

1991

Termination of psychotherapy :: descriptions of the reports written at termination by therapists in a training clinic.

John B. Huber
University of Massachusetts Amherst

Follow this and additional works at: <https://scholarworks.umass.edu/theses>

Huber, John B., "Termination of psychotherapy :: descriptions of the reports written at termination by therapists in a training clinic." (1991). *Masters Theses 1911 - February 2014*. 2197.
<https://doi.org/10.7275/7675890>

This thesis is brought to you for free and open access by ScholarWorks@UMass Amherst. It has been accepted for inclusion in Masters Theses 1911 - February 2014 by an authorized administrator of ScholarWorks@UMass Amherst. For more information, please contact scholarworks@library.umass.edu.



312066013096712

TERMINATION OF PSYCHOTHERAPY:
DESCRIPTIONS OF THE REPORTS WRITTEN AT TERMINATION
BY THERAPISTS IN A TRAINING CLINIC

A Thesis Presented

by

JOHN B. HUBER

Submitted to the Graduate School of the
University of Massachusetts in partial fulfillment
of the requirements for the degree of

MASTER OF SCIENCE

September 1991

Department of Psychology

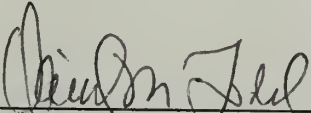
TERMINATION OF PSYCHOTHERAPY:
DESCRIPTIONS OF THE REPORTS WRITTEN AT TERMINATION
BY THERAPISTS IN A TRAINING CLINIC

A Thesis Presented

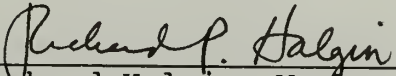
by

JOHN B. HUBER

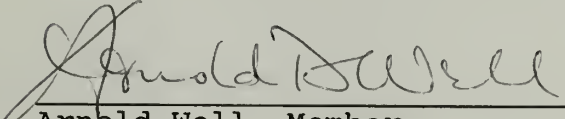
Approved as to style and content by:




David Todd, Chair



Richard Halgin, Member



Arnold Well, Member



Melinda Novak, Acting Department Head
Department of Psychology

TABLE OF CONTENTS

	<u>Page</u>
LIST OF TABLES	vi
PREFACE	vii
Chapter	
1. LITERATURE REVIEW	1
Introduction	1
Client Reactions During the Termination Phase	4
Countertransference	7
Premature Termination	12
Forced Termination	14
Techniques for Management of Termination	17
Therapist Mistakes	18
Termination Criteria	19
Terminability of Psychotherapy	22
Summary and Implications.....	23
2. METHODS	27
Data	27
Sample Selection	29
Method	30
Initial Questions	31
3. RESULTS: DESCRIPTIONS OF THE TERMINATION NARRATIVES	33
Introduction	33
Initiation of Termination	35
Types of Termination	36
Premature Terminations - Therapist Disagrees (PTD)	38
Forced Terminations - Client Disagrees (FCD)	40
Other Therapist-Determined Terminations - Client Disagrees (OTDCD).....	40
Forced Terminations - Client Agrees (FCA).....	41
Mutual Agreement (MA)	42
Other Forced Terminations (OTRCT)	43
Concluding Remarks	43
The Evolving, Contradictory and Unclear Meanings of Terminations	44
The Evolution of Meaning in Two Forced Terminations	44
The Evolution of Meaning in a Premature Termination	45

Unclear and Contradictory Meanings of Termination	46
The Unclear Quality of Ending in Mutually Agreed Terminations	49
Client Changes	51
Changes in the Therapeutic Relationship	52
Increased or Enhanced Insight or Self-Understanding	52
Changes in the Expression of Affect	53
Increased or Enhanced Awareness of Affect	54
Increased or Enhanced Ability to Tolerate Ambivalence or Intense Affect	54
Changes in Style of Object Relations	55
Improved or Enhanced Identity, Independence, Autonomy	55
Enhanced Sense of Comfort with Self, Behavior, Physical Appearance	57
Improved Reality Testing or Rationality	57
Decreased Symptomatology or Behavior Change	58
Change Through Learned Behavioral Technique	58
No Change	59
Impediments to Client Change	59
Client Based Variables	59
Group One - Inability to Form Treatment Relationship	59
Group Two - Transference without Insight	60
Group Three - Acute Symptomatology or Behavior Problems	60
Group Four - Difficulty Focussing on the Self	60
Group Five - Resistance or Lack of Motivation	61
Therapy Process Variables	61
Environmental Variables	62
Client Accusations of Therapists at Termination	64
Therapist's Descriptions of Client Accusations	64
Group One - Therapy was not Helpful	64
Group Two - Therapist was not Helpful	65
Group Three - Therapist and Client too Different	66
Group Four - Therapist's Personal Non-Therapeutic Agenda	66
Therapist Responses to Client Accusations	66

Predictions About the Client's Future	69
Will the Client Return to Therapy?	69
Will the Client Benefit from More Therapy?	70
Are There Specific Issues that Should be Focussed on in Future Therapy?	70
Will the Client Have Problems with Future Therapy?	70
Will the Client Continue to Struggle in Life in General?	70
Will the Client be Basically OK?	71
No Prediction	71
Client's Predictions About Their Own Futures	71
4. DISCUSSION	72
Introduction	72
Initiation of Termination	72
Typology of Termination	73
The Meanings of Termination	74
Client Changes and Impediments to Change	75
Client Accusations of Therapists	75
Predictions About the Client's Future	75
Therapist's Expectations and Treatment Goals	76
What Went Wrong?	79
The Function of Prediction	81
Recommendations for the PSC Case Summary	84
APPENDICES	
A. PSC CASE SUMMARY	86
B. SUGGESTED REPLACEMENT FOR SECTION 6B.....	88
REFERENCES	89

LIST OF TABLES

Table	Page
1. Types of Termination and Their Frequencies ...	37

PREFACE

The data used in this project is comprised of 41 narratives written by therapists-in-training at the termination of individual psychotherapy. The study is exploratory and the results are primarily a set of potential descriptors for termination as it occurs in one training clinic. While it is tempting to generalize results to contexts beyond their own, it would be a mistake to believe this work will generate immutable truths about termination and therapy in general.

Obvious biases include the following: The narratives are written by therapists-in-training and thus describe their perspective, not that of clients'; the narratives are public documents (though they are subject to the restrictions of confidentiality) and are therefore censored according to the writer's anticipated audience; finally, the results are influenced by this author's unique perspective, psychodynamic orientation, and general life experience.

These limitations, while profound, do not serve to trivialize the results of the study. On the contrary, to be aware of them can accentuate the already rich and thought provoking qualities of the data. If this small, culturally specific and limited set of data depicts an intricate web of meaning systems at work in a particular context in a given cross section in time, this finding itself has important implications for the way we might think about research.

C H A P T E R 1

LITERATURE REVIEW

Introduction

It is not unusual to discover in therapy that a client experienced the breaking off or 'termination' of a major relationship at one time (Schafer, 1973). According to Schafer, this was no doubt a relationship filled with some ambivalence, and typically the client will have thoroughly repudiated, or in some other way distorted its actual emotional content. Schafer goes on to hypothesize that it is precisely this defensiveness which "invariably necessitates a breakdown in one's sense of historical continuity and authenticity and restricts the kind of relationships and feelings that are tolerable from then on." If the therapeutic relationship is one in which these restrictions are potentially loosened, and the client is faced with the re-experience of 'self' in relation to another, then the transformation of that relationship which takes place at termination has the potential for virtually every significant human emotion, not only for the client, but for the therapist as well (Schafer, 1973).

This project, an attempt to better understand the phenomenology of termination, will be presented in two parts: The first is a general literature review on the

subject of termination; the second is a descriptive study of narratives written at termination by therapists in a training clinic. There is almost no literature written specifically about such narratives, so the review is a general one: Its original purpose was to create a background for the study, identifying and enumerating a set of topics that would potentially be addressed by the sample of termination notes, not to develop a set of specific ideas or testable hypotheses. Thus not all the literature I describe bears directly on what is contained in the termination notes: The data are of course limited, and do not address all the identified issues. I did not remove the parts of the review that turned out to be less relevant in order that it would remain a somewhat complete description of the literature that influenced me prior to the beginning of the study. As such, the literature review provides a general context for thinking about termination, a framework to contain my observations about the termination notes.

The relevance and potential importance of clinic records for the study of termination and other therapy issues has yet to be determined. A rationale for using termination summaries to further our understanding of the way therapies end is presented at the conclusion of this chapter, but the real argument for their usefulness must be contained in the results themselves. General characteristics

of the data, such as how and why it is generated in the clinic context, are described in Chapter 2.

Within the literature on the termination of individual, adult psychotherapy found through the psychological abstracts, several issues relevant to termination have been enumerated. In clinical practice, therapists find themselves confronted with the issues of 'premature' termination, 'forced' termination, client processes and reactions during termination, the technical management of termination, the assessment, management and use of countertransference, and the assessment of countertransference-based and other therapist mistakes contributing to client decisions to terminate. Whenever a treatment reaches conclusion, there exists a unique constellation of issues posing challenges and opportunities for both therapist and client.

The issue of termination also raises larger, more global questions about psychotherapy, change, and the very nature of life problems and psychopathology. Can therapy reach a natural conclusion as defined by a set of termination criteria based on change or therapeutic gains? If so, what are the appropriate criteria in different contexts? If there is no such end point in some therapies or for some types of life problems, what implications does this have for the way we think about terminations, especially those defined as forced or premature? Perhaps some therapies for some clients can reach a natural conclusion but, because

of the nature of the work, a therapist may be subject to countless "Intrapsychic Journeys" (Felton, 1986) and thus constantly in a client-like role. These are but some of the larger issues raised by the issue of termination itself, the transformation of a relationship filled with all possible combinations of affects, fantasies, hopes, fears and expectations for both client and therapist.

The literature review is organized as follows: The first two sections, "Client Reactions During the Termination Phase" and "Countertransference" describe the literature concerning clients' and therapists' emotional and behavioral reactions to termination. The next two sections, "Premature Termination" and "Forced Termination" take up the subjects of who first suggests termination and what kind of reactions this can provoke in the non-initiating other. The two sections which follow these deal with the subjects of how termination should be managed technically and therapist's mistakes. The final two sections discuss suggested criteria for termination as well as the issue of whether or not psychotherapy is actually 'terminable.'

Client Reactions During the Termination Phase

Assuming the patient has formed some degree of relationship with the therapist, termination is an event that may involve any of the most important human emotions (Schafer, 1973). Deprivation, longing, guilt, unworthiness, love, betrayal, rage, grief, gratitude and envy constitute a

partial list of what may be experienced by therapist and client alike. Schafer suggests that the ideal termination would explore all these emotions, but, as this is often impossible, it can be useful to focus on only one or two.

Schafer would certainly agree with Firestein's (1978) assertion that to conceptualize client reactions to termination in terms of 'separation anxiety' necessarily involves oversimplification. Firestein recognizes that, in addition to anxiety, feelings of rage, disappointment, sadness, grief and elation may exist. Clients may also experience wishes to become a psychotherapist, have a child, or give the therapist gifts, as well as the fear of losing control of anal aggressive impulses and subsequent anxiety related to causing the therapist harm. Old resistances and past symptoms often reappear, and will sometimes persist well after the last session. This is also true for the therapist, whose grief will intensify when terminating with a particularly rewarding or talented client.

For Klein (1950) termination is a repetition of the period of weaning, when the child experienced the loss of a loved object, and felt his or her own hatred, aggression and greed were responsible. Depressive anxiety as well as guilt feelings occur when we sense a loved one is endangered by our aggressive tendencies, and this amounts to a state of mourning. The work of mourning involves not only creating within the ego a representation of the person being mourned,

but also re-establishing, and thus repairing, the earliest loved objects. Much of this work must be done by the patient after the final session, and Klein expects patients to make further progress by completing this work after analysis has ended.

Building on the Kleinian notion of projective identification, Steiner (1987) conceptualizes the termination phase as one in which the patient must reclaim projected parts of the self. Through the mechanism of projective identification, the patient has projected split-off parts of the self into an object in order to attack and control that object, expel unwanted aspects of the self, or provoke a primitive means of communication. Projective identification has a powerful effect on the object, though the mechanisms for this remain unclear.

