

THE EXIT LINE:  
HEIGHTENED  
TRANSFERENCE-  
COUNTERTRANSFERENCE  
MANIFESTATIONS AT  
THE END OF THE HOUR

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"Every exit is an entrance to somewhere else."

—The Player in *Rosencrantz and  
Guildenstern Are Dead*,  
by Tom Stoppard.

**E**TCHED IN THE MEMORIES OF movie-goers everywhere is the image of Clark Gable, as Rhett Butler, pausing in the doorway and turning to Vivien Leigh (Scarlet O'Hara), as he says, "Frankly, my dear, I don't give a damn." Scarlet is stunned and rendered speechless by his comment. As he exists into the mist, she can only watch, silently and helplessly, unable to respond. This well-known vignette is an example of the exit line, a popular dramatic device used by playwrights for centuries. The character using the exit line gains the upper hand in that he has the last word in the conversation, leaving the character remaining on stage with a message that he must struggle with alone and in silence, feeling powerless and unable to react with a rebuttal. We have all known people who appropriate this dramatic device to assume control in certain discussions, to

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The author is indebted to Dr. Alfredo Namnum and Dr. Irwin Rosen for their helpful comments on this paper.

make an impact in social situations, or to have the last word in a personal argument.

Over a number of years, I have been paying particular attention to the last communication in the hours of patients in psychoanalysis and psychotherapy. I have discovered that these exit lines are often of extraordinary importance in the therapeutic process; occasionally, the exit line may be the most important communication of the hour, conveying a message that the patient feels he cannot say on the couch or in the chair. These comments deserve careful attention from the analyst because the patient is not likely to bring them up in the next hour. The exit line is stated *while leaving* precisely because the patient wants to keep it *out* of the session. More exactly, the patient is *ambivalent* about communicating this material in his sessions. Hurling it as a parting shot is a compromise between saying it and not saying it. The communication is often so emotionally charged that it can only be conveyed to the analyst as the session ends, where a breather from the situation will follow. Freud (1913) noted that some patients, who object to lying down, view these final comments as separate from the formal treatment process. He advises the analyst not to accept this artificial separation: "He takes note of what is said before or after the session and he brings it forward at the first opportunity, thus pulling down the partition which the patient has tried to erect" (p. 139). While Freud identifies the partition and its significance, he does not discuss the content of these parting comments.

Following Freud's observation that many patients try to construct a partition between the session proper and the departing words, we can extend this observation and see that certain patients conceptualize their experience as two separate treatment processes: the first occurs in the formal session itself, while the second begins with the exit line and involves a fantasied continued relationship outside the session. The exit line is often designed to leave the analyst with a certain affective state, e.g., anxiety, anger, envy, or sadness, linked to a mental

representation of the patient as he was experienced while leaving the office. In this way the patient fantasizes he has triumphed over the finite limits of the session. He thus defends against the narcissistic injury of being told that his time is up and that his analyst will not gratify his wish to stay. "The session has not really ended," thinks the patient as he leaves the office, "because my analyst is continuing to think about me." Moreover, the exit line is often a moment of heightened transference manifestations, where a feeling that has been latent during the hour suddenly becomes overt as the patient leaves the office; or alternatively, a defense against the emergence of the transference feeling becomes manifest at the time of departure. Clinical examples will illustrate some of these patterns.

Mr. A. was a twenty-seven-year-old single professional man who had come to analysis because of difficulties in establishing and maintaining long-term intimate relationships. After approximately one year of analysis, he had grown increasingly dependent on his analyst, and was alarmed and anxious about his analyst's taking a long weekend which entailed missing two sessions. On the Monday following this long weekend, Mr. A. came to the session ten minutes late and talked in some detail about the horrible weekend he had just experienced. He described a party where he felt "incredibly vulnerable" each time he attempted to establish conversation with a female. He felt he had no control in these situations and that other more experienced and more mature men had considerable advantage over him. He felt extremely depressed as a result of his failure to hit it off with the women at the party and left feeling depressed. He explained to his analyst that he felt abandoned over the weekend and had needed to see his analyst more than ever. He told his analyst how dependent he felt on him and how he thought of him often during the long weekend. He poignantly described how he burst into tears when he got into his car following the party. A long silence followed this comment. Although it was the analyst's practice to announce the ending of the session, on this particular day Mr. A. glanced at

