

Clients' feelings during termination of psychodynamically oriented psychotherapy

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Although the termination stage of psychotherapy is known to evoke powerful feelings, it has rarely been the subject of systematic investigation, and its relation to other aspects of therapy has not been evaluated. In the present study, we explored clients' feelings during termination of psychodynamically oriented psychotherapy and examined how these feelings are related to satisfaction with psychotherapy. Eighty-four persons who had been seen in private-practice psychodynamically oriented psychotherapy were assessed using open-ended questions and rating scales focusing on their feelings during termination. Results of the current study indicate that clients experience a wide range of feelings, many positive, during the termination phase of therapy. Factors that contributed to positive feelings were the experience of termination as a practice of independence, a reflection of positive aspects of the therapeutic relationship, and positive gains experienced in therapy. Loss of a meaningful relationship was the most frequently mentioned factor contributing to negative feelings during termination. Longer treatment was related positively to positive feelings toward termination and satisfaction with termination. The importance of incorporating the positive feelings about termination into the ending phase of therapy and its management are discussed. (Bulletin of the Menninger Clinic, 70[1], 68-81)

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The termination stage of the psychotherapeutic process evokes powerful feelings in the client as well as in the therapist. However, these experiences have received relatively little empirical attention (Gelso & Woodhouse, 2002; Shulman, 1998). Although clinicians and theorists generally agree that termination is a crucial stage in the psychotherapeutic process, few attempts have been made to formulate clinical principles to guide this critical phase (Frank, 1999). Greater understanding of the feelings evoked in the client by the termination of psychotherapy could contribute to the effectiveness of the therapeutic work (Kogan, 1996; Kupers, 1988; Paniagua, 2002). The purpose of the present study was to explore the feelings of private-practice clients during termination of psychodynamically oriented psychotherapy and to examine whether and how these feelings are related to satisfaction with psychotherapy.

Several reports have focused on the powerful impact that psychotherapy termination had on the therapist. Interviews conducted with analytic candidates (Firestein, 1978) indicated that termination generated within therapists feelings of anxiety and grief. Greene (1980) described the therapists' grave feelings during termination, characterized by general loss of interest, enthusiasm, and reward. Qualitative studies (Brugnoli, 1991) revealed therapists' feelings of loss, sadness, depression, and mourning, with urges to remain connected during and after termination.

The literature on clients' feelings during termination has focused mainly on feelings of guilt for not "working harder" and "doing better" in therapy (Weddington & Cavenar, 1979); anger resulting from feelings of abandonment and rejection (Martin & Schurtman, 1985); and mourning, depression, and sadness often related to reexperienced earlier losses (Levinson, 1977).

Positive feelings, including joy, pride, and a desire for new experiences, have also been noted, but less frequently (Gorkin, 1987; Lichtenberg, 1985; Ticho, 1972). Marx and Gelso (1987) assessed the affective reactions to termination of 72 former clients who attended an average of 10 sessions at a counseling center of a large public university. In contrast to clinical lore, participants typically reported positive feelings about termination, and most of them emphasized the importance of sharing these feelings.

Both clients' and therapists' feelings during termination occur within the context of the therapeutic alliance, and their experiences may be partially a response to the others' feelings or to their perceptions of the others' feelings. Examples of the impact of clients' feelings on therapists include a study (Boyer, 1990) that reported that client sensitivity to loss and termination was positively correlated with therapist anxiety during termination.

Similarly, it has also been reported that when therapists perceived treatment to be more successful, they had a more positive affective reaction to termination and greater feelings of pride (Fortune, 1987; Fortune, Pearlingi, & Rochelle, 1992). Correspondingly, therapists' countertransference and negative feelings can have a profound impact on the experience of their clients as well the course of therapy and its termination process (Mohr, 1995; Todd, Dean, & Bragdon, 2003).

Following recent developments in psychoanalytic theory, the therapeutic process, including the termination phase, is now widely conceptualized as a two-person event (Gorkin, 1987; Mitchell, 1993). The manner in which the relationship between the client and the therapist pervades the therapeutic situation has come to be strongly emphasized, and both members of the therapeutic dyad are assumed to be affected and changed by the ongoing therapeutic work (Mitchell, 1993). Rather than serving as an expert at interpreting clients' defenses and feelings, the relational-oriented therapist focuses on the constantly occurring mutual influences. Echoing this theoretical position, an empirical study (Martinez, 1986) found that therapists' perceptions of the quality of the relationship correlated with their self-disclosure and their own affective reaction to termination. Indeed, mutuality is considered to be particularly important during the termination phase, because it is then that the clients' old narcissistic vulnerabilities tend to reemerge.