In this view, the therapist is used as a 'container' to hold and integrate disparate parts of the self. As the therapist helps ascribe meaning to the various projections, the client feels understood and can begin to take the projections back into the self (Bion, 1956; in Steiner, 1987). Steiner (1987) believes that this process is not fully completed until termination when the object must be completely relinquished and all the projections taken back. The work of termination is then a process of mourning in which separateness and individuality become more clearly defined as projections are returned to the ego.

Countertransference

The sources of countertransference responses include not only characteristics of the individuals engaged in termination, but also the context of the interaction itself. Some responses are evoked in the therapist by a specific transference pattern, and thus have their original source in the client. Some are linked with the termination phase itself and can be categorized as stage-related. Finally, some countertransference responses spring from the therapist's particular character structure and must be carefully evaluated to prevent detrimental effects (Vaslamatzis, Kanellos, Tserpe, Verveniotis, 1986).

Freud (1937) recognized the existence and importance of the latter source of countertransference when he wrote that some analysts seem able to escape analysis themselves using defense mechanisms that probably involve the analysis of others. The analyst's own analysis is never-ending since he or she will experience previously defended against impulses as the result of constant attention to those impulses in others. Ferenczi (1927) agrees that analysts must be aware of their own character weaknesses and must be fully analyzed if they are to help their patients complete analysis.

Building on the Freudian notion that analysts will experience the demands of previously restrained instinctual impulses as a result of their role in the treatment, Felton (1986) believes that each therapist is an "Interminable

patient," forced to undergo countless "Intrapsychic journeys." This is, in Felton's view, a prerequisite for the profession as well as an inevitable result of our relationships with patients.

DeWald (1980) writes that therapist's reactions may involve anxiety with respect to the limitations of the therapeutic method and the therapist's skill since the confirmation of professional competence requires at least partial success of the treatment. Additionally, assuming the therapist has become emotionally invested in the client and his or her well being, termination also involves the experience of loss. DeWald also notes that therapists will be affected by unconscious personal needs, therapeutic ambitions and specific reactions to particular patients.

Goodyear (1981) also recognizes that termination often involves the loss of a gratifying relationship for the therapist, and may be a symbolic repetition of previous, sometimes unresolved, losses and separations. As such, termination may bring up issues and conflicts around individuation. Other aspects of the loss may involve the end of a significant learning experience or a gratifying vicarious experience. Countertransference reactions will intensify when the therapist is anxious about the client's ability to function independently, or feels guilty about the limited effectiveness of the treatment. When a client leaves

abruptly or angrily the therapist's professional self-concept may be threatened.

If it is true that many therapists choose the profession because they are detached, isolated and afraid of intimacy, working with clients may be a primary source of close social contact. If so, issues of loss at termination will intensify (Kovacs, 1965, 1976; in Goodyear, 1981). Many therapists are also motivated by a "need to nurture" and a desire to reduce anxiety in others that results in an overprotectiveness which may discourage clients from taking appropriate risks, especially terminating (Mueller and Kell, 1972; in Goodyear, 1981).

Levinson (1977) asserts that therapists must be aware of their attitudes both toward patients and toward the goals of therapy in order to assist patients in dealing with termination. Therapists may have ambitious strivings to produce a perfect case, and consequently expect more than what is realistically warranted by a patient's motivation or capacity. Furthermore, to the extent that the therapist finds gratification in the therapeutic relationship, he or she may be unwilling to let go of a client. Therapist's feelings of inadequacy, helplessness, anxiety over the anticipation of painful feelings that will arise in losing an important client, or loss currently being experienced in the therapist's life may also contribute to the therapist's resistance to termination, whether this occurs in collusion

with the client or not. These factors may lead the therapist to view termination as a traumatic event, a repetition of the early drama in which child and parent are both ambivalent about the child's growing independence, and may inspire the therapist to help postpone termination inappropriately.

Kramer (1986) also recognizes that therapist-based countertransference may result in the therapist's resistance to termination. Unconscious emotional needs, economic dependency or other narcissistic qualities may motivate therapists to create dependency in their clients. Also, a therapist may confuse personal treatment goals, which may be very high for treatment professionals, with those of the client. When able to terminate in spite of all this, a client may find his or her therapist well defended against termination anxiety and consequently unavailable.

Martin and Schurtman (1985) add a couple of points to this already long list of countertransference reactions. Some therapists may perceive in the termination process a gradual loss of their professional role in the therapeutic relationship and a developing equality between therapist and client. As previously distinct boundaries become blurry, a therapist may feel anxious and uncertain about what role to take in the relationship. A therapist's anxiety may continue to grow if he or she is affected by literature that suggests the crucial importance of termination. It has been suggested

that a successful termination will solidify gains made during therapy and foster further growth, while an unsuccessful or poorly executed termination can cause harm or even negate many of the therapeutic gains.

Countertransference responses may differ depending on the context in which termination occurs. Indeed, Weddington and Cavenar (1979) feel that the major difference between forced and mutually agreed upon termination is the intensification of countertransference in the former case. The therapist who initiates termination may feel added guilt, despair, and responsibility for the client's well-being. When separating from a client who has been narcissistically gratifying, the therapist may feel increasingly responsible for his or her own despair, and thus increase the chances of acting on the countertransference.

DeWald (1980) agrees that a therapist is more likely to feel guilty when termination is forced, especially if he or she has the sense of betraying the patient's trust. Additionally, residents and therapists-in-training, who regularly undergo changes in training setting, may feel frustrated in their desire to experience unforced termination or anxious about the upcoming change in setting itself. With unsuccessful or difficult cases, the departing therapist may experience a greater sense of relief.

In her literature review, Fortune (1987) found grief, sadness, reawakening of previous conflicts about loss, anxiety about the client' independently, threats to self-esteem and confidence, and guilt about the effectiveness of therapy to be the most commonly reported therapist reactions to termination. In contrast to this, Fortune's survey found pride in client success and satisfaction with one's own therapeutic skill most frequently reported by therapists. Least common were the reexperiencing of previous losses, doubts about skill, disappointment in the client and relief. This seems to contradict the literature, but Fortune acknowledges that the therapists who chose to answer her questionnaire seem to be responding in "therapeutically correct" ways, thus the results may not be representative of how therapists feel in general.

Premature Termination

Termination is usually referred to as 'premature' when a therapist disagrees with a client's decision to end treatment. In past psychotherapy research, premature terminators, sometimes called 'dropouts', have been classified using duration criteria, an arbitrary number of sessions that represents a cut-off point beyond which termination is not considered premature. While this method provides a clear definition of whether or not a therapy is terminated prematurely, it lacks sensitivity to the context in which therapies end, and may be a cause of some

researcher's inability to find clear, robust differences between premature terminators and completers (Garfield, 1978; Pekarik, 1985). A study by Pekarik (1985) indicates therapists' judgement of the nature of termination may provide a more meaningful distinction. He found significant differences between 'dropouts' and 'completers' on 11 of 18 client and therapist variables when termination was classified by therapist judgement, and no differences when the groups were classified by duration criteria.

In a study by Greenspan and Kulish (1985) clinic records were used to classify premature terminators in a clinic patient population. These authors used termination summaries written by therapists and occasionally relied on other data from the client's chart (eg. progress notes) to judge the nature of termination. Premature terminators were found to differ significantly from the rest of the clinic population on seven of ten patient variables, including age, race, presenting complaint and diagnosis.

While these two studies suggest that therapists' judgments provide meaningful distinctions between premature terminators and completers, Kramer (1986) reminds us that countertransference can often confuse those judgments. Unconscious emotional or economic dependency on a client and high personal standards for psychological health are examples of factors that may predispose a therapist to

consider client initiated termination as defensive or resistant, and thus premature.

DeBosset and Styrsky (1986) found in a survey of psychiatry residents that only 16% of the cases terminated were rated as 'definitely ready' to end treatment by the responding therapists. The residents rated 55% of the terminations with 'mixed feelings', and 29% as 'not at all ready' to terminate. Forced terminations ('change in setting' of the resident) occurred about as often as unilateral decisions by clients to end treatment, thus residents are rating client readiness in both situations.

Residents seemed to receive the most extensive supervision on cases for which reason for termination was described as 'mutual goals reached.' While this may result in part from the unexpected nature of many premature terminations, certainly many or most of the forced endings are planned well in advance, and there is no reason to assume that clients or therapists find these situations less difficult to negotiate than mutually agreed terminations. In fact, forced terminations may be more disturbing for some clients if they experience the therapist's departure as a rejection or a repetition of past losses or separations (Levinson, 1977).

Forced Termination

DeWald (1980) recognizes that 'natural' or mutually agreed terminations raise difficult issues for both

therapist and client. Clients may experience any number of reactions to the loss of what has been a significant, emotionally charged relationship, and may feel anxious or uncertain about their abilities to deal with future emotional conflicts. In addition, some clients may be struck with a realistic awareness of the enduring qualities of their life problems and the limitations of change. When emotionally invested in their patients, therapists will also experience loss during termination, as well as anxiety about the limited effectiveness of the therapeutic method. Professional satisfaction and feelings of competence require some indication that treatment has been successful and the therapist skillful, but therapists may be confronted with conflicting evidence even when termination takes place under ideal circumstances.

Forced termination then, according to DeWald, can only serve to complicate an already difficult process. In this situation, the patient is confronted with a decision made by the therapist without regard for his or her therapeutic and emotional needs. While sometimes able to realistically understand the reason for this type of termination, clients may still feel unworthy, guilty for past transference fantasies, responsible for the loss of the therapist, or that the therapist no longer cares. Therapists may feel guilty for leaving the patient, frustrated over their lack of experience with unforced termination, anxious about the

impending change in setting or, when the termination involves a particularly difficult or unsuccessful case, a sense of relief.

Painful affect and subsequent anxiety inherent in forced termination will mobilize various defenses, and DeWald recognizes this process for therapist and client alike, who may collude in avoiding the issue. Clients may act out, deny or displace their feelings, search for substitute transference objects, depreciate therapy or the therapist, reexperience past symptomatology, wish to terminate immediately, attempt to induce guilt in the therapist, or seek revenge through self-defeating behavior. Therapists who experience guilt may have difficulty tolerating and interpreting patients' negative transference, and may arrange for immediate transfer to a new therapist to reduce their guilt feelings. In addition, therapists may fail to recognize the importance of the issue and thus conspire with the patient or delay informing the patient to avoid experiencing sadness and grief.

The experience of grief may be crucial to the successful working through of forced termination. The process may resemble what is described by Kubler-Ross' (1967) stages in the acceptance of death (Mikkelsen and Gutheil, 1979; in Mozgai, 1985). When a patient has not experienced sadness in relation to losing the therapist, he or she may be stuck in an angry stage of the grieving

process. It is perhaps less painful to experience anger than to work through the acceptance of a loss.

Weddington and Cavenar (1975) believe that countertransference reactions are more intense when termination is initiated by the therapist than when there is mutual agreement. Forced termination is likely to engender feelings of responsibility, guilt and despair. In addition, if the therapeutic relationship has been gratifying for the therapist, he or she will experience mourning in relation to the loss of an important object. Because the therapist has initiated the termination, he or she may feel responsible for this narcissistic injury, and thus increase the chances of acting on the countertransference.

Techniques for Management of Termination

I will review two attempts to organize what is sometimes generally referred to as the 'working through' process that occurs at termination. Luborsky (1984) emphasizes the importance of minimizing the stress of separation as well as ensuring the survival of treatment gains, and makes five recommendations in this regard: Patient and therapist should be clear about and remind each other of the date of termination; discussion about termination should involve the conditions under which it will take place, and therapists should mark treatment milestones as they relate to advancement toward treatment goals that should not expect all problems will be resolved;

if a client feels hopeless about achieving treatment goals and expresses a desire to terminate prematurely, the therapist should attempt to deal with this by understanding related transference issues; the therapist should recognize the recurrence of symptoms as a means of dealing with the meaning of termination, and will have taken up the subject when previous breaks in treatment have occurred; patient and therapist should consider further contact, and the therapist should be available for additional treatment if necessary.