the clock when five minutes remained in the session, abruptly stood up from the couch, and said point-blank, "That's all I have to say. Good-bye." As the door slammed, the analyst was left alone, with no opportunity to respond. The next day Mr. A. returned at the appointed time and had difficulty starting his associations. The analyst, following Freud's advice (1913), asked for any thoughts about the ending of the previous session. Mr. A. explained that he felt the same situation, which plagued him at the party and in his life in general, was operative in the analytic setting as well. He felt "vulnerable," in a "one-down" position *vis-à-vis* the analyst, and completely out of control. He had realized at the end of the session that his only source of control was ending the hour himself, rather than waiting dutifully for the analyst's announcement that the time was up. When the analyst commented on the apparent anger in his exit, Mr. A. rattled off a list of grievances, including the analyst's silence after such a long weekend, which confirmed to the patient that he was unacceptable, a recent fee increase, and a time change from the week before. Mr. A. stated that he almost did not come to the session to see if his analyst cared enough to call him. He imagined that the analyst was contemptuous of him and enjoyed his difficulties with women, just as he imagined the more mature men at the party did.

In breaking the usual structure of the termination of the hour, Mr. A. was attempting to actively master what was passively experienced. Lying on the couch, awaiting the words of the analyst to give him permission to leave, was an intolerable state of affairs, as it was emblematic of his perception that he was totally out of control and vulnerable to the whims of the analyst. Moreover, further exploration of transference feelings revealed anxieties about passivity in relation to controlling and dominant men, which were traced to his relationship with his father. The example also nicely illustrates how a latent transference issue may become overt at the exit line. The patient's anger at his passivity and his lack of control was not expressed while he was on the couch. Rather, he talked about missing his

analyst and how the separation from him made him depressed and lonely. Beneath his sadness and buried in the long silence before the exit was a smoldering anger which only became obvious when the patient rose from the couch and angrily delivered his exit line. Finally, the example demonstrates how a prohibitive analytic superego was operating to keep Mr. A.'s anger in check while on the couch. When the patient stood up from the couch, he not only gained control and superior position by virtue of his posture, he also threw off the superego restrictions he associated with the couch and was able to vent his anger. Had the analyst not called his attention to the exit at the beginning of the subsequent session, he may have continued to inhibit the expression of this affect and this transference paradigm. As it turned out, his exit was an entrance into new material.

Miss B., a twenty-five-year-old narcissistic patient in psychoanalytic psychotherapy, was complaining to her therapist about his upcoming four-week vacation. In the last session prior to his vacation, she was enraged at her impotence to change her therapist's plans. She suggested he split the vacation into two-week segments, to no avail, and declared that her therapist was capricious and inconsiderate of his patients' needs. She also acknowledged her envy of the therapist's ability to leave whenever he wished. At the end of the session, she walked to the door, looked back at the therapist and said, "I guess the only way to make you come back from your vacation is to commit suicide." With that farewell, she slammed the door and stomped out of the office.

This exit line was intended to leave the therapist with anxiety and with guilt. Miss B. hoped that her therapist would worry about her during the entire vacation and thereby continue their relationship in fantasy, as she would certainly do. Moreover, as a way of dealing with her envy of the therapist's freedom to go on vacation, she attempted to spoil what she could not have by planting the seed in the therapist's mind that she might kill herself while he was away. Finally, her comment

was an effort to render the therapist as impotent to change her situation as she was to change his.

Mr. C., an exhibitionist in psychoanalytic therapy, attempted a similar maneuver in his last session prior to an absence of the therapist. After a prolonged period of time without any incidents of exposure, he began to talk about his impulse to exhibit himself again. This subject came up in the last ten minutes of the session. He went on to say that he might not be able to control it. After the therapist said that his time was up, Mr. C. got up from his chair and said, "When you come back, I'll probably be in a mental institution or a jail." After the absence, Mr. C. returned to therapy and acknowledged that indeed he had exposed himself while the therapist was away, although he was not apprehended by the authorities. In exploring his motivation for the return of his symptom, he acknowledged that he wanted the therapist to worry about him as a way of continuing the relationship throughout the vacation.

