Psychology and Psychotherapy: Theory, Research and Practice (2006), 79, 529–538
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Clients' reasons for terminating psychotherapy: A quantitative and qualitative inquiry

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Objective. To study private-practice clients' perspective on reasons for psychotherapy termination and how these are related to demographic and treatment variables and to satisfaction with therapy.

Design. Eighty-four persons who had been in extended private-practice psychotherapy which ended in the preceding three years participated in the study. Mean number of months in treatment was 27.70 ($SD = 18.70$).

Method. Assessment included rating scales and open-ended questions assessing demographic variables, reasons for terminating therapy, and satisfaction with therapy.

Results. Quantitative results revealed that the most frequent reasons for termination were accomplishment of goals, circumstantial constraints and dissatisfaction with therapy, and that client satisfaction was positively related to positive reasons for termination. Qualitative results revealed two additional frequently mentioned reasons for termination: the client's need for independence and the client's involvement in new meaningful relationships.

Conclusions. Findings suggest that psychotherapy termination may at times be required to facilitate the pursuit of personally meaningful goals.

Psychotherapy termination evokes numerous challenges and dilemmas for the therapist and client alike. Some of the questions that arise are: when should therapy end? Who determines it and how? And how should it be handled? Despite wide agreement that the termination of psychotherapy is a distinct and crucial phase of the psychotherapeutic process, it has been subject to relatively little empirical research compared with other phases and aspects of psychotherapy (Frank, 1999; Katz, 1999; Martin, 2002; Shulman, 1998). In the present study, we investigated a single crucial aspect of termination: the client's perspective on the reasons for termination.

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DOI:10.1348/147608305X90412

The literature often addresses the reasons for terminating psychotherapy indirectly, as part of the discussion of the closely related issue of treatment goals (Ferraro & Garella, 1997). An obvious normative criterion for treatment termination is achievement of the explicit goals of therapy (Kogan, 1996; Pedder, 1988; Ticho, 1972; Wolberg, 1967). But, in practice, psychotherapy can be terminated for a variety of reasons, many of which can have important implications for the psychotherapeutic experience even if they bear no relation to the achievement of the specified psychotherapeutic goals.

Treatment goals can also vary depending on the theoretical orientation of the therapy, which in turn affects the termination process. Cognitive behavioural therapy, for example, is usually short and focuses primarily on symptom reduction through the development of coping skills and expectations of self-efficacy, with little emphasis on the therapist-client relationship and the emotions that this relationship might evoke when it ends (Goldfriend, 2002). Conceptualizing change as a process, experiential therapy views termination more as a choice point than an end. According to Greenberg (2002), important processes continue as the therapist tapers off the sessions and equalizes the relationship to empower the client who may be involved in the consolidation of new meanings that had been formed during therapy. Psychodynamically oriented psychotherapy, a goal of which is to explore the emotions generated by termination, often becomes complicated as the upcoming separation evokes powerful emotions related to loss, separation and limitations (Curtis, 2002; Wachtel, 2002).

Most of the literature on the termination of psychotherapy is theoretical, speculative and concerned more with how psychotherapy should end rather than how it does end, providing little information about what happens in actual practice. Only a handful of studies investigated the reasons clients and therapists gave for terminating psychotherapy.

A qualitative study (Kramer, 1986) of 20 therapists, providing long-term psychotherapy in private practice, revealed that most therapists rarely talked about termination with their clients, and did not take the time to prepare them for termination. In cases of disagreement between therapist and client with regard to termination, the therapist tended to interpret the client's wish to end therapy as a form of acting out and avoiding significant clinical material. These findings are consistent with other reports, which revealed that therapists often emphasize lack of motivation (Rosenbaum & Horowitz, 1983) and resistance (Lane, 1984) as reasons for termination. Pekarik and Finney-Owen (1987) reported that clients were more likely to attribute the reason for termination on 'environmental constrains', while therapists were more likely to cite client resistance or 'improvement'.