For Levy (1986) the working through consists of six sub-phases: Assessment of readiness for termination; coping with setting the date for the final session; renouncing loved objects; resolving the recurrence of symptoms; assessing realistic achievements and unfulfilled life goals; and the repetition and working through of relationship to an object that inflicted narcissistic injuries for the purpose of enhancing the ego's mastery of this conflict.

Therapist Mistakes

In a survey of former clients of the Psychological Services Center, Halgin (1986) found that some clients reported "Client/Therapist Mismatch" or "Therapist Error" as the reason for termination, while none of their respective therapists had listed such causes. Mozgai (1985) notes that therapists may provoke termination due to inexperience or mismanagement of the therapeutic situation. Therapists must be careful to find the right balance of questioning,

listening and intervening, especially in the early sessions, and the balance should shift as sessions progress. The eager beginner and the too challenging therapist may evoke defensiveness in a client that results in premature termination.

Termination Criteria

The study of termination raises issues central to the nature of psychotherapy, change and growth. In particular, attempts to find an appropriate endpoint for treatment lead to questions about what kinds of change psychotherapy can realize, and how much change is sufficient. While this study will not deal directly with these grand questions, it is important to consider them as inextricable from the context in which termination takes place, and, as such, as having profound effects on the manner in which therapists and clients alike will construct the meaning of termination.

Freud (1937) wrote that termination should be considered when the patient is no longer symptomatic and has overcome his or her various anxieties and inhibitions. In addition, the analyst should be confident that enough repressed material has become conscious and enough resistance overcome so that there will be no repetition of previous symptomatology. Freud's most famous criteria for psychological health are, of course, the capacity to love and work.

Balint (1950) considered three primary termination criteria. Firstly, there should occur a realignment of the patient's instinctual life so that genital aims are primary, that is, the patient should become capable of experiencing mature genital satisfaction. The second criterion concerns the patient's relation to instinctual objects: He or she should now be capable of "genital love," a complex combination of genital satisfaction and pre-genital feelings of tenderness toward the object that works to transform a desired other into a loving and willing genital partner. The third and final criterion involves the structure of the ego, which must be strong enough to cope with anxiety brought on by unpleasant or disagreeable thoughts, as well as to maintain relationship to a genital partner even in periods of dissatisfaction and distress.

Klein (1950) writes that termination will evoke in the patient painful feelings and early anxieties, even when "satisfactory results have been achieved" in terms of traditional psychoanalytic termination criteria such as the ability to love, work and maintain satisfactory object relations. Persecutory anxiety, the result of perceived danger toward one's ego or person, and depressive anxiety, which arises when one is attempting to integrate concomitant feelings of love and hatred toward an object, will manifest in relation to the analyst during termination, and so must be worked through in relation to other present and past

objects before termination is considered. When this is done, the terminating patient will be able to proceed through the process of mourning, synthesizing "the contrasting aspects of the primary objects, and the feelings toward them."

The writing of Rickman (1950) provides an excellent summary and synthesis of the criteria for termination so far described here. Termination should be considered in light of the following achievements: the removal of infantile amnesia and the ability to shift easily in memory from past to present and back again; the capacity for heterosexual (sic) genital satisfaction; the capacity to tolerate frustration of sexual instincts without regression or marked anxiety; the capacity to work and to withstand unemployment; the ability to tolerate aggressive impulses in the self and others without compromising mature object love and without guilt; and finally, the capacity to mourn.

Weiner's (1975; in Mozgai, 1985) list of criteria for termination includes some additional considerations. While the traditional considerations of progress toward predetermined treatment goals and resolution of the transference must be taken into account, the patient should have acquired also the capacity to work on life problems even after therapy ends. If the patient has gained enough self-knowledge, he or she should be able to apply what has been learned in the pursuit of further growth. Levy (1986)

agrees with the latter criterion and refers to it as the capacity for working through.

For a more detailed list of termination criteria, I refer the reader to Hiatt (1965) who lists 18 characteristics of the client who is ready to terminate, including good tolerance for previous breaks in treatment and resourcefulness in the use of free time, as well as 8 characteristics or countertransference reactions of the therapist, including respect for the emotional strength of the patient and the feeling that he or she has learned something from the patient.

Terminability of Psychotherapy

Unlike Ferenczi (1927) who believed that analysis, when free from time constraints, can reach a natural conclusion as long as the analyst has been sufficiently analyzed, some see termination criteria as idealistic notions that are rarely, if ever, realized. Freud (1937) came to believe that only the neuroses resultant from traumatic events which occurred when the ego was too immature to negotiate them could be completely analyzed. Analysis of neuroses that involve constitutional factors, instincts too powerful to be negotiated by the ego, will have no definitive endpoint, thus "The business of analysis is to secure the best possible psychological conditions for the functioning of the ego."

While Freud may have hoped that the eventual perfection of the analytic technique would lead to a "terminable" form of treatment even in the latter case, Sollinger et al. (1986) are less hopeful about the permanent resolution of life conflicts. If there exists no such resolution, these authors suggest that analysts encourage patients to work with a sense of timelessness, free from the expectation of some definitive endpoint. Instead of this, termination is often an expected phenomenon, not a natural course of events, which patient and therapist in collusion will create.

Summary and Implications

This literature finds some authors approaching termination issues via their own clinical work, supervisory experience or theoretical knowledge, and others using survey methods to tap the experience and identify characteristics of therapists and clients who have terminated treatment under different conditions. I found only one study to use data collected naturally in the clinic setting (Greenspan and Kulish, 1985). Thus, researchers have yet to take advantage of the vast quantity of information about termination collected in clinics as part of their normal functioning, and the extent to which clinic reports can be useful in furthering our understanding of termination remains unknown.

The Psychological Services Center (PSC) maintains a set of client files which includes a termination summary for each case that has been closed. The summary is a narrative, written by the therapist after the final therapy session, that most often contains descriptions of the course of treatment as well as the events of termination. The advantage to using this data is that it can be collected quite unobtrusively; indeed, my point is that in most cases it may already be collected as part of an ongoing process.

Termination of psychotherapy has traditionally been discussed as a stage of psychoanalysis. Many writers have offered us criteria for termination, and even sets of guidelines to help structure the process (Kramer, 1986) but these ideas are related only to termination that occurs under the best of circumstances, that is, when the therapy can reach some sort of 'natural', mutually determined or planned ending. Termination, of course, does not always proceed as we would like it to, especially at psychology training clinics (Halgin, 1986) and agencies which employ other therapists-in-training such as psychiatry residents (DeBosset and Styrsky, 1986).

In Halgin's survey of clients terminated at the PSC, the training clinic for clinical psychology students at The University of Massachussets at Amherst, he found that only eight percent of respondents, when presented with a question that gave seven options for termination reason, chose

"Achievement of successful completion." This was in fact the least frequent response given by the terminated clients. The most frequent response given was acceptance of the therapist's suggestion to terminate, and other responses involved changes in circumstances of either client or therapist. Indeed, Halgin concludes that it seems as if a large majority of the therapies are terminated because of a transition in the life of either the client or the therapist.

An analysis of 'nature of termination' as rated by PSC therapists in case reports yielded somewhat different results (Todd, 1989). Out of the 174 cases then entered in the computer data base at the clinic, approximately 23% were rated as mutually determined, 16% as therapist determined, and 39% as client determined. Though the response categories are not identical to those used in Halgin's survey of terminated clients, it is still evident that termination takes many forms, and more often than not is viewed as a unilateral decision on the part of either the therapist or the client, at least by therapists at this clinic.

The PSC thus provides an excellent context in which to study the nature of termination of psychotherapy. Almost any potential type of termination is represented here, and the narratives written by therapists at termination are a rich source of description about the circumstances under which therapy ends. In fact, the nature of the termination may be,

due to a recency effect, the most prominent issue for the therapist during the writing of the termination note. In addition, the data is collected as part of the clinic's ongoing functioning, and can be studied without major intrusion on therapeutic relationships.

CHAPTER 2

METHODS

Data

The data for this study consists of a sample of Termination Summaries drawn from the Psychological Services Center's computer database. The Termination Summary is a body of text written by the therapist whenever his or her work with a client ends, whether that client is transferred to another therapist within the PSC, or leaves the agency altogether. The PSC provides therapists a suggested format, a set of headings, with which to structure the Summary, though a preliminary sample of notes demonstrates that many therapists opt to write without this framework. This sample also shows the Summaries range from one to about four pages in length.

The writers are all beginning therapists who range in experience from less than a year to perhaps four years. Though all clients pay (on a sliding scale) for the service, the fees are given directly to the clinic and are used to pay stipends to advanced student supervisors. Thus no therapist is actually paid for his or her work with clients in this clinic. All receive individual supervision, and most are also part of a treatment team (advanced students sometimes choose to receive only individual supervision).

Because the PSC is theoretically diverse, therapy is performed from a variety of perspectives (eg. psychodynamic, behavioral, family systems) and with different patient groups (mostly individual, with some children, couples and families). The summaries will of course reflect the different approaches and modalities of treatment, as well as the perspective of the therapist's supervisor, who must review and co-sign the final version.

Before 1989, the Termination Summaries were written to provide closure and document the events of termination in clients' records. The notes were also part of training in the sense that they demonstrated the therapist's ability to describe and formulate case material. The writer was then concerned with two audiences: His or her supervisor, who would read and comment on the report, and a hypothetical future therapist, who might request information should the client choose to return to treatment. During the summer of 1989, a policy change at the PSC altered the function of the note so that it is now to be written as if it will be the only document released when a client, authorized professional, or legal representative requests information about the treatment. The previous functions and audiences for the reports remain, but, because therapists are now

writing to an additional (and perhaps more threatening) audience, the content of the summaries may reflect this.¹

Sample Selection

The sample was selected from the population of Termination Summaries contained within the computer database which houses the PSC client records. To be included in the sample, a Termination Summary had to have been written about an individual therapy case that was closed before 1/1/89. The latter criterion was used to minimize the chance that this author, who entered the training program 9/1/89, would be personally acquainted with either the writing therapist (through academic or social contact) or the client (through observing cases during the first year of graduate study). It also serves to omit all notes written after the aforementioned policy change. Transfer cases were not included in the sample, that is, reports written about clients who would be continuing with another therapist at the PSC were omitted. The only additional inclusion criterion was that the note be written about a therapy case that had been open for at least eight weeks. This step was deemed necessary since the population of termination notes is skewed negatively with respect to length of treatment, that is, a relatively large percentage of the notes refer to relatively short treatments. This process yielded a total of

¹The sample of notes selected were all written prior to this policy change, as is described below.

41 Termination Summaries; the entire group was taken as the sample.

Method

The method employed in this study was purposefully unstructured and interpretive, as my primary goal was to discover and describe what the Termination Summaries could tell us about how termination occurs at the PSC. This began with a set of initial questions inspired by a preliminary reading of 18 Summaries and the context provided by the literature review. I read and studied each note to assess how it bore on those questions, while simultaneously attempting to remain open to new questions and hypotheses as they developed from the data itself. Emerging hypotheses were tested by cycling them through intensive rereadings of the notes. This process was repeated until I reached stable descriptions of several issues illuminated by the Termination Summaries.

Categorical organization proved useful in describing several of the issues to be discussed in the results section. I was initially resistant to grouping the notes, since each is, of course, quite unique in its description of the ending of a treatment relationship. Eventually, I was able to define a typology for termination and to use other categorical groupings for the purposes of describing the various and essential characteristics of the notes, but not without attempting to be sensitive to the information loss

inherent in this process. I have struggled to include in the definition of each category, and by examples contained within the categories, the information necessary to fully illustrate and accurately portray the specific characteristics of the notes so grouped.

Initial Questions

One initial focus was to investigate what types of circumstances lead to the termination of treatment at the PSC. The literature describes the general categories of premature, forced and mutually determined termination, but there may be complex circumstances involved within each category, as well as considerable overlap between categories. For example, some terminations may be described as mutually determined even when the initial catalyst involved the therapist's departure from the agency. How might a therapist explain the process that led to such a 'mutual' agreement? Through an intensive study of therapists' descriptions of circumstances like these, I hoped to discover a new, more finely etched typology for termination than the one currently being used at the PSC on the Case Summary forms.