In sum, according to the available literature on termination, this stage is intense and emotionally loaded for both client and therapist. Theorists (Katz, 1999; Levinson, 1977; Shulman, 1979) generally emphasized the unique opportunity provided by this stage for discussing and working on the powerful emotions elicited by the ending of therapy. But the literature consists mostly of clinicians' theoretical discussions and systematically assessed perceptions of their clients' experiences (Freedman, Hoffenberg, Vorus, & Frosch, 1999). To date, few studies have investigated directly the clients' feelings about termination, nor has there been much research linking termination phenomena to treatment outcome (Gelso & Woodhouse, 2002). The present study, in addition to exploring clients' feelings during termination of psychotherapy, also examined how these feelings are related to satisfaction with psychotherapy.

Method

Participants and procedure

A convenience sample of people who had ended psychodynamically oriented private practice-psychotherapy during the preceding 3 years participated in the study. Participants were from the greater Tel-Aviv

area in Israel. Each individual who agreed to participate received an envelope containing the research instruments and was asked to complete and return them to the authors' mail box. Of the approximately 130 individuals who were approached in this manner, 84 completed all of the research instruments. Seventy-nine percent ($n = 66$) were female. Thirty-six percent of the participants ranged in age from 20 to 30 years; 54%, from 30 to 40 years; and 10% were older than 40. Forty-six percent were married, 48% were single, and 6% were divorced. Highest education level achieved ranged from 12 to 22 years, and the mean number of years of education was 17.20 ($SD = 1.76$). Their therapy lasted at least 6 months, and the average number of months in psychotherapy was 27.70 ($SD = 18.70$). An average of 17.93 months ($SD = 14.77$) had passed since psychotherapy ended.

Instruments

Feelings toward Terminating Therapy Scale (FTTS). The FTTS is a measure of client feelings toward the termination of psychotherapy developed especially for this study. Based on a review of the literature on clients' feelings toward termination, a list of feelings toward terminating therapy was generated ($N = 38$). In a pilot study, a group of 24 individuals who had ended therapy were asked to make a list of their feelings toward terminating therapy. Next they were asked to rate the relevance for their therapy termination of each item on our list of 38 items (1 = *not relevant* to 4 = *very relevant*). The list provided by the individuals in the pilot group and their ratings of our initial list were used to revise the initial list. The final instrument included 28 feelings toward termination and a 6-point Likert response scale (1 = *strongly disagree* to 6 = *strongly agree*).

The items could be classified according to two attributes of the feelings: (1) direction (positive/negative) and (2) type (general feelings, perceptions of therapist's feelings, and feelings toward the therapist). The combination of the two attributes produced the following six subscales:

1. General Positive Feeling, which included two items (e.g., "I felt satisfaction").
2. Attribution of Positive Feelings to the Therapist, which included seven items (e.g., "I felt that the therapist cared about me").
3. Positive Feelings Experienced Toward the Therapist, which were also expressed through the sorrow of ending the relationship with the therapist, included five items (e.g., "I felt gratitude toward my therapist." "I felt a sense of loss," "I felt sorrow about the separation").

4. General Negative Feelings, which included four items (e.g., “I felt guilty”).
5. Negative Feelings Attributed to the Therapist, which included seven items (e.g., “I felt that the therapist tried to frighten me”).
6. Experience of Negative Feelings Toward the Therapist, which included two items (e.g., “I felt angry toward the therapist”).

Table 1 presents the items by subscale and the means, SD, and internal reliabilities for each subscale.

Satisfaction with Treatment Scale. This scale, was a measure of satisfaction with treatment (0 = *not satisfied* at all to 10 = *very satisfied*).

Initiation and Duration of Termination. Participants were asked to specify who initiated the termination and how much time had passed from the initiation of termination until therapy ended.

Semistructured Questions. The following three open-ended questions were presented: (1) “What made you feel positive about the termination process?” (2) “What made you feel negative about the termination process?” and (3) “What could have made you feel better about the termination process?”

Data Analysis

Data were analyzed using both qualitative and quantitative methods. First, we performed a qualitative analysis of the three open questions. Second, using Pearson correlations, we examined the associations between therapy and termination characteristics (length of therapy, initiator of termination, satisfaction from therapy, and time since termination) and feelings toward termination.

Qualitative analysis

The qualitative data were generated from clients' written responses to three open-ended questions: “What made you feel positive about the termination?” (which was completed by 68 [81%] of the participants), “What made you feel negative about the termination?” (which was completed by 71 [85%] of the participants), and “What could have made you feel better about the termination process?” (which was completed by 50 [64%] of the participants). Responses varied considerably in length and detail.