As with Miss B., Mr. C. attempted to induce guilt in the therapist and to exert some effort at gaining control of a situation where he felt powerless to affect the therapist's decision. These examples are somewhat dramatic because they occurred before a vacation. However, some patients develop a regular pattern of significant communications through the exit line.

Mr. D. was an obsessive-compulsive young man in psychoanalytic therapy twice weekly. He presented himself as a submissive and passive "good boy." He was completely unable to express his anger within the therapy sessions. Instead, he refused to pay his bill. Moreover, he developed a pattern of ventilating his anger with an exit line. One day, after failing to voice his anger about his feeling that his therapist was staring at him during the session, he strode to the door and said, "I guess you didn't catch my cold," referring to a previously expressed concern that he might give his therapist his cold. On another occasion, after he was confronted about his failure to pay his bill, he exited with the following comment: "Don't freeze to death!" Shortly thereafter, another session ended with,

"Don't slip on the ice!" One of his most remarkable exit lines occurred after a session where he was largely silent except for an occasional comment on his failure to pay his bill. The therapist connected his failure to produce payment for the bill with his failure to produce verbal material for the sessions. After a prolonged period of silence, he was informed that the time was up. As he went to the door, he turned and said: "I almost bought you a book at a sale yesterday. It was by a physician and was entitled, *Thirty Years of Rectal Practice*." Following his informing the therapist of his benevolent intentions to buy him this gift, he rapidly left the room and slammed the door. When his therapist brought up this comment during the next session, he was able to explore his feeling that the attempt to extract money and words from him was comparable to an intrusive finger in his anus attempting to extract feces.

Further exploration of Mr. D.'s associations to his exit line produced new genetic material about a highly ambivalent relationship with his mother, which involved issues of withholding and control. As with Mr. A., this clinical case illustrates how an exit line may be an entrance into new material which will otherwise go unanalyzed because of the patient's ambivalence about bringing it into the hours. Appelbaum (1961) notes that the last response on the Rorschach test is often the most important and most revealing about the patient's psychopathology. He points out that the fact that the patient can only present certain information about himself as time is running out is in itself diagnostic. He says, "It may be that inhibition, shame or guilt prevents him from being sufficiently free and spontaneous to show many sides of himself. Or, perhaps, it results from a problem over giving and withholding in general" (p. 127). So it was with Mr. D. He experienced his therapist as a mother who was demanding that he produce his feces (words and money) when and where she ordered him to. To defy what he felt as a sadistic and unreasonable command, he withheld his productions until the last moment, when he let them go under his own control. In so doing, he attempted to make active what

was passively experienced, ventilating his sadism in what he experienced as angry comments. However, as can be seen from the examples, his characterological defense of reaction formation got the best of him in each of these exit lines. Seeing through the reaction formation, the exit lines can be heard as follows: "Don't slip on the ice!" can be heard as, "I hope you slip on the ice." "Don't freeze to death!" can be understood to mean, "I wish you would freeze to death." Even his attempt to equate his therapist with a sadistic and intrusive mother who was forcibly extracting his bodily contents had to be cloaked in the explanation that he had thought of buying him a gift. Despite the reaction formation, the anger intended in these exit lines still came through to the therapist. Because of omnipotent concerns about the devastating power of his anger, he had to exit immediately after any hostile expression. He feared his therapist would be profoundly affected by these comments and would retaliate in massive and destructive fashion. Hence these words could only be said as he left the office, out of danger from retaliation.

The end of each hour is a separation. As such it is likely to reactivate anxieties about earlier separations. In all four of the clinical illustrations above, the exit line can clearly be understood as a defense against the feelings evoked by the experience of separation. Mr. A.'s attempt to gain control of the ending of the hour, like Mr. D.'s attacks in the doorway, was designed to leave the analyst with a taste of him after the session, but also served the purpose of his carrying his therapist out the door with him in a fantasied angry power struggle. As Mr. D. walked to his car, he would imagine that his therapist was pacing in his office, fuming with anger. This fantasied relationship would sustain him between hours. Miss B. and Mr. C. also departed before the therapist's vacations with the introject of a worried, caring therapist to sustain them during the absence. Separation is passively experienced, and the act of standing at the end of the session provides a certain feeling of being in control and active. It is from this active position that the patient hurls a



parting shot to defend against the passivity and helplessness of being abandoned. Even Rhett Butler, one may argue, did, in fact, give a damn. The saga of the relationship between Rhett and Scarlet would lead us to believe that he cared very much for her, and his "I-don't-care" stance as he left can be viewed as a narcissistic defense against feeling hurt, anxious, and alone.