A second focus of this study was to investigate how therapists evaluate and describe the success or failure of their work with clients. Most of the termination criteria I found in the literature pertain to long-term psychoanalytic treatment, and some authors wonder if those goals are

unattainable ideals even for such intensive work. Therapy in the PSC is performed by relatively inexperienced therapists on a once weekly basis, and is probably most often terminated before such goals can be met. How then do therapists make sense of the work that has occurred? What kinds of contributions do they report making toward the well being of their clients, and where do they feel the treatment fell short?

The preliminary reading also suggested that therapists at the PSC often disagree with client decisions to end treatment. Furthermore, therapies that end due to external circumstances (eg. client moving or therapist leaving the agency) are often reported to be ending at inopportune times. I hypothesized that an inordinately small number of therapies are terminated via mutual agreement, and hoped the termination notes would shed some light on this phenomenon.

Once again it is important to reemphasize that these were but initial questions based on the literature review and the preliminary reading of 18 Termination Summaries. The method was designed to leave open the possibility that additional issues and questions would emerge from subsequent readings of the complete data set.

C H A P T E R 3

RESULTS: DESCRIPTIONS OF THE TERMINATION NARRATIVES

Introduction

The results of this study are a product of many intensive readings of the sample of 41 termination reports, and are dictated primarily by my personal interpretation of which termination issues they address most clearly and regularly. I found that most of the reports contain information about who first suggested or required termination; also, one can regularly deduce from narrative within the reports whether or not the non-initiating member of the therapist-client pair agreed, or came to agree, with the other's suggestion. From primarily these two variables I have created a six part typology for the terminations described by these notes. Because each termination is a unique and complex, sometimes treacherous process, I found it necessary to include, following the section that describes the typology, another which attempts to portray how the seemingly fluid meaning of termination can evolve and fluctuate. Even for the terminations described in generally positive terms, points of uncertainty often remain.

The second half of the results consists of four sections describing what were the most salient clinical

issues touched on in the reports. Changes made by clients and factors impeding their growth were often described by the writers, who also tended to make predictions about their client's futures, both in possible subsequent therapies and more generally. A substantial portion of the notes also contain descriptions of clients' misgivings about treatment; the quality of these statements was such that I chose to name that section of the results, "Client Accusations of Therapists at Termination."

I should like to reemphasize that the primary task of this project has been to construct a set of descriptors for the 41 termination notes in the sample. To this end, I have found it useful to create categories and to compute simple frequencies and percentages. It is my hope that these computations will be interpreted as general approximations, each a piece of the abstract and dynamic mosaic of termination. For example, if I found that 10 (24%) of the 41 notes contain descriptions of "Client Accusations," the point is not whether this is more than one would expect by chance or representative of other clinics; indeed, it is not even possible to say, based on this data, that this is representative of what happens in the PSC itself, since there is no guarantee that every such accusation will be included in a report, or that client behavior is not subject to misinterpretation by the writing therapist. In this example, my basic point would be that the reports indicate

some clients express misgivings about treatment and accuse their therapists of various faults, certainly it seems that at least some therapists feel that way, and that this is part of the experience of therapists in this clinic. In the discussion section I have allowed myself to go beyond the data to create some hypotheses based not only on the results of this study, but also on the literature review, my own direct experiences with termination, and various discussions with other therapists, faculty and friends.

Initiation of Termination

Of the 41 reports in this sample, all but three indicated whether the termination was initiated by the therapist or by the client. Nine notes indicate that termination was initiated by therapists leaving the clinic, and thus might generally be referred to as forced; 2 other terminations were also initiated by therapists, though they were not leaving the agency. Twenty-seven reports state that termination was client-initiated. To sum, the results show that 11 (27%) of the 41 terminations are described as initiated by the therapist, 27 (66%) as initiated by the client, and 3 (7%) do not include the information.

Thus clients reportedly initiated termination more than twice as often as therapists did. Additionally, when therapists did initiate termination it was usually because they were leaving the agency (9 of 11 total therapist-determined). The 2 reports that describe terminations

initiated by therapists not leaving the agency say that the decision was made because of various behavior problems and boundary issues on the part of the client. Therefore, there is not a single note in the sample that describes a termination initiated by a therapist for reasons of completed treatment goals, reduced problems, or decreased symptomatology. It is possible that one or more of the three terminations described without this information may have been initiated by the therapist, and, since each one of these is classifiable as occurring by Mutual Agreement (See below under "Types of Termination") implying that the therapist agreed on some level with termination, it is also possible that the sample contains a report written about a termination initiated by the therapist for therapeutic reasons. Even so, this would still seem to be the exception to the rule.

Types of Termination

The following six categories describe the content of the narratives with respect to who initiated termination under what circumstances, and whether there was agreement or disagreement between therapist and client at the close of treatment. The distinctions to be described are listed in Table 1 (Page 37), along with the frequency with which reports were assigned to each category.

Table 1. Types of Termination and Their Frequencies.

TYPOLOGY OF TERMINATION		f	%
PTD	Premature Terminations -- Therapist Disagrees	22	54%
FCD	Forced Terminations -- Client Disagrees	4	10%
OTDCD	Other Therapist-Determined Terminations -- Client Disagrees	8	54%
FCA	Forced Terminations -- Client Agrees	3	7%
MA	Mutual Agreement	8	20%
OTRCT	Other Forced Terminations -- Agreement Not Specified	2	5%
	All Forced (FCD, FCA, OTRCT)	11	27%

Premature Terminations - Therapist Disagrees (PTD)

In general, this class of notes described client initiated terminations with which the therapist disagreed. 22 notes (54%) were classified as such, and each one contained narrative with at least one of the following qualities: The client's leaving is a manifestation of his or her resistance to further treatment; the client's decision to terminate was unfortunate, untimely or precipitous; the client was unmotivated or unable to form a treatment alliance; the client's choice is an enactment of his or her psychopathology; the therapy was unsuccessful or ineffective; the termination was 'not due to therapeutic considerations'; or the client's problems were not resolved; the therapist expresses doubt about the client's stated reason for termination.

An example of this kind of narrative comes from a report written about a client who, according to the note, had ended two previous treatments quite abruptly: "Upon her return following the break, she reiterated her desire to leave treatment. The therapist pointed out the parallels between leaving the therapeutic relationship and leaving other relationships. Since leaving relationships represents a longstanding problem, K was encouraged to continue and she agreed to do so. [Three sessions later] she came to therapy

and immediately stated her desire to terminate" (R12).² The writer of this note clearly describes the client's decision as an expression of the very kind of psychopathology that is to be taken up as the subject of psychotherapy.

Therapies are sometimes ended prematurely due, in part, to what have been called 'external factors,' as when a client decides to move away from the area or opts out of treatment for financial reasons. If the therapist states that such a factor is a manifestation of resistance to treatment or of psychopathology, or simply that it is unfortunate the therapy had to end, I have included the note in this category. An example of the latter situation comes from a note written by a therapist who seems quite disappointed that his client decided to move:

"Unquestionably with time, and good work, whole new worlds of meaning and experience would unfold, but alas late last semester L. and her boyfriend made the decision to return to Michigan" (R25). A termination like this one, attributed in large part to factors external to therapy, is included in the PTD category when seen by the therapist as an unfortunate, untimely interruption not due to therapeutic considerations.

²Each data point in the sample is designated with the letter 'R' followed by a number between 1 and 41. This is the 'twelfth' termination note, or 'R12.'

Forced Terminations - Client Disagrees (FCD)

This class of notes is defined by narratives which state that termination has been determined by a therapist who is leaving the agency. This occurs when therapists leave the area to do their clinical internship, but happens for other reasons as well. Included in this category are only notes in which the client expresses disagreement with termination. There are 4 such notes (10%).

The first of these reports reads, "It seems clear that he is not finished with therapy and that my leaving the area for internship is a difficult inevitability to be reckoned with" (R9). The second is quite a bit more graphic when it says, "Mr. W reacted to the therapist-imposed termination with great anger. He spoke of feeling betrayed and used..." (R17). The third report describes a client who becomes distraught over the forced termination, feeling guilty, sad, hurt, and wishing therapy could continue (R28). The final note in this category depicts a client whose anger and frustration over the brevity of a treatment ended by the therapist caused her to cancel the final sessions (R38).

Other Therapist-Determined Terminations - Client Disagrees (OTDCD)

In 2 notes (5%) termination is described as resulting from a unilateral decision made by a therapist who is not leaving the agency. In one note the therapist writes of a client who started presenting behaviors indicating boundary

issues, that is, she acquired the therapist's unlisted phone number, wanted physical contact in the form of hugs with the therapist, and so on (R32). When the client refused to think of these behaviors as problems to be focussed on in the treatment, the therapist imposed termination. The other report in this category describes a client who had difficulty adhering to the clinic structure: "M was unable to comply with weekly therapy times; always canceling sessions, and then demanding to be seen immediately. Moreover, when he did come to therapy sessions, he was always at least 20 minutes late" (R34). Both of these notes describe clients whose behavior was judged inappropriate or intolerable and caused the therapist's unilateral decision to terminate treatment. Furthermore, there is a sense of disagreement between therapist and client over what constitutes appropriate behavior in the therapy context.

Forced Terminations - Client Agrees (FCA)

The 3 reports (7%) in this category describe terminations that occurred because the therapist was leaving the agency, but also contained some element of client agreement. 2 of the 3 describe a process in which the client, by the final session, expresses positive sentiments about the treatment and the timing of its conclusion. One said that the work of termination actually facilitated progress, so that by the end of treatment termination was seen as timely and therapeutic (R11). The other report

states, "By the end of treatment, J. was expressing some eagerness to test the waters on her own. This did not seem superficial, as she explored and expressed her trepidation around this as well" (R13). The third note depicts an agreement that is less therapeutically oriented: "Therapy was terminated by the mutual decision of the client and the therapist, because of the end of the therapist's time at the PSC, and because of growing financial pressures upon Ms. L. and her family" (R18). One might argue that this is a superficial level of agreement, nevertheless, the narrative clearly describes some form of mutuality or understanding between therapist and client at the end of the treatment.

Mutual Agreement (MA)

The 8 reports (20%) categorized as descriptions of mutually agreed terminations all contain some mention that the termination was therapeutically indicated because of the client's progress, or at least that, even though the client could do more therapy, he or she will probably fair well without it. The tone of these notes ranges from overwhelmingly positive to somewhat lukewarm. For example, one note states: "J says she feels ready to end therapy with me, and I am in agreement with her belief. She has accomplished many of her goals in therapy, and is now capable of attaining her remaining goals... The therapy ended on a very positive and mutually-satisfying note" (R4). In contrast, another writer reports: "Both parties felt

there were few salient issues left to discuss and E has changed as much as she currently wants to" (R3).

Other Forced Terminations (OTRCT)

Two reports describe forced terminations but give no indication about the level of agreement between therapist and client. In both of these notes, the client is characterized as very disturbed and in need of continued therapy. For example, the first note states: "It has become patently obvious that therapy has only touched upon the surface of this young woman's highly ambivalent feelings toward her mother, and deeply disturbed identity about her own femininity, competence, and values" (R21). The second reads: "Because of the ongoing and severe nature of her difficulties, it is recommended that Ms. C continue in therapy after our termination in May" (R29). The concern of the therapist about the client in each of these reports seems to overshadow any written consideration of the client's agreement or disagreement about the current therapy ending. At any rate, both client's are described as deeply troubled, in need of additional treatment, and the agreement, or lack of it, is not taken up as an issue in the note.

Concluding Remarks

The six mutually exclusive categories described above are exhaustive in the sense that they completely define this study's sample of 41 termination reports. The first three

categories, PTD, FCD, and OTDCD, all contain reports that depict treatments which ended while the therapist and client disagreed in some way. PTD is defined, in part, as involving the disagreement of the therapist; FCD and OTDCD include only reports written about therapist-determined terminations with which the client disagrees. Together, these categories comprise 68% of the sample. The categories FCA and MA which describe termination notes that depict some level of agreement around termination make up 27% of the sample. OTRCT makes up the remaining 5% and groups notes that make no clear statement about agreement.

