

# The Therapist as a Neglected Variable in Psychotherapy Research

Sol L. Garfield, Washington University

**Research on psychotherapy has increased in both quantity and quality over the past 30 years and has tended to focus on the evaluation of outcome. The major emphasis has been on studies comparing different forms of psychotherapy. The recent emphasis on training manuals has reinforced this pattern. On the other hand, the importance of the therapist's contribution to outcome and the related matter of therapist variability have been given inadequate attention. These issues are discussed and evaluated in the articles that follow.**

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The amount of research conducted on psychotherapy has increased noticeably over the past 30 years. In addition to an increase in the quantity of the research there has also occurred an increase in the sophistication of research designs and methods of analysis. Uncontrolled and subjectively appraised studies of psychotherapy outcome are currently few and far between. Most studies tend to have a reasonably appropriate control group and to use at least some standardized measures of outcome. Furthermore, there has been evident also a movement to evaluate groups of clinical cases meeting certain criteria for specific disorders or types of psychopathology instead of a group of patients representing a variety of disorders.

Other improvements and developments have been apparent in more recent years. As a means of increasing the internal validity of the comparative studies of forms of psychotherapy, manuals for conducting the specified

forms of psychotherapy have been developed (Barlow & Cerny, 1988; Beck, Rush, Shaw, & Emery, 1979; Klerman, Weissman, Rounsaville, & Chevron, 1984; Luborsky, 1984; Strupp & Binder, 1984). Thus, therapists can be trained to deliver the specific therapy as described in the manual and can be monitored so that they do not "drift" from the prescribed procedures. This was the procedure followed in the large-scale National Institute of Mental Health Treatment of Depression Collaborative Research Program, where the psychotherapists were trained and supervised by experts of the two psychotherapies evaluated (Elkin, Parloff, Hadley, & Autry, 1985).

Such attempts to clearly specify the theoretical and technical aspects of the forms of psychotherapy can be viewed, perhaps, as the epitome of the emphasis on the importance of the form or type of psychotherapy. There is little question that the major focus in psychotherapy research has been on comparative outcome studies in which specified forms of psychotherapy have been compared with a control group or with one or more other forms of psychotherapy, for example, psychodynamic, cognitive, behavioral, client-centered, and the like. The whole issue about the effectiveness of psychotherapy has revolved around such studies.

Without question, such comparative studies have played an important role in providing research data to support the effectiveness of psychotherapy and to answer the attacks of its critics. This is a significant contribution that should not be minimized. However, such research has tended to overemphasize the form or type of psychotherapy and has for the most part slighted other potentially important aspects of psychotherapy. One such matter concerns the importance of the contribution of the individual psychotherapist to the process and outcome of psychotherapy. The variability in the perfor-

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Address correspondence to Sol L. Garfield, Ph.D., Department of Psychology, Washington University, Campus Box 1125, #1 Brookings Dr., St. Louis, MO 63130-4899.

mance and skill of the individual psychotherapists involved in the comparative studies has for the most part been minimized or overlooked. The most recent example is the recent report of the American Psychological Association (Division of Clinical Psychology) Task Force on Promotion and Dissemination of Psychological Procedures (1995). Again, the emphasis in this report is placed on the type of therapy, and relatively little attention paid to the potential variability among psychotherapists.

Although most psychotherapists recognize that not all therapists are equally effective, relatively few studies have devoted any significant attention to this important aspect of psychotherapy. Instead, as pointed out years ago by Kiesler (1966, 1971), we have appeared to support the uniformity hypothesis—all therapists of a given orientation perform equally well. This is a very interesting phenomenon since in every facet of human activity, we are quite aware of wide differences in performance, skill, personality, and knowledge. Anyone who has ever taught a college course has encountered wide differences in the performance and interest of the students, and as psychotherapists, we have also encountered wide differences in patients in every aspect of our work, and no examples need be offered here.

Why, then, have there been so many studies on type of psychotherapy and so few on therapist variability or the contribution of the individual therapist? There are at least a few possible answers to this query. It would appear that even during the early development of psychoanalysis the trend toward emphasizing different theoretical emphases was not uncommon. Thus, relatively early, Jung and Adler went their separate ways and developed their own approaches—to be followed later by Rank, Horney, and others. The emphasis clearly was on theoretical differences and type of therapy.