Heimann (1955) describes a patient who took great pleasure in insulting and accusing her. He would characteristically inform her at the end of the hour that he had not been helped and that he would be as much tormented after the hour as he had been before it. She reports that he flung this parting shot at her with great relish. The hostile triumph contained in his tone conveyed the attitude: "I shall torment you after the hour exactly as I have done here. You cannot escape me!" (p. 249). Heimann points out that her patient was saying not only that his analyst would suffer, but that he could triumphantly control and torment this object because he had introjected it. She explains his behavior by invoking Freud's suggestion that introjection may be the only means by which the ego can give up an object (1923). The patient introjected her in order to continue his attacks between treatment sessions. As Heimann suggests, the analyst is well advised to look beyond the defensive hostility contained in the exit line in order that the underlying concerns about separation may be examined.

Up to this point I have described some exit lines that have a striking similarity to the dramatic variety. For the purposes of this paper, however, I have broadened the definition of the exit line (at the risk of straining the metaphor a bit) to include any final communication uttered by the patient as he leaves the office. Within this widened conceptualization, a number of variations may be observed, several of which I shall illustrate with case examples.

### *The Curtain Call*

Miss E., a twenty-two-year-old woman with narcissistic character pathology, had come to psychotherapy regularly for a period

of weeks. Typically, she came into the room, sat in the chair, and talked immediately and continuously. She would talk about her boyfriend, her father, her siblings, and a host of other acquaintances. She rarely looked at her therapist and did not seem to talk to him. Rather, she talked as though he were not in the room, as though she were performing for an unseen audience. This style of talking had a distancing effect, which made it difficult for her therapist to understand her meaning or to view the therapy process as a relationship between two people. When she was told it was time to go, she would habitually stop in mid-sentence and exit without a word. One day, after this pattern had gone on for about three months, her therapist told her it was time to stop. She got up from her chair and hesitated before leaving. She turned to the therapist and pointedly asked, "Is this boring to you? Am I getting anywhere in psychotherapy?" She seemed completely different as she inquired as to how she had performed: she was warm, genuine, and looked directly into her therapist's eyes, as though she were acknowledging for the first time that he was a real person who mattered to her. After he told her that they could discuss these questions at her next session, she exited without further comment.

This pattern continued for several weeks and always left the therapist with a feeling that he had seen a performance, after which the actress stepped out of character and gave a curtain call, in which she wished to know the response of her audience. It was as though she were asking if she had performed properly during the session. Only at the end of the session did the real Miss E. emerge. In Winnicott's terms (1960), her "false self" came to the sessions, sat in the chair and talked for 50 minutes, while her "true self" only appeared at the exit line. She had such intense anxiety that her true self would not be acceptable that she defensively presented a false self, which she hoped would be more acceptable. As the therapist empathized and responded with enthusiasm each time she stepped out of character and showed him a glimpse of her true self, she grad-

ually began to drop the role and show more and more of the actress behind the role. As she felt more accepted and more comfortable, the need for a curtain call and for an exit line of this kind disappeared.

### *The Last Second Question*

Mr. F., a twenty-two-year-old student, came to psychotherapy after several abortive attempts at therapy elsewhere. Many of his early sessions were filled with comments about the intimacy of his relationship with his previous therapist. He always referred to this therapist by first name when describing the various trips they took together and the informality with which the treatment had been conducted. Mr. F.'s new therapist listened patiently and suggested that Mr. F. might be telling him about the kind of relationship he wanted in his current therapy. Mr. F. denied that this concern was behind his comments and assured his new therapist that he was satisfied with the way things were going. At the close of each session the therapist would inform Mr. F. that his time was up, after which Mr. F. would characteristically stand up and linger at the door for a moment so that he could ask the therapist a question. Many of these questions involved personal information about the therapist. For example, after a brief vacation of this therapist, Mr. F. asked, "You got a tan. Did you go skiing?" Another time he asked in an offhand way as he strode to the door, "Going home for Christmas?" Other questions involved the therapist's religious preferences and his political attitudes. The therapist repeatedly felt that he was caught off guard and did not know how he should appropriately respond to such queries. He failed to bring the exit lines back into the following sessions so that the pattern continued unexamined.