Hunsley and associates (1999) assessed the reasons clients gave for psychotherapy termination by conducting telephone interviews with 87 clients who were treated in a psychotherapy training clinic. To this end, they developed an instrument that included 10 possible reasons for terminating therapy. Both clients (44%) and therapists (39%) rated the accomplishment of goals as the most frequent reason for termination, but there was significant disagreement with regard to other reasons for termination. For example, 34% of clients rated many items of dissatisfaction as important while therapists did not.

Renk and Digner (2002) investigated the reasons for psychotherapy termination by reviewing 366 case files of clients who attended an average of 13 sessions at a university-based clinic. On the basis of their similarities, they grouped the reasons into categories and reported that approximately one third of clients terminated their psychotherapy without providing a reason, about a quarter terminated by mutual agreement and were

satisfied with their gains, about a fifth terminated because of difficulties unrelated to treatment and a similar number sought services elsewhere or were dissatisfied with the services they received.

More recently, Todd, Deane, and Bragdon (2003) compared clients' and therapists' reasons for psychotherapy termination by systematically coding case records at a university psychotherapy training clinic. For their sample of 123 clients, the most common reasons for termination were such situational constraints. Improvement was the next most common reason, followed by 'dissatisfaction'.

These studies show that reasons for termination vary not only with regard to content, but also depending on whose perspective is being assessed; that of the therapist or of the client. The purpose of the present study was to investigate clients' perception of the reasons for psychotherapy termination and examine whether and how these are related to demographic and treatment variables and to satisfaction with therapy. The current study differed from much previous research investigating the reasons for terminating psychotherapy in several important ways. First, persons who participated in the study were in therapy for much longer time than in other studies (for at least 6 months and an average of 27.7 months), and are therefore likely to have established a therapeutic alliance and to have made significant investment in the psychotherapy process. Second, while almost all existing studies were conducted with public clinic clients treated by trainees for little or no pay, we assessed clients who were treated by private practitioners for pay. Finally, we included open-ended questions about the reasons for terminating psychotherapy so that participants could suggest their own reasons for termination in addition to rating a list of predetermined possible reasons for termination.

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, 88 completed all the research instruments. Of the sample, 79% ($N = 66$) were female. There was 36% of the participants who ranged in age from 20 to 30 years, 54%, from 30 to 40 years and 10% were older than 40. Of the participants, 46% were married, 48% were single and 6% were divorced. The 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.

Measures

1. *Reasons for Terminating Therapy Scale (RTTS).* In the absence of a valid and reliable standardized measure, the following procedure was employed to construct this scale. A literature search on the terms *psychotherapy*, *termination* and *ending* was conducted

using the MedLine and Psychinfo databases for the years 1970–2002. Based on this search, we generated a list of the 20 most frequently mentioned reasons for terminating therapy. In addition, a pilot group of 24 individuals who had been in therapy was asked to list the reasons for ending their therapy. After completing the list, they were asked to rate the degree to which they thought each of the 20 items on the initial list was relevant to their experience of psychotherapy termination. The initial list was then revised based on the information collected from the pilot group. The final instrument included 25 reasons for terminating therapy.

Participants were asked to report the extent to which each of the 25 reasons accounted for their terminating therapy using a 6-point response scale (*strongly agree* to *strongly disagree*). A factor analysis of participant responses to the 25 reasons with varimax orthogonal rotation revealed four factors that explained 69.98% of the variance. Table 1 presents the item loadings on these four factors.

As seen in Table 1, Factor 1 (Cronbach $\alpha = .94$) consisted of nine items (factor loading higher than 0.40) for terminating therapy because of negative feelings about psychotherapy or the therapist. Factor 2 (Cronbach $\alpha = .90$) consisted of six items describing a sense of accomplishment and improvement. Factor 3 (Cronbach $\alpha = .85$) consisted of six items describing a sense that psychotherapy was stuck and not helpful. Factor 4 (Cronbach $\alpha = .60$) consisted of four items related to circumstantial and environmental reasons for ending therapy.