The data reduction process consisted of strategies outlined by Strauss and Corbin (1990) and included three central stages: open-coding case analysis, axial coding, and creating a synthesis.

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Table 1. Descriptive statistics of the Feelings Toward Terminating Therapy Scale

Category		Mean	SD	Internal Consistency
General Positive feelings:		3.57	(1.40)	0.72
I felt satisfaction				
I felt pride				
General Negative feelings:		2.60	(1.19)	0.72
I felt fear				
I felt embarrassed				
I felt guilty				
I felt insulted				
Positive feelings from therapist:		3.78	(1.10)	0.90
I felt that the therapist cared about me				
I felt that the therapist was sorry to separate from me				
I felt that the therapist was open with me				
I felt that the therapist respected me and my decision				
I felt that the therapist is close to me				
I felt that the therapist was ungrudging toward me				
I felt that the therapist was glad for me				
Negative feelings from therapist:		1.77	(0.76)	0.83
I felt that the therapist was disappointed with me				
I felt that the therapist alienated me				
I felt that the therapist didn't let me go				
I felt that the therapist was trying to take revenge on me				
I felt that therapist tried to frighten me				
I felt that the therapist was critical toward me				
I felt that the therapist tried to get rid of me				
Positive feelings toward therapist:		3.65	(1.21)	0.86
I felt sorrow about the separation				
I felt a sense of loss				
I felt gratitude toward my therapist				
I felt warmth toward my therapist				
I felt appreciation toward the therapist				
Negative feelings toward therapist:		2.90	(1.69)	0.81
I felt angry toward the therapist				
I felt disappointment from the therapist				

The first stage, open-coding case analysis, was conducted independently by two of the authors (D.R. and G.H.) and included reviewing all of the qualitative data, examining and comparing the data for similarities and differences, trying to understand the phenomenon reflected in each segment of the data, and assigning names or “conceptual labels” that best captured the essence of that segment. This process resulted in analyst-constructed categories (Patton, 1990) selected to elucidate the findings. After the case analysis revealed distinct categories and the entire data set was coded and given analyst-constructed categories, the raw data were given to two independent raters, graduate-level social work students, who were asked to choose from the analyst-constructed categories those that best reflected each segment of data and to suggest their own category if none seemed like a good fit. Then a comparison was performed between the labels assigned by the two raters and the initial labeling to derive the reliability of the analyst-constructed categories, which was found to be 87%–95%.

The second stage consisted of axial coding, during which the analysis focused on revealing the connections between conceptual labels and categories, the conditions that produced the context within which it was embedded, the strategies by which it was handled, and the consequences of those strategies.

The final stage included a creative synthesis while preserving the personal meaning of the participants’ descriptions and seeking patterns of regularity in the data.

Results

Qualitative results

The qualitative results yielded analyst-constructed factors contributing to positive feelings about termination and their almost mirror image factors contributing to negative feelings. Basically, participants felt positive about psychotherapy termination when it was experienced as a practice of independence, supported by the therapist, and reflected positive gains made in therapy. The factor most frequently contributing to negative feelings was the loss of the meaningful relationship with the therapist, which, similar to the previous factors, reflected positive feelings about the psychotherapy and thus the grief and sadness of its loss. Negative feelings about termination were generated by essentially the opposites of those described as generating positive feeling and included premature, not well processed termination and disappointment with its outcome. The factors contributing to positive and negative feelings about termination are listed in Tables 2 and 3 and discussed below.

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Table 2. Clients' self report of factors contributing to positive feelings about termination (N = 68)

Factors contributing to positive feelings	n	%
Termination as practice of independence and as generating emotional relief	30	44.1
Termination as reflecting positive aspects of the relationship	29	42.5
Therapists' responses	11	16.2
Therapists' leaving an open door	10	14.7
Processing the termination	8	11.8
Termination as reflecting positive gains experienced in therapy	24	35.3
Circumstantial relief (e.g., financial benefit)	5	7.4

Note. The percentages of each topic are in relation to the number of participants who answered the question (*n* = 68).

Forty-four percent of participants mentioned the termination as a practice of independence and generating emotional relief as contributing to positive feelings about termination. The experience appears to have produced a sense of pride and achievement.