One purpose of this type of exit line is to catch the therapist off guard and collect some personal information about him to satisfy the patient's curiosity. As with so many other exit lines, it also serves the purpose of turning the tables so that the ther-

apist is on the receiving end of the questions and is playing the passive role *vis-à-vis* the patient's active role. Moreover, this pattern of questions at the end of the session is an attempt to prolong the session beyond the 50 minutes allotted for it. The personal questions also carry a certain poignancy; the patient is indirectly informing the therapist that he is lonely and longing for an intimate relationship. These exit questions were part of an attempt to gain a special relationship like the one with the previous therapist by obtaining inside information about the therapist and an extra minute or two of his time. When the therapist finally confronted Mr. F. with his curiosity about him and his pattern of exit questions, the patient was able to bring much more of this material into the sessions. He acknowledged significant difficulties in his relationship with his father and a yearning for his therapist to be a new and different kind of father to him. His inquiries were an attempt to find out significant aspects of his therapist's personal life to provide a basis for identification. He fantasied that by identifying with his therapist, he could overcome his own shaky and diffuse identity and form a more satisfying father-son relationship.

### *The Stereotyped Exit*

Mr. G., a young professional man with an obsessive-compulsive character structure, left his analytic session every day in the same stereotyped manner: he rose from the couch, walked to the door, and said, "See you tomorrow." If Monday were a holiday, he would say, "See you Tuesday." If it were the last session before vacation, he would say, "See you on Monday the 16th," etc. He always was perfect in his identification of the next date that he would see the analyst. This pattern continued for some months until a breakthrough occurred in the analysis when the patient forgot a session. The following day he came to his session and realized in the course of his associations that he was not fully in control, that he had an unconscious which influenced his behavior. It was a great discovery for him, and

as he left during this pivotal session, he rose from the couch, walked to the door, and said with a twinkle in his eye, "See you tomorrow . . . I think."

Mr. G.'s stereotyped exit line was a character defense against being affected by the analysis. His departure each day conveyed the message to the analyst that he was in control. He wanted to let his analyst know that he was *not* under the influence of his unconscious, that he was a machine that operated with precision. After his memory lapse, he indicated to his analyst through this slightly altered exit line that he had changed. He acknowledged that he was not a machine, but a human being with a dynamic unconscious that affected his behavior. This vignette illustrates how a change in the exit line may reflect a major change in the analytic process. Not only did he convey to the analyst that he was human and subject to human error, but with his wry humor he also communicated that he recognized he had formed a meaningful relationship with his analyst.

Stereotyped exits are extremely common in practice. Nannum (personal communication, 1980) suggests that the stereotyped exit is encouraged by the analyst's stereotyped way of ending the hour. The stereotyped departure may serve the function of binding a variety of anxieties around separation and endings in general. While the exact content of this kind of exit line varies widely, one of the variations is the complete absence of an exit line. Some patients respond to being told that the hour is finished by silently getting up and leaving without even so much as acknowledging the presence of the analyst. This behavior often serves as a denial that there is any meaningful relationship from which the patient is taking leave.

### *The Attempt to Censor Unacceptable Material*

A twenty-nine-year-old man, Mr. H., had been very resistant in analysis for quite some time. During one session, he found himself getting into very sensitive material in spite of himself. He began associating to a dream in which thinly disguised in-

cestuous material appeared. His associations about his mother led him to recall sexual play with his sister as a child. This material was highly unacceptable to him, and he longed for the hour to be over. When the analyst finally informed him that his time was up, he sat up on the couch, looked at his analyst, and exclaimed, "Good!"

Miss J. was developing an erotized transference to her analyst. She was very ashamed of this development and wished to keep it out of the analysis. After spending most of her hour with avoidant associations, she introduced a dream in the last few minutes. In the dream she was sensually kissing her analyst and starting to undress him. As the hour was coming to a close and there was no time to associate to the dream, the analyst suggested that she might like to explore it further during the next session. Miss J. jumped from the couch and told her analyst, as she went for the door, "That's okay. No need to go into it."

