General Misconceptions Regarding Patient-Therapist Characteristics and Psychotherapy Outcome

Sir,

Past researchers have highlighted the patient and therapist-related factors that are apparently associated with client improvement or better psychotherapy outcome. Current, empirical research has validated few of these assumptions; on the other hand, it has presented quite contrary findings about most of these existing suppositions. It has been assumed that the association between the self image of the patient, nature of attachment, and some demographic characteristics of the client and therapist affect the patient-therapist relationship and therapeutic outcome. For instance, empirical evidence supported the positive relationship between self-image of the patient and therapeutic outcome.1 Likewise, secure attachment to therapist is found to be associated with the improvement of patient's symptoms, interpersonal problems, and global functioning. Whereas, higher levels of self-criticism predicted poorer outcome in terms of symptom severity among patients.2 It has been shown that the outcome of a psychotherapeutic process is often influenced by some non-specific factors, such as, the personal characteristics of the patients, therapist and the positive feelings that arise in the patient.3 Moreover, it is also commonly assumed that age, gender, socio-economic status, and level of motivation of patients; and similarly, age, gender, experience of therapist are deemed to be important in therapeutic outcome. However, there is little or no empirical support for these presumptions.

From the patients’ perspective, it is normally accepted that older patients have worse treatment outcomes as compared to younger patients and only highly motivated patients attain favourable outcome. Research evidences exhibited no solid support for this assumption and there are mixed types of findings regarding the motivation and therapy outcome.4 It is also assumed that women patients, and patients with high socio-economic status accomplish better outcome; whereas, ethnic minority patients showed poor outcome. However, in general, many studies showed that biological sex appears unrelated to therapeutic outcome and there is no relationship between social class and outcome. Besides, there is also no empirical support for this assumption that ethnic minority patients consistently achieve worse outcome.4

From the therapists’ perspective, there are certain assumptions about the therapists and therapeutic relationship outcome. For instance, it is commonly assumed that older, more experienced and women therapists produce better treatment outcomes. Quite contrary, empirical evidences demonstrated no relationship between therapists’ age and therapeutic outcome. However, there are mixed findings that more experienced therapists produce better outcomes or women are better therapists. There is also a strong belief that therapists matched with patients as per their ethnicity, deliver better outcomes, and that therapists who have undergone their own personal counselling or therapy produce better outcomes. Empirical evidences showed equivocal or mixed nature of findings. Hence, the emerging picture suggests that the quality of the client-therapist alliance is a reliable predictor of positive clinical outcome that is independent of the variety of psychotherapy approaches, outcome measures, and socio-demographics of the clients and therapists.5

REFERENCES


Naeem Aslam
Lecturer, National Institute of Psychology, Quaid-i-Azam University, Islamabad.

Correspondence: Mr. Naeem Aslam, Lecturer, National Institute of Psychology, Quaid-i-Azam University, Islamabad.
E-mail: naeemaslam@nip.edu.pk

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