The Evolving, Contradictory and Unclear Meanings of Terminations

Because the above typology attempts to describe the status of therapist-client agreement at termination, it is in a sense static, a cross section of a process that continues to evolve. The following sections describe aspects of the narratives which indicate how the meaning of termination can evolve, as well as how, even in a cross section in time, the meaning of termination can be contradictory and unclear.

The Evolution of Meaning in Two Forced Terminations

At least two notes describe forced terminations (therapist leaving the agency) which, via processes within the therapeutic interaction, eventually came to be seen as positive and therapeutically appropriate. One note comments

that the work around termination seemed to be the most meaningful and facilitative of progress for the client (R11). It seems that the client's sense of impending loss provided the catalyst for her to consider past losses. She was able to work through the termination and bring the therapy relationship to a "successful" closure, something she had not been able to do in past relationships. The therapist writes that, by the end, both viewed termination as appropriate.

The second such report describes the forced termination of a two and one-half year treatment (R13). The client acknowledged the termination as a loss and expressed sadness, fear, feelings of abandonment and so on. However, by the close of therapy, the client was eager to try out her new independence and autonomy, to "test the waters on her own." The therapist writes that this client made considerable progress, that many of her relationship concerns seem realistic and appropriate for a single woman of her age and situation, and that she will probably function well for some time on her own. Again, it seems clear that this termination, though originally mandated by a therapist leaving the agency, evolved so that its meaning contained some level of mutuality and positive sentiment.

The Evolution of Meaning in a Premature Termination

One note classified as PTD (R6) describes a termination in which the client, who had been transferred to the current

therapist because her previous therapist left the clinic, expresses anger and dissatisfaction with the current therapist just prior to her precipitous termination. The therapist believes that the client's feelings are the result of the loss of her previous therapist and writes, "I feel J's anger at me, while largely displaced, represented a positive step for her; a step in the process of communicating her emotional reaction to the previous termination. Unfortunately, we could not continue this work together." Thus the therapist constructs a positive meaning for a termination she otherwise disagrees with.

Unclear and Contradictory Meanings of Termination

Several of the notes indicate that some clients struggle with the meaning of termination. One report of a premature termination makes the following statement about what the client 'knows' she is doing: "J is aware that her leave-taking is her way of playing out her fears of being abused by someone she cares about" (R2). Certainly if this client is aware that she is acting out her own psychopathology by terminating, it is safe to say that termination is, for her, an unclear contradictory process. The following will perhaps provide an even clearer example of a client's struggle with the meaning of termination: "Mr. L expressed guilt, sadness, and hurt over this possibility [that he had 'driven away' his therapist] and spoke of feeling 'stranded at sea without an anchor.' He felt

perplexed about the intensity of his reaction given his tendency to depersonalize the therapy relationship all along. While Mr. L was not clear about the gains he had derived from the work, he reported a 'paradoxical' need and wish for it to continue. Mr. L finally reported that on some level he believed that the therapy relationship was a unique one for him, one which 'did not end with rejection'" (R28). Mr. L is thus described as confused about his attachment to therapy given that he had not been certain it was doing him any good. Another report describes a client as struggling with similar issues: "E expressed ambivalence about the effectiveness of her therapy as well as ambivalence about leaving. She said she feels different now and much prefers her current view of herself as a person to the view of herself prior to therapy. She could not express details of how she had changed and this led her to wonder whether change had actually occurred" (R3).

Therapists also express their own contradictory sentiments about terminations. After describing her numerous attempts to reengage with a client after the semester break, a therapist writes, "Although termination was not due to therapeutic considerations, L did appear to have made some gains during therapy. During the last phone contacts with the therapist, L indicated that she was much happier with her living situation... She sounded happy and relaxed. In the opinion of this therapist, the client's degree of need

for further treatment with respect to her presenting problem is slight. However, the therapist is concerned that L may need treatment for family issues, but that she is not likely to seek help in that area" (R31). The note is describing a therapist's repeated attempts to engage a reluctant client whose presenting problem seems to have abated. Furthermore, the therapist is concerned that the client may never seek the help she perhaps requires.

The report which describes the therapist-determined termination in which the client refused to focus on 'boundary issues' with the therapist (R32) presents some contradictory information about the client. The therapist writes, "At this point I questioned the efficacy of therapy and decided, with the support of my supervisors, that therapy should discontinue unless these behaviors stopped while concomitantly they became the treatment focus." After the client's refusal, the therapist ended a treatment which had been in progress for over a year, and the last line of the report reads: "B is a very insightful, intelligent client who benefitted from therapy." While the effectiveness of the therapy was thwarted by the client's lack of insight around the problematic nature of her behavior, she is still described as having benefitted from therapy. The therapist also mentions that she believes the client will seek therapy in the future, and will once again be able to engage in a productive treatment.

The final examples of contradictory meanings given by therapists to be presented here involve predictions about the client's future welfare and need for further treatment. One note reads: "R will do well on her own. However, during the termination we both agreed that she could benefit a great deal from continued work when she is ready to undertake it" (R36). Another says, "Although T is doing well and will probably continue to do so, further therapy would be beneficial" (R37). The contradictory message to be gleaned from these quotes is simply that these clients are described as people who will 'do well' but who somehow should still engage in therapy.

The Unclear Quality of Ending in Mutually Agreed Terminations

All but one of the 8 MA terminations mention the prospect of future treatment for the client. The exception (R3) does not mention future therapy at all. It describes the therapy as ending because there were "few salient issues left to discuss" and the client had "changed as much as she currently wants to." The note goes on to say that the client "expressed ambivalence about the effectiveness of her therapy as well as ambivalence about leaving. She said she feels different now and much prefers her current view of herself as a person compared to the view of herself prior to therapy. She could not express details of how she had changed and this led her to wonder whether change had

actually occurred." This is clearly not an overwhelming endorsement of the treatment's success and the client's consequent lack of need for further treatment; it seems more like a description of a therapy that ended for unclear reasons and produced uncertain results, from the client's, if not also the therapist's point of view.

Of the remaining 7 reports classified as MA, 4 state that the termination was positive or the progress excellent, and then note that the client is aware he or she can return to the PSC, or to therapy in general, in the future. One therapist writes, "She states that she now wants to 'try out [her] new self,' but would not feel uncomfortable seeking therapy again if she felt it would assist her with any future concerns" (R4). Another comments, "Currently, A seems capable of handling a fair amount of stress in her life and does not appear to need additional treatment. However, if A did seek out therapy again, there may be a few particular areas that she would want to explore more in depth" (R16). Her mother's alcoholism, career goals, and her own anticipated reactions to her parent's aging and death are all listed as possible subjects for future treatment. A report that states, "Termination was mutually agreed upon because of G's excellent progress" also says, "She feels there is a chance they [some of her problems] could recur. She was invited to contact the PSC if former problems recur or new ones arise" (R15). The last report in this group, R26

makes a statement quite similar to the latter quote, "P agreed that if in the future he felt troubled again he would be able to come back to the PSC..."

In the remaining 3 MA terminations, after stating that the client will do well without therapy or that the client made considerable progress, the therapist goes on to say that the client would benefit from future treatment. In general, this is a similar statement to the one made in the 4 notes described above except that it is a bit more forceful. For example, one of the 3 reports contains the following quote, "R will do well on her own. However, during the termination we both agreed that she could benefit a great deal from continued work when she is ready to undertake it" (R36).

Client Changes

In this sample of termination reports, therapists document a wide variety of changes occurring in clients' minds and lives. What will be reported here is an unquantified catalog of the various types of described changes. Therapists often include in their termination report a list of the initial goals for treatment, but, for the sake of consistency, this section will include only the changes reported as having actually occurred. I have attempted to create an exhaustive set of categories, though they are by no means mutually exclusive.

Changes in the Therapeutic Relationship.

Several reports comment on how the client's behavior or experience changed with respect to the therapeutic relationship. Some write of the client's increased attachment to therapy or connection to the therapist (R1, R3) while others speak of an increased comfort with the therapy process which allowed the client to be more forthright in expressing negative feelings about therapy to the therapist (R12). The following is an example of how one therapist tracked client changes within the therapeutic relationship: "P began to idealize in his perceptions of me from the very beginning... In time the idealization began to alternate with a degree of devaluation and negativity. This seemed to come about as P was able to feel increasingly secure in the therapy relationship and as he became aware of the possibility of my being imperfect" (R9).

Increased or Enhanced Insight or Self-Understanding.

At the most basic level, this type of change involves 'ownership' of one's difficulties, for example, when one client recognized that "it was she rather than others who needed to change," she experienced a fundamental shift in the orientation of her self-understanding (R3). For clients who have made this transition, other types of insights are described. For example, one client reportedly achieved greater awareness of the relationship between her depressed moods and her tendency to binge on food (R4). Another

client's insight about current personality dynamics is this one: "In exploring his inability to confront W, S became more aware of his general difficulty in blaming and expressing negative feelings toward his father, and anyone else who had wronged or hurt him. Instead, he turns the blame onto himself and takes responsibility for having caused his own pain" (R5). Another report describes a client's developing insight about the relationship between events in her life history and her current functioning in relationships (R13) while still another says that historical insights, the "outlining of a newly viewed developmental history" was one component of the work completed by the client (R10). Thus the types of achieved self-understanding described in the notes range from basic to more advanced, from simple to complex, from learning to focus on the self as the locus of potential change to understanding the historical roots of current relationship dynamics.

Changes in the Expression of Affect.

Increased or enhanced expression of affect is reported to occur in relation to the therapist (R1, R11) as well as to others (R16). Anger is reported to have been expressed toward the therapist: "I feel J's expression of anger toward me, while largely displaced, represented a positive step for her" (R6). "Accepting and appropriately expressing anger" is listed in R4 as a successfully addressed concern.

The decreased expression of anger is also reported as a client change. One therapist writes, "An additional result was a lessening of angry responses to daily situations, and reports from V of feeling more in control and more able to handle herself in reaction to others" (R30). Another writer reports that her client's relationships improved in general, and "much of her anger toward her parents has dissipated" (R32).

Increased or Enhanced Awareness of Affect.

Some therapists write about changes in a client's awareness of emotion, as opposed to its actual expression: "S has also focussed on general issues around anger. He has become more aware of the presence of underlying anger and the degree to which he deals with it by denial and repression. He recognizes the importance of expressing it (as he wants to express it to his father) in order for him to become more in touch with his emotional life, hence with 'reality'" (R5).

Increased or Enhanced Ability to Tolerate Ambivalence or Intense Affect.

The following is an example of a writer's expression that her client was better able to tolerate ambivalence: "Related to this is J's awareness of her difficulty in tolerating ambivalent feelings. That is, she has had a tendency to 'split', to see people, including herself, as black or white, all good or all bad. She is now more able to

see herself, and consequently others, as a self with many facets... who is basically okay..."(R13). Some clients reportedly learn greater tolerance for affect, as this therapist describes a changed aspect of her client's relationship: "She says they are both more comfortable now with accepting the presence of difficult feelings without needing to act them out, be 'swept away' or 'engulfed' by them, or take them out on the other person" (R36).

Changes in Style of Object Relations.

Changes in the client's style of relating to others or in general quality of relationships can be noted straightforwardly: "His relationships with his peers had improved, and he seemed to be feeling better about his situation in his family" (R26). Sometimes such changes are noted to have occurred with authority figures, as this therapist writes, "Another development involved improved relations...with dormitory counselors and administrators" (R19). Other notes describe improved, enhanced or otherwise changed relationships with partners, spouses, friends, peers and family members (R9, R12, R13, R32, R36).

Improved or Enhanced Identity, Independence, Autonomy.

Several reports indicate that clients made gains in areas of identity, self-definition, self-assertiveness, self-reinforced self-esteem, feelings of control, and autonomy. These terms are often blended together in the description of a 'set' of changes, as the following example

illustrates: "There were some concretely observable changes in several of P's relationships, all of which pointed in the direction of P's increased sense of his own identity and feelings in relation to others... In the relationship with R, P was increasingly demanding - at first for freedom and distance - but later to attending to his own needs for a balance between freedom and autonomy. In all other more casual relationships, P indicated a transition into being more able to keep track of his own wants and needs despite his long-established tendency to give others what he knew they wanted" (R9). This note uses the concepts of identity, self-assertiveness, independence and autonomy to describe how the client was able to change in therapy. The following example also blends several of these ideas: "As she felt more of an identity of her own, and as she felt more worthwhile, she was increasingly able to extricate herself from her overinvolvement with others... Better able to see others as different from herself, she grew to increasingly respond to them as such... She progressed in working toward her own goals, less hampered by the goals of others. In finding a stronger sense of self, and in experiencing her successes and growth, she began to develop a positive self-concept" (R36).