One participant answered the query about the source of positive feelings concerning termination as follows: "The capacity to end a routine and announce without concern my wish to end and the capacity to cope with the therapist's response." Another participant described what had made her feel best about termination as "the fact I succeeded in getting up and leaving." Still another participant wrote: "I took a step toward independent life." Another participant emphasized his successful struggle with his dependence on his therapist when he wrote: "I overcame the need to continue therapy only to avoid hurting my therapist." Another described "a feeling of competence, the capacity to cope without being dependent."

The capacity to terminate was often accompanied by emotional relief, as one participant stated: "It was a good feeling that I made a brave choice that was right for me at the time." Another described feelings of "implementing a decision which I am very at peace with." And "a profound increase in my quality of life. Feeling strengthened."

Thus, a central factor contributing to positive feelings about termination was the actual implementation of a self-made and initiated decision that held the personal meaning of independence—the ability to end therapy. Participants frequently perceived this as an achievement that echoed the progress they had made in therapy moving toward greater autonomy. The act of ending therapy was frequently experienced as

Table 3. Clients' self-report of factors contributing to negative feelings about termination (N = 71)

Factors contributing to negative feelings	<i>n</i>	%
Loss of a meaningful relationship	27	38.1
Hurdles within the therapeutic dyad	21	29.6
Therapists' response	14	19.7
Termination unprocessed	7	9.9
Premature termination and need for further treatment	18	28.4
Disappointment, dissatisfaction, and feelings of failure	14	19.7

Note. The percentages of each topic are in relation to the number of participants who answered the question (*n* =71).

therapeutic in itself, as indicated by the positive emotion and the pride it generated, signifying the consolidation of therapeutic gains, so that termination was often experienced both as a movement toward independence and a sign of its fresh acquisition.

The second factor contributing to positive feelings can be subsumed under the general category of "termination as reflecting positive aspects of the therapeutic relationship." This factor was mentioned by 42.5% of participants.

Participants' perception of their therapists' responses to termination was mentioned by 16.2% of the sample. For example, one participant reported that "my therapist's acceptance of my wish to end and her encouragement to do so" was helpful. Another participant wrote:

I was conflicted and brought up the topic in therapy. At first the therapist looked very stressed. He couldn't digest the idea I wanted to terminate. I didn't let that feeling bother me. I didn't get the response I was hoping for in terms of examining my desire to terminate in depth. But at least he didn't interpret it as resistance, which was a great relief.

A subcategory within this general factor was "the therapists leaving a door open." This factor was mentioned by 14.7% of the participants and referred to the therapists' emphasis that the clients were welcome to return if they should ever feel a need to do so. Another subcategory within this factor, "processing the termination," was mentioned by 11.8% of the participants. One participant emphasized the importance of "the collaboration, processing the decision, and allowing time to ter-

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minate,” and another described how her therapist “rather than being defensive or argumentative tried to understand my need to terminate.”

Participants reported that not processing the termination contributed to negative feelings about it. One noted that “after I gave birth, the ending was clouded and was discussed only over the phone.” Another acknowledged that “I was alone with the decision and afraid to share it with the therapist.” Similarly, some were disappointed with their therapists’ responses to their desire to terminate. One participant described that “the therapist’s feeling of rejection due to my desire to terminate and my difficulty terminating as a result” made him feel negatively about the termination.

The third factor contributing to positive feelings can be subsumed under the general category of “termination as reflecting positive gains experienced in therapy.” This factor was reported by 35.3% of participants. One participant attributed his positive feelings about termination to the experience of “reentering life strengthened.” Another felt that therapy “contributed profoundly to changed patterns in my life.”

In contrast, dissatisfaction with therapy was noted as contributing to negative feelings about termination. For example, one participant noted: “I felt disappointment because of lack of progress, the feeling that I was continually treading water.” Another participant who struggled with termination felt that “there were additional things to work on.”

A final factor contributing to positive feelings about termination was circumstantial relief (e.g., financial benefit). This factor was mentioned by 7.3% of the participants.

Among the most frequent themes (38.1%) was the emotional pain for the loss of a meaningful and close relationship. Although this factor emerged from responses reflecting “negative” feelings, they obviously echo the positive feelings toward the therapy and therapist. One participant described “feelings of sorrow and pain to part from my therapist and the therapy.” Another wrote that “the relationship that developed with my therapist was the most secure and strong I had in my life, and the thought of termination was difficult.” These emotions often stirred up other feelings related to loss, including sorrow, anxiety, and guilt. Concern and anxiety about the future, specifically the future without therapy, was also a major source of worry, “fear that I without her [therapist] I will not be able to spread my wings and fly,” as one participant described it. It is likely that clients’ experience of loss during termination is influenced, at least partially, by the degree to which they were able to internalize the experience of an object relationship while in therapy.