2. *Open-Ended Question.* Participants were asked to describe why their psychotherapy ended, providing them with an opportunity to suggest reasons that may not have been covered by those included in the scale.

3. *Satisfaction with Treatment Scale.* Participants were asked to rate their general satisfaction with treatment on a scale from 0 (*not satisfied at all*) to 10 (*very satisfied*).

4. *Termination Initiation and Length of Termination Process.* Participants were asked who initiated the termination and how much time passed since the idea of termination was raised until therapy ended.

Results

Qualitative analysis

The qualitative data were generated from clients' written responses to two open-ended questions: 'why did your psychotherapy end?' to which 77 (91.6%) of the participants responded, and 'describe the process by which the psychotherapy ended', to which 74 (88%) responded. Responses varied considerably in length and detail.

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

The first stage, open-coding case analysis, was conducted independently by the first (DR) and third (GH) authors. The two reviewed all the qualitative data, and examined and compared 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. Each segment of data was then coded with as many conceptual labels as needed to describe its content. The conceptual labels were then 'grounded' into more abstract categories characterized by unifying conceptual labels. This process resulted in analyst-constructed categories (Patton, 1990) selected to elucidate the findings.

Table 1. Item loadings for the reasons for termination scale

Items	Factor I:	Factor II:	Factor III:	Factor IV:
I felt the therapy was negligent	0.91			
I felt used by my therapist	0.87			
I felt that my therapist didn't accept me	0.85			
I felt the therapy harmed me	0.85			
I didn't trust the therapist	0.82			
I felt lack of chemistry with my therapist	0.78			
I felt my therapist didn't understand me	0.71			
I felt that the therapy wasn't professional	0.69			
I was disappointed with my therapist	0.67			
I stopped believing that therapy could help	0.56			
I felt that I achieved the goals I had set		0.87		
I felt that my central problems were resolved		0.86		
I felt that my therapist was disappointed with me		0.77		
I felt that I made progress in life		0.76		
I felt better emotionally		0.68		
I felt that the therapy accomplished the most it could		0.62		
I felt stuck and not improving			0.83	
I felt there wasn't any use for continuing			0.79	
I felt I was sick of therapy			0.78	
I felt my therapist wasn't succeeding in helping me			0.63	
There was a change in my life circumstances that made me unable to continue (i.e. new child, work environment, disease)				0.73
It was difficult for me because of the geographic distance				0.69
It was difficult for me to find time for sessions				0.59
I had difficulty paying for it				0.54
A family member or close friend was opposed to my therapy				0.50

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 to fit adequately. Next, a comparison was performed between the labels assigned by the two raters and the initial labelling to derive the reliability of the analyst-constructed categories, which was found to be between 87% and 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 synthesis performed while preserving the personal meaning of the participants' descriptions and seeking patterns of regularity in the data.

Based on recommendations in the literature, several strategies were used to increase the validity of the findings. Careful attention was paid to relentlessly challenge the adequacy of a given interpretation to a given description. To this end, the participants' verbal accounts were presented 'as is'. Brief quotations and excerpts (translated from Hebrew into English) were integrated into the results section, so that the readers could use their own judgment about the degree to which they reflected the analyst-constructed categories presented later in Table 2. Finally, a special effort was made to develop and employ strategies that protected the data analysis from known potential biases. Huberman and Miles (1994) summarized some of the most common biases caused by issues such as data overload, salience of first impressions or of dramatic incidents, selectivity and co-occurrence understood as correlations and causal relationships.