Mr. H.'s and Miss J.'s exclamations at the end of the sessions were designed to inform their analysts that this material was to be censored from future sessions. The message conveyed was that this area was off limits, and the analyst should not bring it up again. In each case the patient was giving the analyst his orders in no uncertain terms. One of the most common forms of attempting to censor material from the analysis at the end of the session is the habit of falling silent during the last few minutes of the hour. In so doing, the patient controls the termination of the hour as well as the subject of the final minutes. He also prevents the narcissistic injury of being interrupted in the middle of his associations by the unpleasant reality that his time with the analyst is limited. This pattern may also reflect the analysand's envy of his analyst's control. Here again a word of caution is in order: the analyst may focus exclusively on the patient's wish to control and thereby ignore the underlying passive experience of separation and abandonment, against which the controlling behavior defends.

*The Cry for Help*

Mrs. K. had been coming to psychotherapy for a period of five weeks without being able to identify specific problems for which she wanted help. She was very polite and agreeable with the therapist, but denied having any problems with which the therapist might help her. She presented herself hour after hour as though she had no need to which the therapist might respond. Finally, after a session characterized by complaints of a chest cold and particular denials about any need to which the therapist might respond, she stated as she left the office and stepped into the corridor, "If I collapse out here, I hope you will take me to the hospital."

Mrs. K. could only acknowledge her need for help after the session was over. Many patients are so conflicted about what they perceive as excessive neediness that they cannot acknowledge that they need anything at all from the therapist. The cry for help may come only from the corridor, from the telephone, or in a letter. Moreover, as with Mrs. K., it may only be communicated around a physical illness. In other cases the cry for help may be much more subtle, even cryptic.

Miss L., a young college student, was referred for psychotherapy by her parents. She came to the first session reluctantly and was unable to acknowledge that she needed treatment. She devoted most of her energies to impressing her therapist. She told him how well she had done in college and how an older professor had found her very attractive. She also recounted the many times she had been misunderstood by men because of a contradiction between her outward seductive appearance and her inner moralistic values. She smoked heavily throughout the hour and, due to her anxiety, missed the ashtray on several occasions. When the therapist informed her that the time was up, she rose to leave and noticed the ashes on the floor. Apologetically but pointedly, she said, "I got ashes all over the carpet. I hope somebody will clean them up," and she left the office.

Miss L.'s metaphor was clear to her therapist. She had told

him that he needed to pay attention to more than her external appearance. She had messy parts, of which she was ashamed, and which, like the ashes, needed to be “cleaned up.” She was also asking the therapist if he could tolerate her anal sadism in the form of her messiness. Some patients find the act of seeking help so humiliating that they can only acknowledge the need in disguised form as they leave the office, thus avoiding the derisive and critical response they fear from the therapist.

### *Reparation*

Miss B. spent an entire session in one continued expression of intense anger at her therapist. She accused him of being stupid, lazy, and uninteresting. She also blasted him for dwelling on the negative things in her life, which resulted in her being depressed. She accused him of never giving her feedback on anything she said, and she maintained that he only saw her to collect his fee. After 50 minutes of barely modulated rage, the therapist informed Miss B. that her time was up. She stormed out and slammed the door behind her. A second later she opened the door again and said in a meek little voice, “I hope I wasn’t too hard on you with all that anger.”

This vignette illustrates the tendency of certain patients to make reparation at the end of the session for the damage they feel they have done the therapist during the session. In Miss B.’s case, her exit line was usefully brought into the sessions. This exit line proved to be an entrance into previously unexplored material. Miss B. recounted many times in her childhood when she was convinced that her anger had killed her mother. She described how, after an angry outburst at her mother, she found it necessary to check back on her mother’s whereabouts to reassure herself that her mother was indeed still alive. The assertion of her anger was linked with an assertion of herself as an individual separate from her mother, which carried with it the risk that the desymbiotization would ultimately kill her mother. Her checking back at the end of the session to see if



the therapist was damaged was clearly a recapitulation of this developmental moment, which is characteristic of the rapprochement subphase of separation-individuation (Mahler et al., 1975). Also, when the therapist noted with approval that she had shown him concern in her exit line, this facilitated the uncovering of a number of depressive anxieties about her ability to damage irreparably the person she loved the most.