Table 4. The relation between feelings towards termination with satisfaction from and length of therapy

Variable	Satisfaction	Length of Therapy
General positive feelings	0.44**	0.26*
General negative feelings	-0.40**	-0.03
Positive feelings from therapist	0.67***	0.40***
Negative feelings from therapist	-0.41***	-0.27*
Positive feelings towards therapist	0.77***	0.46***
Negative feelings towards therapist	-0.63***	-0.32**

* $p < .05$; ** $p < .01$; *** $p < .001$.

Quantitative results

Table 4 presents Pearson correlations between length of therapy and satisfaction with therapy and the six generated factors reflecting feelings toward termination.

Length of treatment and satisfaction with it were related positively with positive feelings toward termination and negatively with negative feelings toward termination. Longer treatment and higher satisfaction with treatment were associated with more positive and fewer negative feelings toward termination. However, we found no significant correlation between length of therapy and the general negative feelings toward termination subscale.

Examination of the associations between length of time since termination of treatment, initiator of the termination, and feelings toward termination revealed no significant correlation.

Discussion

Two themes associated with positive feelings toward termination of psychotherapy were mentioned by almost half the participants: termination as practice of independence, and termination as reflecting positive aspects of the therapeutic relationship. Terminating therapy requires the client to make use of such newly gained assets as self-knowledge, emotional strength, recognition of feelings, and the ability to express the need for autonomy. For many of the participants, the decision to end therapy was associated with pride and emotional relief. Many participants attributed these achievements to progress they had made in therapy. These findings are consistent with a recent review of the research on psychotherapy termination (Gelso & Woodhouse, 2002), which concluded that positive feelings outweigh negative ones.

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Participants' responses imply that the therapist and the therapeutic alliance played a central role in the termination process and the feelings it evoked. Clients who felt close and safe enough in therapy to process their dilemmas about termination and, in particular, those who felt that their therapists supported and encouraged them in their decision to terminate reported a much better experience of their termination and therapy. Thus, shared, reciprocal acceptance of the sadness of termination seemed to help clients transform a sense of abandonment, devaluation, and rage into a profound sense of being understood and appreciated. This is consistent with clinical theory and research (Gelso & Woodhouse, 2002; Marx & Gelso, 1987), which has shown that clients need and want such a termination phase.

On the other hand, participants who did not experience their therapist as genuinely accepting and respecting their decision to end therapy reported negative feelings about termination. Not having the opportunity to process their frustrations further contributed to their feeling lonely, abandoned, and angry. In the present study, these participants often felt that their treatment had not been completed, leaving them with a sense of frustration and failure.

These findings are consistent with recent developments in psychoanalytic theory, in which therapy is conceptualized as a two-person process with emphasis on mutuality, and with research findings (Quintana & Holahan, 1992) indicating that therapists whose clients were completing successful therapy were more likely to engage in a variety of helpful termination behaviors than did therapists whose clients were ending unsuccessful therapy. In addition, more positive feelings about termination were found among clients who felt that their therapists would be available to them should they need or choose to resume therapy. Furthermore, the general sense that the therapy was helpful and that it led to positive change had a profound impact on the way clients felt about termination.

Most discussions of clients' emotional responses to terminating therapy have included negative responses such as exacerbation of symptoms, cynicism, depreciation of the analyst, skepticism about the value of therapy, wishes to terminate immediately, seeking substitute objects, anger and anxiety, and acting out behavior (Firestein, 1978). In contrast, the results of the current study indicate that clients experience a wide range of feelings, many positive, during the termination phase of therapy. This finding is consistent with the conclusion of Gelso and Woodhouse (2002) that feelings such as pride, pleasure, excitement, eagerness, and gratitude are far more common during termination than feelings of depression, anxiety, and anger. Together these findings seem to call for a reconceptualization of the role of the therapist during ter-

nation. Whereas clinical lore has consistently suggested that therapists must help clients focus on the emotionally painful aspects of this period (e.g., the difficulty in separating, the mourning of lost objects), our findings suggest that it is equally important to attend to clients' positive feelings. In a recent article, Wachtel (2002) points out that while we all have to face the reality that life involves pain, loss, and eventually death, a central aim of therapy is to "enable the person also to experience and understand with deep conviction that life can include, as well, compassion, caring, and means of lessening that pain" (p. 376). Termination possesses an opportunity to consolidate and preserve therapeutic gains. Having the privilege to share the joy, pride, and pleasure of the accomplishments achieved in therapy, along with the sadness and fear surrounding its ending, may play a significant role in this process.

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