Gerald Gargiulo wrote the following comment and response to a recent Ethics Forum column by Andrea Celenza, “Romantic Relationships and Boundaries,” that appeared in the Summer 2009 issue of this newsletter (Vol. XXIX, pp. 23-24). The editor.

While I appreciate and am in agreement with your major observations, I was more than puzzled by the sentence: “In psychoanalysis, however, we make a contract beyond termination in the sense that we are always a patient’s analyst, whether or not current meetings are taking place” (p. 23). I would appreciate knowing where the theoretical or historical justification can be found for such a position? As I read it, such a position implies more than a religious commitment to patients and, in fact, is in danger of elevating an analyst beyond the professional relationship that being either an analyst or a patient entails.

All too often have I heard that the transference endures. I hope not! If we are engaged in a therapeutic practice where we foster something in a patient that cannot be resolved by the treatment itself, I am convinced we are involved in profoundly unethical behavior. That does not mean that one starts having social relationships with former patients. (In analytic institutes, however, one might become more friendly with a former patient, now a colleague.) What it does mean is that psychoanalytic treatment is an effective process for resolving transference issues to the point that one’s analyst is known for what he or she did, what he or she did not do, for their human capacities and perhaps their human foibles.

One should leave therapy with appreciation but without indebtedness or prolonged conscious or unconscious yearning. Otherwise what are we doing: collecting disciples, under the guise of therapeutic care? If the transference is resolved, then a person is free, as well as his or her former analyst, to seek additional treatment with them or with someone else. If the transference is not resolved, it is probably in a patient’s best interest to seek a different analyst. Confidentiality does not mean that one is bound to take back a former patient, nor are they obliged to feel that they should come back. And if a former analyst and patient do come in relatively constant contact, of course, an analyst must simply wipe from his or her day-to-day memory whatever transpired in treatment.

So, as you can see, I am puzzled with such a position. If so, I would appreciate your thoughts.

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