### *The Analyst's Exit Line*

Mrs. M., a fifty-eight-year-old woman, was terminating psychotherapy. Throughout her therapy she had been extremely inhibited when it came to working within the transference. She steadfastly maintained she had no feelings for the therapist—he was only a professional person like a dentist or an attorney, about whom she developed no personal feelings. In the next to last session the therapist sought to help Mrs. M. deal with her feelings about termination. Despite his efforts, she continued to maintain she would not miss the therapist in any way. She denied that she had formed any emotional attachment to him and said she was sure she could find other people to talk to. At the end of this session the therapist suggested that she think more about her feelings regarding termination before their last session. As she walked to the door, the therapist also advised her to bring a payment plan to the last session, which would detail her plans for paying off her accumulated unpaid bill. In the following session, Mrs. M. informed the therapist she had reacted very strongly to his last comment about bringing a payment plan. She said because it was the last thing that the therapist said, it had stayed with her as she drove home, and she could think of nothing else. In an unusual outburst of anger, she said it confirmed that all that therapists cared about was getting her money. She explained that one of the reasons she refused to have any emotional attachment to the therapist was that she would only be disillusioned ultimately because the therapist's primary interest was in her money, not in her as a person.

Because it had been the last thing the therapist said to her in the session, she attributed special importance to it and allowed that parting comment to erase all the other comments made earlier in the session by the therapist. Also, she held on to her therapist's last words to avoid dealing with her grief at his loss and to discount him as a lovable object.

Just as the patient's exit line may have extraordinary significance to the therapist, the therapist's parting comment may have similar significance to the patient. As Mrs. M. indicated, an exceptional position may be attributed to the last comments made by the therapist in the session. These comments may serve as a nidus for the introjection of the therapist along with a certain affective state linked to the therapist. These words are often treasured and overvalued as having some sustaining effect on the patient to allow him to tolerate more easily the separation from his therapist until the next appointment. Developmentally speaking, words are the first substitute for the object. They carry the cathexis of the object in the primary process and are therefore particularly overvalued at separation. It behooves the analyst to pay special note to parting comments and to be particularly attuned to the tendency for countertransference to infiltrate them. Just as the patient may be sitting on certain feelings throughout the session only to discharge them as he leaves, the analyst may also be harboring certain thoughts or feelings throughout the session, and he may allow these inadvertently to slip out at the close of the session. We must be mindful of the fact that the termination of the hour is also a separation for the analyst. Particularly before a prolonged absence, he may be prone to act out his countertransference feelings about the separation by changing his characteristic style of ending the hour or by announcing the end of the hour a minute or two early. As the patient is passive to the analyst's ending of the hour, so is the analyst passive to time. Time is our master. The analyst too may feel rejected as the hour comes to a close. Hence a slight variation in an analyst's characteristic way of ending the hour is at least as fraught with meaning as a change in the patient's characteristic way of leaving.

An analyst typically ended his sessions by saying “good-bye” to his patient. After one particularly disconcerting session, during which his patient seemed to be at risk for decompensating, the analyst ended the hour by saying, “See you tomorrow at 2:00.” After the patient’s departure, the analyst was surprised at his unplanned farewell statement. After reflecting on the meaning of his uncharacteristic way of ending the hour, he realized that his anxiety about what he perceived as an emergency in his patient had caused him to depart from neutrality. His comment that he would see the patient at 2:00 tomorrow was a reassurance that his patient could count on his being there the following day at the usual time.

### *Summary*

Final comments in many contexts have privileged positions among the many communications we make to one another as human beings. Deathbed pronouncements are treasured for their alleged profundities. “Famous last words” are catalogued. As we listen to political debates, we are particularly attentive to the closing statements of the candidates in the belief that something of superordinate importance will be revealed in these final words. Patients who come to us for psychotherapy and psychoanalysis also convey special messages in their parting comments. Final words are heavily invested because they bear the feelings deriving from earlier separations, complete with the longings to fuse with the earliest objects. Moreover, the cathexis belonging to the object may indeed be displaced onto words. In this paper I have sought to delineate and to describe certain patterns of exit lines which may provide useful information for the clinician. These “last words” are saved for the hour’s end to keep them out of the therapeutic process and to render the therapist impotent and unable to respond. However, the therapist need not despair because he can bring these comments into the following hour as the focus of much productive work. After all, as Scarlet O’Hara would say, “Tomorrow is another day.”

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