Table 2. Most frequently mentioned reasons for psychotherapy termination

Reasons mentioned by clients for terminating psychotherapy	*N*	%
(A) Circumstantial	42	54.6
(1) Financial	23	29.9
(2) External	19	24.7
(B) Satisfactory achievement of treatment goals	35	45.5
(C) Dissatisfaction with therapist	28	36.4
(1) Lack of chemistry/poor alliance	12	15.6
(2) Crisis in relationship with the therapist	9	11.7
(D) Dissatisfaction with psychotherapy	23	29.9
(1) Psychotherapy became 'stuck'	12	15.6
(2) Not helpful to begin with	5	6.5
(3) Psychotherapy became negative	6	7.8
(4) Disagreements about therapeutic technique	7	9.1
(E) Need for independence	11	14.3
(F) Busy with new relationship	9	11.7

Using this process, we prepared a table listing the reasons for termination and the frequencies with which they were mentioned. As shown in Table 2, the most common reasons for ending psychotherapy were circumstantial (54.6%), the satisfactory achievement of therapy goals (45.5%), dissatisfaction with the therapist (36.4%) and with psychotherapy (29.9%). Two additional reasons frequently mentioned by clients included a need for independence (14%) and involvement in a new meaningful relationship (12%).

Quantitative analysis

Of the participants, 84% stated that they initiated the termination; the remaining 16% stated that termination was either by mutual agreement or initiated by the therapists. An average of 9.92 weeks ($SD = 9.59$) passed from the time the idea of termination was initiated until the treatment ended. There were no significant associations between demographic variables (gender, age, family status, education) and reasons for termination.

Comparison of the frequency of the reasons listed by participants shows that termination because of negative feelings about psychotherapy or about the therapist

($M = 2.14$) or because of circumstantial and environmental reasons ($M = 2.39$) was significantly lower than termination due to a sense of accomplishment and improvement ($M = 4.04$), which was the most frequent reason, or because psychotherapy was stuck and not helpful ($M = 3.41$).

Pearson product moment correlations were performed to examine the associations between treatment characteristics (length of treatment, time since treatment ended, initiation of termination, length of termination process, satisfaction with treatment) and reasons for termination. As shown in Table 3, length of treatment was associated with only two factors: negative feelings and sense of accomplishment. Length of treatment was negatively related to negative feelings towards treatment and positively to sense of accomplishment.

Table 3. Pearson correlations between treatment characteristics and reasons for termination

	Factor 1: Negative feelings	Factor 2: Sense of accomplishment	Factor 3: Therapy was stuck	Factor 4: Circumstantial reasons
Length of treatment	−.33**	.31**	−.16	−.03
Time since treatment ended	.08	−.14	.14	.18
Initiation of ending the treatment	−.09	.23*	−.02	−.22*
Length of termination process	−.06	−.04	.01	.11
Satisfaction with treatment	−.63***	.70***	−.53**	−.03

Satisfaction with treatment was correlated negatively with negative feelings towards therapy and the feeling that therapy was stuck, and positively with sense of accomplishment. No relationship was found between satisfaction with treatment and circumstantial reasons for termination.

Client initiation of termination was positively related with sense of accomplishment and negatively with circumstantial reasons. The length of time between the initiation of termination and actual termination, as well as the length of time that passed since therapy has ended, were not associated with any of the reasons for termination.

Discussion

The present study investigated clients' retrospective reasons for the termination of relatively long private-practice psychodynamically oriented psychotherapy. In addition, it examined whether and how these reasons were related to demographic and treatment variables and to satisfaction with therapy.

Quantitative results revealed that: (1) clients initiated the termination in a little over two-thirds of the cases; (2) the most frequent reasons for termination were the accomplishment of goals, circumstantial constraints and dissatisfaction; and (3) client satisfaction was positively related to positive reasons for termination such as improvement, and negatively related to negative reasons for termination such as dissatisfaction with psychotherapy and the therapist.