Enhanced Sense of Comfort with Self, Behavior, Physical Appearance.

One therapist writes that her client reported, "being kinder and more accepting of herself, 'caring' about herself, and making more positive self-statements" (R15). Another therapist writes that her client, "began to find it acceptable to be a human being with needs, desires, feelings, and imperfections, and to believe that the emerging, formerly stifled person can be accepted by others as well... Although he is not yet secure in his image of himself as a fuller person... who is acceptable despite imperfection, he is no longer comfortable with holding that person down..." (R37). More concretely, one client is reported to have become "much happier with her physical appearance" through successful diet and exercise (R16).

Improved Reality Testing or Rationality.

The following are examples of the level on which reality testing is discussed in the notes: "She recognized her tendency to distort her boyfriend's actions (and inactions) in negative ways which could not be supported by the available evidence" (R12); "Initially, V was prone to irrational beliefs about others and demonstrated a propensity to misperceptions of common daily interactions with others... Thought-stopping was employed to assist V in abandoning these irrational and self-denigrating beliefs, and through cognitive restructuring V learned to formulate

alternative self-evaluations, as well as alternative evaluations of situations involving friends, co-workers, and others" (R30).

Decreased Symptomatology or Behavior Change.

Of course, some notes mention that changes in specific symptoms or behaviors took place. Panic attacks, problematic eating behaviors, feelings of dysphoria, anxiety, and substance abuse, among others, are all noted to have decreased in quantity for some clients (R12, R16, R36). Behavioral changes can be more complex, however, as one client reportedly changed by reducing her "feelings of restlessness associated with routine domestic and work related tasks" and "feelings of lack of fulfillment" (R15).

Change Through Learned Behavioral Technique.

Part of the change process for some clients reportedly involves the learning and ongoing use of certain behavioral techniques. One client had been "taught and now used regularly breathing awareness, diaphragmatic breathing, and muscle group relaxation techniques" (R4). Another client was instructed in "deep muscle relaxation, which she learned quickly and practiced frequently. She used relaxation in very creative and adaptive ways, beyond even the specific recommendations of the therapist, and found it extremely helpful" (R15).

No Change.

In at least 14 of the 41 notes there is either no mention of change or it is specifically stated that the client did not change during the therapy.

Impediments to Client Change

Therapists also regularly describe factors which they believe tended to impede client progress and change. Factors related to the client, the therapy process, the therapy environment, and the external environment are all mentioned within this data set.

Client-Based Variables

It seems that many of the impediments to change are described as tendencies within the client, as characterological issues or psychopathology. Because the content of the notes with respect to these issues is broad and diverse, the following is an attempt to group roughly the various traits therapists describe as impediments to change.

Group One - Inability to Form a Treatment Relationship.

The client maintained distance from the treatment relationship, or could not form a treatment relationship in general (R11, R14, R19, R20, R24); the client could not form a treatment relationship because of difficulty sustaining interpersonal relationships in general (R23), because of a controlling and defended interpersonal stance (R24), or because of difficulty tolerating empathic lapses (R27); the

client was unable to discuss the nature of, or his or her feelings about, the treatment relationship (R12); the client was uncomfortable with feelings of dependency on the therapist (R23) or was reluctant about attachment, trust and dependency in general (R40).

Group Two - Transference without Insight. The client played out a specific life issue, conflict, or characterological style on the treatment relationship without insight (R6, R12, R25, R40). This includes discussions of clients who have left many relationships, including treatment relationships, before, as well as the description of a client who reportedly needed to 'work through' a previous relationship loss by rejecting the therapist.

Group Three - Acute Symptomatology or Behavior Problems. The client's symptomatology or behavior problems were so acute that therapy was disrupted (R19, R22, R34, R35); the client's variable emotional state affected insight and judgement (R13); the client's rigid intellectualized defenses were problematic in an unstructured treatment (R27); the client was unable to comply with clinic policies and structures like keeping appointment times and canceling sessions (R34).

Group Four - Difficulty Focussing on the Self. The client was too intolerant of himself and his own issues to consider them in treatment (R9); the client had difficulty

focussing on himself and tended instead to focus on others (R14).

Group Five - Resistance or Lack of Motivation. Client resistance and lack of motivation are also reported as impediments to change. According to the notes, some clients do not want to change (R33) lack commitment to change (R18) are unmotivated (R14, R31, R41) or are not in enough distress to inspire change (R31). Other client's are reportedly too defended or resistant to change (R9, R31, R33, R39). Finally, two clients are reported to have decided not to change based on their assumption that in order to make gains in therapy one must risk unhappiness or anxiety, at least temporarily (R12, R38).

Therapy Process Variables

Several therapists report that various aspects of the therapy process, when somehow gone awry, impeded therapeutic change or even catalyzed termination. Four writers state that they were unable to clarify or agree on treatment goals with their clients (R18, R24, R32, R33). Three more authors claim that interruptions of the therapy, such as the ones that occur during therapist vacations or the clinic's August closing, distracted their clients who were left feeling either angry or rejected (R17, R23, R27).

Some therapies were reportedly halted by the client who, sensing that the therapy process was moving toward 'deeper issues' or greater intimacy with the therapist,

became frightened and decided to leave treatment. For example, one therapist includes in his Termination Note part of the most recent Progress Note written by him about developments in the therapy: "In the last several weeks, J's attachment to therapy has grown stronger and he has become increasingly more articulate about his struggles present and past, laying out some of the ambivalence he feels towards his parents, sharing some of his feelings of envy towards others, expressing some of his loneliness and hurt. While this represents genuine progress for J, it is also likely, inevitable really, that he will experience the therapist as failing him, as misunderstanding him, as attempting to control him. Again, these are projections through which J attempts to ward off the depression that lurks at the edge of every new and deepening relationship" (R1). The therapist includes this quote from a past report and refers to it as "particularly germane" because the client was unable to face the so-called "inevitabilities" and chose to terminate.

Environmental Variables

Aspects of what I will call the "therapy environment" are also noted as impediments to change. One writer states that the disparity in age between him and his client may have been related to the client's dissatisfaction with therapy and ultimate decision to leave treatment (R7) while another said that the client may have done better with an opposite gender therapist (R19). One therapist reports that

his own uncertainty about his tenure at the clinic may have adversely affected the therapy when he writes, "some part of her anger must have emerged out of our interaction. During the month of..., my PSC status was tenuous. I did not know how much longer I could work with J. I am sure that my ambiguous status was communicated to her and interpreted as withdrawal or rejection" (R6). Another therapist claims that, "It also became clear... that Ms. M has felt throughout the therapy like 'a subject in a psychology experiment' because of the taping of the sessions, my status as a student therapist, etc." (R39). In only one report did a writer suggest that a therapist's mistake, or at least inexperience, had an adverse effect on the treatment: "She uses her considerable verbal strength to superficially maneuver in social situations without ever letting the other see beyond the facade or investing herself in the other. In therapy, this defense has taken the form of her filling up much of the hour with superficial content... It has been difficult for me to catch A at this strategy, partly because she is so good at it and partly because I have colluded at times" (R11).

Environmental variables external to therapy are also presented as impediments to change. Five therapists indicated that the time limitations resulting from forced or premature terminations impeded change (R9, R11, R18, R21, R38). One therapist writes that financial pressure on the

client hindered change (R18) and another felt that the client's long commute to the clinic was enough of a hardship to "confuse the treatment" (R23).

Client Accusations of Therapists at Termination

The following is a catalogue of therapists' descriptions of the various accusations levelled at them by dissatisfied terminating clients. I have also tried to describe the statements included in the reports that address the clients' accusations.

Therapist's Descriptions of Client Accusations

Ten notes discuss client accusations of the therapist. These accusations are distinguishable from negative transference in general in that they occurred in the context of termination, with the client reportedly proclaiming them as at least part of the reason for ending treatment. Client accusations of therapists described as aspects of the negative transference that were 'worked through' during the treatment have not been included in this section. The following four groups describe the various accusations levelled at therapists by clients.

Group One -Therapy was not Helpful. Two therapists write that their clients terminated saying that therapy was, for them, no longer helpful: "S terminated therapy because he felt it was no longer helping him recognize and deal with his current difficulties" (R5); "G was 45 minutes late to our penultimate session, and in our conversation during the

final 5 minutes he was explicit about his lack of commitment to therapy. As he put it, he was 'fed up with my counseling because it's not making [him] a happy person'" (R23). Two therapists report that their clients felt therapy was actually a destructive force in their lives: "K began to dread coming to therapy and blamed therapy for much of her unhappiness... [later, she] stated she wanted a break from therapy so that she could assess whether or not she would be happier without it" (R12); "During the fifth session, W told me she couldn't go on with therapy, that it was stirring up too much without resolution" (R20).

Group Two - Therapist was not Helpful. At least three notes describe terminations in which the client directly accused the therapist of being unable to help or understand him or her: "Her termination with me was precipitous. In our last session she accused me of being unresponsive to her; that I did not appreciate her intellectual abilities nor could I understand her life. She appeared quite angry with me and acknowledged experiencing great 'satisfaction' with being cross with me" (R6); When he entered therapy at the PSC, Mr. Z immediately complained that his therapist was male and too old to understand his problems... he felt they were 'not getting along' and 'constantly at each other's throats'" (R19); "Then again in the last three sessions W expressed doubts that I could help her and eventually terminated during the 20th session" (R20).

Group Three - Therapist and Client too Different. Four notes state specifically that the client believed the therapist could not understand him or her because of age difference (R19), gender match (R19, R27), or differences in "background and orientation (to therapy and life)" (R7).

Group Four - Therapist's Personal Non-Therapeutic Agenda. One report says that the client accused the therapist of serving her own needs through the therapy: "It also became clear in this session that Ms. M has felt throughout the therapy like 'a subject in a psychology experiment' because of the taping of the sessions, my status as a student therapist, etc." (R39); Another therapist writes: "When confronted with these behaviors B suggested that hey were really 'my problems' - due to a homophobic reaction to her expressions of feelings of warmth for me - and that I wouldn't have noticed them if they hadn't affected me" (R32), and was thus accused of harboring personal fears destructive to the therapy.

Therapist Responses to Client Accusations

Six notes directly refute the accusations, saying that they reflect the client's pathology, resistance or shortcomings (R12, R19, R20, R23, R27, R32). For example, after stating the client's feeling that therapy was to blame for much of her unhappiness, one note states, "Upon her return following the break, she reiterated her desire to leave treatment. The therapist pointed out the parallels

between leaving the therapeutic relationship and leaving other relationships. Since leaving relationships represents a longstanding problem, K was encouraged to continue (therapy)..." (R12). Another therapist reports, after stating the client's complaint that the therapist could not understand him, "Hence there is a pattern of maintaining distance and maintaining a noncommittal as well as oppositional stance... Perhaps due to his noncommittal stance... Mr. Z avoided joining with the therapist by telling him he felt they were 'not getting along' and 'constantly at each other's throats.' While there were communication difficulties and rapport was generally lacking, there were no severe disagreements or confrontations" (R19). Thus, this therapist not only presents the client accusation as part of his pathology, but also specifically denies the validity of the claims.

Two writers reframe accusations in terms of the client's uncertainty about the therapy or therapist, but do not clearly state whether or not they believe this is a transference issue (part of the client's pathology as described above) or more reality based. One therapist writes, "S was uncertain to what degree his wanting to terminate therapy was related to his resistance towards exploring issues more deeply or to his probable lack of confidence in his therapist or discomfort in relating to her" (R5). This therapist offers no other clear statement

about whether or not, in her opinion, the client had cause to be uncertain about her ability to help him. The second therapist writes, after stating that the client felt like a 'subject in a psychology experiment,' "There may have been some question in her mind about who the therapy was really serving - her or me" (R39). Once again, this writer does not clearly state her belief about to what degree the client's concern is warranted or not.

