposed. In one of the last sessions M said: "Strange — now that I know I'm allowed to leave, I no longer feel suffocated." The claustrophobic symptom, which had carried the unbearable separation, receded once separation became thinkable. In the final session she said that, when she feels the old panic, she "hears" my voice telling her that she is allowed — a sign that the relationship had become her inner resource, that is, that internalization of the therapeutic relationship had taken place.

Discussion: controversies and directions for further research

The topic of termination is burdened by several enduring controversies. The first is Freud's dilemma about when therapy is truly "finished" — a question that no criterion has so far resolved in a generally accepted way, so it remains open whether termination should be tied to symptom reduction, to structural change, or to the capacity for independent work. The second is the tension between the model of a "clean" ending, with a clear and definitive parting, and more flexible, relational models that allow an open ending, occasional consultations, and the possibility of return. The third concerns the difference between time-limited and open-ended therapy, in which the separation dynamic has neither the same form nor the same intensity.

A particular question is raised by the increasingly widespread combination of in-person and online work, whose advantages and limitations the contemporary literature is mapping ever more systematically (Furmańska et al., 2025). If separation in the termination phase is played out, at least in part, through the loss of a shared physical space — the room, the waiting room, the ritual of arriving and leaving — then the absence of a physical meeting in online work changes the very "scene" of parting. Two opposite hypotheses are possible. According to one, the screen already represents a partial separation, so the final parting is less abrupt — the therapist was never fully "there," and their loss is more easily cushioned. According to the other, it is precisely

this absence of full bodily presence that hampers internalization: without a shared space as an “enveloping” holding (Winnicott, 1958), the internal object may remain less firm and parting paradoxically harder. The online setting additionally facilitates covert forms of resistance — silent dropout is reduced to a failure to log in, a single “click” instead of the bodily act of not showing up. This is an open empirical question: whether the medium changes the nature of separation resistance or only its form remains to be examined in future research.

The most serious limitation of the field is the empirical deficit: the psychodynamic literature on termination is rich theoretically but poor in systematic research (Rabinowitz et al., 2025). Here the clearest direction for further work opens up. The OLI framework offers concrete, operationalizable constructs — basic developmental competencies and a table of developmental indicators — that could be translated into measurement instruments and empirically tested. Future research could examine whether these indicators predict the stability of change after termination, and could qualitatively map the processes through which the therapeutic relationship is internalized. This would fill the gap between rich clinical theory and scarce empirical evidence that characterizes this field.

Conclusion

Separation resistance in the termination phase is not an obstacle to be removed, but the last and often deepest opportunity for work. The way a client copes with parting mirrors the way they coped with the whole relationship, with change, and with their own inner conflicts — so the termination phase is, in the true sense, the integrative moment of therapy.

A review of the five perspectives shows that they are not competing but complementary, and that each illuminates a different layer of the same process. Psychoanalysis names resistance, the repetition compulsion, and the work of mourning; object relations theory explains how the object is internalized, mourned, and survives the client’s aggression; self psychology describes the gradual taking over of selfobject functions into one’s own structure; attachment theory places parting in the context of the secure base and the revision of internal working models; and contemporary relational approaches emphasize mutuality, encounter, and the therapist’s authentic presence. Where they meet lies a shared insight: a mature ending is not the absence of pain, but the capacity to bear that pain, think it, and turn it into growth.

The specific contribution of the OLI framework is that it translates this theoretical mosaic into an operational clinical language. By tying readiness for termination to the development of basic developmental competencies — tolerating separation, regulating affect without external support, maintaining object constancy, and the capacity for independent reflection — the OLI model offers testable benchmarks for a decision that has traditionally remained largely intuitive in the literature. The table of developmental indicators and the five elements of the work give the therapist a map that guards against two symmetrical errors: a premature “clean cut,” by which separation is avoided, and endless postponement, by which dependence is maintained.

The clinical illustration of client M shows that these principles concern not abstract theory but a concrete body and a concrete fear: the claustrophobic symptom receded the moment separation became thinkable and the therapist, in the client’s experience, ceased to be the mother who punishes separation. Herein lies the essence of the stance

this paper advances — separation resistance is neither overcome by force nor bypassed, but understood, as the last and most honest message about what parting has always meant for the client.

In the end, everything returns to the basic premise of psychotherapy — that change is brought not primarily by what is said, but by the way we have been in the relationship. What the client takes away is not only understanding, but the experience of being able to be in a relationship and, at the same time, to be oneself. And the most reliable sign that the work is done is that moment when the therapist, no longer needed as an external support, continues to exist as an inner voice.

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