The reasons for psychotherapy termination revealed by the current study, as well as the frequency with which they are mentioned, are similar to those reported in the few existing studies performed on the subject (Hunsley, Aubry, Verstervelt, & Vito, 1999; Todd *et al.*, 2003). These similarities are particularly interesting in light of the profound differences in location (Israel vs. the USA), setting (private practice vs. public sector), length of treatment (relatively long vs. relatively short) and assessment tools. The similarities in the findings strengthen their generalizability and hint to processes that might be inherently related to psychotherapy termination regardless of major variations in its delivery. It is possible that the acknowledgement of progress together with the disappointment of what has not been or could not be gained are central forces in the termination process regardless of when or where it takes place.

Consistent with previous studies, our results indicate that many clients terminate psychotherapy because of circumstantial reasons, independent of client satisfaction and not necessarily a consequence of goal completion or of such defences as resistance and rationalization. Our open-ended questions enabled participants to specify reasons for termination that were not represented in the clusters of the rating scale. The great overlap between the results of the quantitative and qualitative methods used to assess the reasons for termination supports the validity of the findings. The study revealed two reasons for termination that have not been identified in the quantitative section or in previous studies: 14% of participants reported terminating therapy because of the need for independence, and 12% attributed their termination to the formation of meaningful new relationships. These reasons are consistent with Greenberg's (2002) conceptualization of termination as a choice point rather than an end; the implication is that termination may occur not only after explicit therapeutic goals are achieved and that it is not necessarily the function of defensive reactions to psychotherapeutic impasses that interfere with the achievement of these goals. Indeed, termination sometimes may be necessary to facilitate the pursuit of such implicitly meaningful goals as the development of a capacity for autonomy and interpersonal relationships.

From a self-psychology perspective, ending psychotherapy because of reasons such as the need for independence or forming a new relationship can be understood as the client having possibly achieved more mature self-object needs. According to Kohut (1977, 1984), clients in therapy often develop self-object transference during which they displace their archaic needs, grandiosity and wish to merge with the therapist. The therapists' responsiveness can help clients feel comfortable enough to re-experience these archaic self needs through the transferential relationship. Successful therapy, which includes the therapists systematic and patiently pursued working-through process, helps the client move towards more structural cohesion and mature states of self-object. In this process, the 'self' begins to take over the archaic self-object functions and becomes capable of achieving goals by connecting with a variety of appropriate, mature self-objects in the environment. The client, in turn becomes less dependent on the therapist as a self-object, and can successfully terminate therapy. Thus, terminating therapy because of 'the need for independence' or 'forming a new relationship', as mentioned by participants in the current study, may reflect this process of growth, and may be viewed within the realm of 'positive reasons' and not related to resistance or avoiding important issues.

Conceptualizing termination as a process that can contribute to personal and interpersonal growth implies that failure to terminate therapy could prevent such potential growth. The study's findings, in keeping with recent conceptualizations (Curtis, 2002), signify an important therapeutic stage of positive growth that does not

necessarily coincide with the achievement of specific therapeutic goals. These speculations contradict much of the literature on psychotherapy, which associates termination with a variety of therapeutic impasses (Rhodes, Hill, Thompson, & Elliot, 1994; Safran, Crocker, McMain, & Murray, 1990). Further research is required to examine how to differentiate those therapeutic situations where client-initiated termination is a defensive manoeuvre from those where it is a sign of genuine autonomy and interpersonal growth.

Several limitations restrict the extent to which the findings of this study can be generalized. First, the convenience sample consisted of highly educated participants in relatively long-term, self-paid psychotherapy, which restricts generalizability to other populations. A methodological objection may also be raised about the instruments being developed for the purpose of this study (our knowledge of their psychometric properties is only what we share in this report). Finally, assessments were conducted on average 1.5 years after termination of therapy, which raises questions about the accuracy and reliability of the participants' recall.

Acknowledgements

The authors wish to thank Barry A. Farber, Shlomo Kravetz and Miri Schul for their helpful comments on an earlier draft.

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Received 22 January 2005; revised version received 4 November 2005