One report does not refute the client's complaints, and goes on to suggest they might be related to a real factor: "She also specified that she did not have a sense that I could understand her - that our backgrounds and orientations (to therapy and life) were too dissimilar for a productive therapy. This comment may have been related in part to our age difference" (R7).

The final note describes the accusations both in terms of transference (client-based issues) and as resulting, in part, from a reality based factor. The therapist first indicates that the client's expression of anger is "displaced", that is, it is actually the result of the client's unresolved issues with a previous therapist. He then writes, "that some part of her anger must have emerged out of our interaction. During the month of..., my PSC status was tenuous. I did not know how much longer I could work with J. I am sure that my ambiguous status was

communicated to her and interpreted as a withdrawal or rejection" (R6).

None of the reports clearly uses the concept of therapist-client mismatch to explain client accusations, difficulties with therapy, or decision to terminate. The last two notes described (R6, R7) both suggest the possibility of a reality-based factor involved in the client's state of dissatisfaction; one involves the therapist's 'tenuous status' at the PSC, the other, age difference. Of these, only the hypothesized age difference hints at the possibility that the therapist considers this therapist-client combination a mismatch.

Predictions About the Client's Future

Many of the notes contain one or more predictions about the client's future.

Will the Client Return to Therapy?

Five notes state that the client may elect or will most likely elect to return to treatment (R6, R12, R18, R24, R32). Two notes indicate that the client may find it necessary to return to treatment (R13, R23). Two more notes say that the client has been invited to return to treatment if problems again arise (R15, R26), and one note states that the client will probably not return to treatment in the future (R31). Two final notes report that the client stated he or she will not return to treatment again (R38, R39).

Will the Client Benefit From More Therapy?

Thirteen notes state that the client could benefit from more therapy in the future (R6, R8, R9, R13, R14, R18, R24, R27, R30, R35, R36, R37, R38). Three notes say the client could have benefitted from continued treatment in the present (R11, R25, R40). Three notes say that the client could possibly benefit from future treatment, but that this is uncertain (R21, R24, R33). One note says that the 'prognosis for treatment is highly guarded' (R23).

Are There Specific Issues That Should be Focussed on in Future Therapy?

Sixteen notes include recommendations about what clients needs more treatment for, how future treatment should be conducted, or what future treatment will be like (R5, R12, R13, R14, R16, R18, R19, R21, R22, R27, R29, R32, R33, R35, R36, R37).

Will the Client Have Problems With Future Therapy?

Seven notes indicate that the client will struggle in some way with future therapy, that is, he or she will have difficulty negotiating and staying in a therapeutic relationship, or will have some other difficulty with the therapeutic process (R12, R14, R20, R22, R24, R27, R33).

Will the Client Continue to Struggle in Life in General?

Eleven notes indicate that the client will continue to wrestle with life problems such as anger, self-injurious

tendencies, intimate relationships, and family issues (R1, R2, R10, R12, R13, R14, R19, R23, R29, R31, R40).

Will the Client be Basically OK?

Five therapists write that their clients will do well, obtain their remaining goals, or function at a higher and more aware level than in the past (R4, R13, R16, R36, R37).

No Prediction

In five reports there are no predictions at all. Some of these indicate that the client received an invitation to return to the PSC, but contain no specific prediction about the client's future (R3, R7, R17, R28, R34).

Client's Predictions About Their Own Futures

A total of twelve notes include the therapist's account of the client's prediction for his or her future. Eight say that the client intends to continue with a future therapist or plans to pursue future therapy (R2, R5, R9, R20, R25, R28, R35, R37). Two say that the client predicts old problems could recur (R15, R37) and one that new problems may arise (R16). As reported at the beginning of this section, two notes indicate a client's prediction that he or she will not return to therapy (R38, R39).

C H A P T E R 4

DISCUSSION

Introduction

After summarizing and highlighting the results, the discussion will focus on what they may imply for the way termination proceeds both in this clinic and in general. The ideas presented here are based on the results, the literature review, and discussions with students, faculty, and friends. What I have come to believe about therapists' treatment goals and expectations, their conceptualizations of what failed or impeded the treatment, and the function of prediction is presented and followed by recommendations for some of the record keeping done at the PSC.

Initiation of Termination

Of the 41 total Termination Summaries, 27 (66%) indicate that the termination was client-initiated, 11 (27%) are described as therapist-initiated, and 3 (7%) do not contain information about who initiated termination. Of the 11 therapist-initiated cases, 9 state that termination occurred because the therapist was leaving the agency, and 2 came about because of client behavior problems. Thus, no therapist initiated terminations are described as originating because of completed treatment goals, decreased symptomatology, or reduced life-problems. It remains

possible that one of the three notes not containing this information occurred this way.

Typology of Termination

Adding another consideration, the level of agreement between therapist and client about the acceptability of termination, to the above described variable of termination initiator results in a six-part typology. 28 (68%) of the 41 notes contain an indication that therapist and client disagreed on some level about the acceptability of termination. Of these, 22 (54% of total 41) were client-initiated and thus could be considered Premature Terminations; 4 (10% of total 41) were initiated by therapists leaving the agency and therefore labelled Forced Terminations - Client Disagrees; and 2 (5% of total 41) were initiated due to client behavior problems by therapists not leaving the agency and were thus labelled Other Therapist-Determined Terminations - Client Disagrees.

Eleven (27%) of the 41 notes indicate that termination occurred with some level of agreement between therapist and client about the appropriateness of termination. 8 (20% of total 41) of these were described as therapeutically indicated and labelled as Mutual Agreement. Additionally, it should be noted that 5 of the 8 MA terminations were client-initiated and the remaining 3 contained no information about the initiator. The other 3 notes that indicate some level of agreement between therapist and client describe terminations

that were initiated by therapists leaving the agency, and thus are called Forced Termination - Client Agrees.

The 2 final notes (5% of total 41) describe therapist-initiated terminations (therapist leaving agency) but contain no information concerning the level of agreement between therapist and client. In both of these notes the therapist somewhat forcefully recommends that the client continue treatment with another therapist, thus these reports are categorized as Other Forced Terminations.

The Meanings of Termination

The Termination Summaries show that treatment endings are often unclear, conflictual, contradictory experiences. According to the writers, therapists and clients alike often struggle to make sense of whether or not therapy has been useful, as well as whether or not the client needs more treatment. The notes show this to be the case not only for terminations in which therapist and client disagree, but also in cases where there is some level of agreement.

The meaning of termination can evolve as is demonstrated by at least three notes that describe how forced and premature terminations can take on some positive meaning. Indeed, it is possible that a primary difference between premature and mutually agreed terminations, since both seem to be client-initiated, is that agreeing therapists are somehow able to construct the situation more positively. It remains for future research to investigate

the qualitative differences between clients rated by therapists as premature terminators and those rated as terminating appropriately.

Client Changes and Impediments to Change

Twenty-seven (66%) of the 41 notes mention some type of change occurring in the client's life during the course of the therapy. The types of changes are many and varied. Impediments to change are described in terms of client-based variables, therapy process variables, and environmental variables both within and outside the therapy.

Client Accusations of Therapists

Ten (24%) of the 41 notes describe clients' accusations of therapists. Therapists wrote that their clients accused them of being unhelpful, inexperienced, unable to understand them, or of serving their own needs above those of the client. Six of these 10 therapists denied the truth of the accusations; 2 comment on the client's uncertainty about the therapist, but do not clearly state whether or not the concern is founded; 1 stated that the accusations were primarily transference-based, but that a therapy environment variable might have also been involved; and 1 claimed that age difference might have been a factor.

Predictions About the Client's Future

Thirty-six reports (88%) contain at least one prediction about the client's future. Predictions are made about future therapy, including whether or not the client

will return to treatment, whether or not the client will benefit from more treatment, what problems the client will have with future therapy, and what issues any future therapy should focus on. Predictions are also made in general about the life-problems or well-being to be experienced by clients in the future.

Therapist's Expectations and Treatment Goals

An important question that arises from this data concerns the infrequency of the event in which a client is described as meeting either the therapist's expectations or some other set of treatment goals. The picture that emerges from this set of Termination Reports is one in which therapists are not initiating termination for therapeutic reasons and are often disagreeing with client-initiated terminations. Even when there was enough agreement indicated about a given client-initiated termination to compel me to label it Mutually Agreed, there was often other information contained in the report, like the therapist's stated feeling that the client could benefit from future therapy, that demonstrate the therapist's reticence about his or her client's 'life without therapy.'

Two authors reviewed by me have commented on the possibility that therapists have excessively high goals for treatment. Levinson (1977) believes that some therapists may be inspired to produce a 'perfect case', and therefore expect more than what is realistic from their clients.

Kramer (1986) posits that therapists may confuse their own treatment goals, which may be quite lofty, with the goals of the client. While it seems clear that clients may end treatment prematurely for a variety of reasons, including resistance to change or external environmental factors, if therapists do aspire to excessive standards, then the chances of a client's departure being a more benign, less conflictual one decrease.

Therapist's standards may partially explain why so many writers tended to see client-initiated terminations as premature in spite of the fact that so many client changes were recorded in the notes. It seems likely that therapists may be using somewhat grandiose criteria as guidelines for treatment success on some level. Even Freud (1937) doubted the possibility of 'complete therapy' for some cases, and Schafer (1973) has written eloquently on the profound limitations of brief (once a week for one or two years) treatment. Nonetheless, it seems that few of the 41 cases herein depicted left this clinic without either a clearly described misgiving of the therapist or at least some recommendation for future treatment. The point is not that there were actually more 'cures' that took place, but that therapists perhaps expect more cures than is realistic, and thus tend to see more failure in therapy than is warranted or necessary.

This tendency to see failure, if it in fact exists, would create complications for both therapist and client. For the therapist, especially the therapist-in-training, the confirmation of skill and competence requires some degree of success in the treatment (DeWald, 1980). To be up against such terrific standards may then result in painful frustrations. It seems that termination of psychotherapy is quite full of conflicts and painful feelings; the addition of unattainable goals can do nothing but make a difficult situation worse.

Clients too will suffer under unrealistic standards. Lynn Hoffman has said that it is impossible for young adults to 'leave home' when that leaving is negatively connoted.³ That is, children will suffer a more intense struggle to separate from their parents and families when their leaving is viewed as unacceptable. This does not imply that parents should not be sad, upset, or troubled by the departure of their children, but that the struggle of separation will be greater if leaving cannot somehow be framed as necessary and acceptable. Based on the data of this study, I believe that therapists do not have enough ways to positively connote treatment endings. While it is certainly true that some clients leave treatment too early, if the number of Premature Terminations found here is even a rough approximation of what happens in general, it seems that it

³Personal communication to David Todd.

might be beneficial to therapists and clients alike if 'leaving home' could be positively connoted more frequently. Of course, before therapists will see less negativity in treatment endings, grandiose fantasies about treatment success will have to be relinquished.

While treatment endings are difficult, contradictory, unclear events in which therapists and clients alike struggle to make sense of whether or not therapy has been helpful and whether or not the client needs more treatment, 66% of the notes indicate that some type of change occurred for the client during the therapy. This is a hopeful finding in the sense that it may indicate there is a substantial amount of raw material within these treatments that therapists may use to positively connote them.

What Went Wrong?

The writers of this sample of reports tended to explain impediments to change in terms of client-based pathology, and rarely used environmental variables, therapist mistake, therapist-client mismatch, or the inherent limitations of therapy to explain such impediments or to respond to client accusations. While a small number of notes, when describing impediments to change or responding to client accusations, mention the possible influence of external factors like age difference, gender difference, or qualities of the student training clinic, and one therapist even admits a partial mistake, therapists in general used the concepts rarely, and

no therapist used the concept of therapist-client mismatch. Certainly it seems reasonable to assume that some therapists, and probably almost all therapists-in-training, will make errors that will affect the client's ability to make use of the therapy. Indeed, it seems difficult to entertain the notion that a therapist-in-training can conduct a given therapy without making any mistakes; Mozgai (1985) has suggested that many beginning therapists may in fact provoke termination in various ways.

Perhaps therapist mistakes are noted so infrequently, only once in this set of data, because therapists are aware of the possible audiences for the notes, including future treatment professionals in the community, other student therapists and supervising faculty at this clinic (if the client should return to the PSC) and agents of the legal system. However, it seems that therapists have no shortage of other explanations for what went wrong, and most of these are at the client's expense. Additionally, Halgin's survey shows that in a different context therapists still tend not to use the possibilities of therapist-client mismatch and therapist error when describing terminated therapies. Clients, of course, used both of these as explanatory principles.

DeWald (1980) claimed that therapist's reactions at termination may include anxiety generated by a heightened awareness of the limitations on both the therapeutic method

and the therapist's skill. While these anxieties seem not only likely but also quite warranted, they are not often expressed, at least in these reports. It is possible that these issues are being dealt with regularly by therapists and supervisors, and are simply not being included in the notes. However, if this is the case, I would argue that some clients are shortchanged when the record contains only an account of how they are personally responsible for the therapy's lack of success. If the record fails to take into account the inherent limits on therapeutic intervention and change, as well as therapist mistakes, which seem inevitable in general but especially for therapists-in-training, and the possibility of therapist-client mismatch, then the client is left with disproportionate responsibility for what is constructed as failure. At worst, this tendency perpetuates the myth that the answers to all of an individual's life problems are to be found in psychotherapy and that, for any given client, one therapist is potentially as helpful as the next.

The Function of Prediction

Thinking about the nature and quantity of predictions contained within the reports, one might hypothesize that many of the predictions are made for the benefit of an anticipated future audience. For example, one reader that a therapist may have in mind when making predictions would be a future treatment professional, and the function of such

predictions seem clear: If a therapist attempts to guess at what his or her client will struggle with in future therapy, this is obviously potentially useful information for any future therapist. However, some therapists predicted that their clients would not return to therapy, and others predicted how their clients would struggle in general. For example, about a premature termination one therapist writes, "It is possible that since there will no longer be a therapy relationship to focus her negative feelings upon, her relationship with her boyfriend may eventually deteriorate" (R12). It is less clear who a prediction like this one is intended to inform, and thus it may serve a different function.

If we accept that, for the therapist, termination is a difficult, conflictual experience which may also involve feelings of loss or rejection, then it is not unreasonable to imagine that predictions may serve some function related to this. For example, if a therapist is suffering the loss of a particularly interesting, talented, or rewarding client, one function of prediction may be as a method through which the therapist projects his or her 'self' into the client's future. Since most terminations are quite final, that is, after the final meeting therapist and client will most likely not see each other again, the relationship can be continued only through fantasy. In this way, prediction is one way a therapist can temporarily sustain a

relationship with a client, and thereby assuage difficult feelings of loss.

Predictions may serve other functions for therapists as well. The quantity of premature terminations suggests that many therapists believe there is still much for them to contribute to the client's growth at the point of termination. Since the decision to terminate can be completely effected by the client in spite of the therapist's protests, a therapist may be left feeling thwarted and rejected. Such a rebuffed therapist has no means available to confront those feelings directly with the client, and prediction seems to be one possible arena in which the therapist may act out his or her reactions. For instance, with respect to the example cited above in which the therapist predicts the client's relationship with her partner will suffer, one could imagine that such a prediction, while still in part reality based, might also be inspired by a thwarted therapist's desire to retaliate after experiencing a painful loss.

In addition to such 'acting out,' therapists may also use prediction to work through personal issues related to the process of the therapy. Perhaps a therapist who feels responsible for the client's dissatisfaction or inability to make use of treatment might make predictions that have some reparative qualities, that provide 'good wishes' for the client, as when one writes that the client, though he or she

terminated prematurely, will probably be able to make good use of any future therapy.

Recommendations for the PSC Case Summary

The section of the PSC Case Summary devoted to termination typology (section 6B., see Appendix A) could be improved through a revision based on the results of this study. Currently, this section is constructed of two parts: The first is called "Nature of Termination," and essentially tries to capture whether the termination was client or therapist determined; the second, called "Reason for Termination," contains a mixture of 'facts' about termination (like whether or not external factors or the therapist's departure were involved) and perspectives about termination. The result is a confusing set of ratings from which it is difficult to discern whose perspective is being described, much less a clear picture of what happened.

The following is a recommendation for the replacement of section 6B (see Appendix B). Because it is more extensive than the current section and includes information about whether or not the therapist feels termination is acceptable, it also overlaps with sections 7 and 8. Note that the "Nature of Termination" section has been changed to "Initiator of Termination" and that a 'mutual' category has been omitted since a mutually initiated termination is theoretically impossible. Also note that the "Reason for Termination" section has been expanded to separate therapist

from client perspective (though 'client perspective', in this sense, is of course the therapist's impression of that perspective) and that an additional section has been included to capture the therapist's judgement of the level of agreement between therapist and client at termination.

APPENDIX A

PSC CASE SUMMARY

This form is to be completed at transfer or termination. Because the form is used to administratively close a case, it must be completed for every client assigned, even if never seen.

1. Client Name _____ Age _____
2. Clinician _____ Date of Report _____
3. Duration of Treatment (check one)
___ Client never seen (Do not complete rest of form)
___ Assessment only (Do not complete rest of form)
___ One or more therapy sessions. Number of sessions _____
Date of first session _____ Termination date _____
4. Type of Treatment: ___ individual ___ couple ___ family
5. Theoretical Orientation: _____
6. Disposition: ___ Transfer within PSC
___ Referral outside PSC
___ Termination

A. If referral outside PSC, name of clinician, agency and address: _____

B. If Termination:

Nature of Termination:

- 1) Mutually determined
- 2) Client determined in interview
- 3) Client by no-show after first session
- 4) Client determined outside of interview with notification
- 5) Therapist-determined
- 6) Other _____

Reason for Termination:

- 1) Problems reduced (no further need)
- 2) Client dissatisfied with therapy
- 3) Client felt therapy could help no more
- 4) Therapist felt therapy could help no more
- 5) Client unmotivated
- 6) Client withdrawal due to external reasons (moving, departure from school etc.)

7) Therapist no longer available (end of team, semester, departure from school, etc.)

8) Other _____

7. Overall success of therapy:

1	2	3	4	5	6	7
Very	Moderately	Slightly		Slightly	Moderately	Very
----Unsuccessful-----				-----Successful-----		

8. Degree of need for further treatment:

1) none 2) slight 3) mild 4) moderate 5) strong
6) very strong 7) extreme

APPENDIX B

SUGGESTED REPLACEMENT FOR SECTION 6B.

B. If Termination:

Initiator of Termination

1. Client
2. Therapist

Reason for Termination

If Client Initiated

Client's Statement of Reason

1. Problems Reduced
2. Dissatisfaction with Therapy or Therapist
3. External Reasons (Moving, Financial Problems, etc.)
4. Other _____

Therapist's Judgement of Client's Statement

1. Agree with Client's Statement
2. Disagree with Client's Statement
 - i. Client Actually Unmotivated
 - ii. Client Actually Resistant
 - iii. Client's Decision Reflects Larger Pathology
 - iv. Other _____
3. Client's Statement is Accurate but #2 Above Also Applies (Please Select Appropriate Choice Under #2 Above)

If Therapist Initiated

Therapist's Reason for Termination

1. Therapist No Longer Available (e.g. Therapist Leaving Clinic).
2. Client's Behavior Contraindicates Therapy (Acting Out, Unmotivated, etc.)
3. Problems Reduced
4. Other _____

Level of Agreement Between Therapist and Client at Termination

1. Both Agreed Termination was Acceptable.
2. Client Felt Therapist-Initiated Termination was Unacceptable (e.g. Client Wanted More Therapy).
3. Therapist Felt Client-Initiated Termination was Unacceptable (e.g. Believed Client Needed More Therapy).

REFERENCES

- Balint, M. (1950). On the Termination of Analysis. International Journal of Psychoanalysis, 31, 196-199.
- DeBosset, F. & Styrsky, E. (1986). Termination of Individual Psychotherapy: A Survey of Resident's Experience. Canadian Journal of Psychiatry, 31, 636-642.
- DeWald, P. (1980, January). Forced Termination of Psychotherapy: The Annually Recurrent Trauma. Psychiatric Opinion, 13-15.
- Felton, J. (1986). The Psychotherapist as the Interminable Patient. Psychotherapy-Patient, 3(1), 101-110.
- Ferenczi, S. (1980). The Problem of the Termination of the Analysis. In M. Balint (Ed.), Final Contributions to the Problems and Methods of Psychoanalysis (pp. 77-86). New York: Brunner/Mazel. (Original work published 1927)
- Firestein, S. (1978). Termination of Psychoanalysis. New York: International Universities Press, Inc.
- Fortune, A. (1987). Grief Only? Client and Social Worker Reactions to Termination. Clinical Social Work Journal, 15(2), 159-171.
- Freud, S. (1963). Analysis Terminable and Interminable. In P. Rieff (Ed.), Freud, Therapy and Technique. (pp. 233-272). New York: Collier Books. (Original work published 1937)
- Goodyear, R. (1981, February). Termination as a Loss Experience for the Counselor. The Personnel and Guidance Journal, 347-350.
- Greenspan, M. & Kulish, N. (1985). Factors in Premature Termination in Long-Term Psychotherapy. Psychotherapy, 22(1), 75-82.
- Halgin, R. (1986). Problems of Service and Research in Psychology Department Clinics. Professional Psychology: Research and Practice, 17(2), 131-135.
- Hiatt, H. (1965). The Problem of Termination of Psychotherapy. American Journal of Psychotherapy, 19, 607-615.

- Klein, M. (1975). On the Criteria for the Termination of a Psychoanalysis. In Klein: Envy and Gratitude and Other Works 1946-1963 (pp. 43-47). New York: Dell Publishing Co. (Original work published 1950)
- Kramer, S. (1986). The Termination Process in Open-Ended Psychotherapy: Guidelines for Clinical Practice. Psychotherapy, 23(4), 526-531.
- Levinson, H. (1977, October). Termination of Psychotherapy: Some Salient Issues. Social Casework, 480-489.
- Levy, J. (1986). The Working Through Process During the Termination of Analysis. Current Issues in Psychoanalytic Practice, 3(1), 121-148.
- Luborsky, L. (1984). Principles of Psychoanalytic Psychotherapy. New York: Basic Books.
- Martin, E. & Schurtman, R. (1985). Termination Anxiety as it Affects the Therapist. Psychotherapy, 22(1), 92-96.
- Mozgai, A. (1985). Termination of Psychotherapy: Potential Problems for Patient and Therapist. Carrier Foundation Letter, 111, 1-4.
- Pekarik, G. (1985). The Effects of Employing Different Termination Classification Criteria in Dropout Research. Psychotherapy, 22 (1), 86-91.
- Rickman, J. (1950). On the Criteria for the Termination of an Analysis. International Journal of Psychoanalysis, 31, 200-201.
- Schafer, R. (1973). The Termination of Brief Psychoanalytic Psychotherapy. International Journal of Psychoanalytic Psychotherapy, 2, 135-148.
- Sollinger, I., Herron, M. J., Herron, W., Kinter, T., Trubowitz, J., & Wolkin, J. (1986). Termination: A Never Ending Process. Psychotherapy-Patient, 3(1), 93-99.
- Steiner, J. (1987). The Aim of Psychoanalysis. Paper presented as a Freud Memorial Lecture at University College, London, England.

- Todd, D. M. (1989). The Development of a Naturalistic Research Database in a Multi-theoretical Training Clinic. In D.M. Todd (Chair), Integrating Psychotherapy Research into Clinical Settings. Symposium conducted at the meeting of the Society for Psychotherapy Research, Toronto.
- Vaslamatzis, G., Kanellos, P., Tserpe, V., & Verveniots, S. (1986). Countertransference Responses in Short-Term Dynamic Psychotherapy. Psychotherapy and Psychosomatics, 46, 105-109.
- Weddington, W., & Cavenar, J. (1979). Termination Initiated by the Therapist: A Countertransference Storm. American Journal of Psychiatry, 136(10), 1302-1305.