This pattern of creating new therapeutic approaches and of therapists identifying themselves with a particular approach has continued unabated. The different forms of psychotherapy now number in the hundreds (Herink, 1980; Karasu, 1986), and creative efforts in this area have not yet ceased. For whatever reasons, many people have tended to get emotionally involved and identified with a particular orientation. Consequently, with the emphasis on type of psychotherapy, and with this type of emphasis also present in many introductory textbooks on psychotherapy, it is not surprising that evaluations of specific types of psychotherapy became the predominant

approach to research on psychotherapy outcome. The more recent development of specific therapy manuals for specific psychiatric disorders has actually increased this emphasis. The matter of individual differences among psychotherapists of the same orientation and its potential importance for outcome, however, has remained a rather neglected topic and area of research.

There are also some other plausible explanations for the lack of research on differences in effectiveness among psychotherapists. Studies of this type involve individuals and conceivably could influence their future careers. Such matters obviously cannot be taken lightly. Results of such potential studies also may reflect negatively on a particular institution or clinical setting. In one instance, for example, a colleague of mine was not given permission to publish a study he had made of therapists' performance because the results of one therapist were exceedingly poor. Although such studies can be very threatening to individual therapists, and one can empathize with them, one can also raise concerns about the welfare of patients treated by less than effective therapists. At least some communities keep records of excessive fatalities resulting from surgery and on some occasions may limit the surgeon's right to practice. Although most likely we would not view psychotherapy as exactly the equivalent of major surgery, we should not just casually dismiss this issue.

It is also interesting to note that at various times in the past a number of desirable personal requisites have been specified for the practice of psychotherapy or psychoanalysis. At the Boulder conference on the training of clinical psychologists, for example, a list of 15 recommended characteristics were considered including superior ability, interest in persons as individuals, insight into one's own personality characteristics, sensitivity to the complexities of motivation, tolerance, and the ability to establish warm and effective relationships with others (Raimy, 1950). A few years later, Holt and Luborsky (1958) published an even more spectacular list of 25 desired qualities for psychoanalysts. Thus, although very high personal qualifications have been recommended for the practice of psychotherapy, actual appraisals of the effectiveness of the therapists trained have been few and far between. However, when we do sometimes devote attention to therapist variability, we can note important differences among those appraised, and negative outcomes in therapy have also been secured (Lambert & Bergin, 1994).

Some years ago, I conducted a study of continuation in psychotherapy that focused on the first therapy interview as a potential predictor (Garfield, Affleck, & Muffly, 1963). My colleagues and I taped the initial therapy interviews that each of six therapists had with four new patients. Our main focus of interest was on the types of interactions that occurred during the interviews and their relationship to continuation. At the completion of the study and prior to any knowledge of the results regarding attrition, the three judges in the study ranked the six therapists on their overall effectiveness as therapists. These rankings were highly reliable. After the data were secured on patient continuation in therapy, we compared the results for each of the six therapists. The findings were of real interest: "The two most favorably rated therapists each kept three out of four of their patients, whereas the two least favorably rated therapists each kept only one out of four assigned patients" (Garfield et al., 1963, p. 477). The two remaining therapists each had two remainers and two terminators. Clearly these therapists differed noticeably on this criterion, but nothing more was made of this and the confidentiality of the participants was definitely maintained.

In a more recent analysis of outcomes in four studies, Luborsky et al. (1986) compared the amount of variance that could be attributed to the therapeutic techniques to the amount that could be attributed reasonably to the therapist. They concluded that "the size of therapists' effects generally overshadowed any differences between different forms of treatment in these investigations" (Luborsky et al., 1986, p. 509). Additional findings of this type are referred to in the articles that follow.

As indicated previously, there has been a noticeable increase in the quantity and quality of research on evaluating outcome in psychotherapy. Most of this research has focused on comparing different forms of psychotherapy, and the results have generally been positive. There would appear to be a greatly diminished need for such research in the future. On the other hand, our knowledge of the variables that make for positive change as a result of psychotherapy is still quite limited (Garfield, 1990). As a result, there is at present a greater awareness of the need for high-quality process research to enlarge our understanding of the actual therapeutic process. It is readily apparent that the key players in this process, the client and the therapist, are of some importance in how this process develops and in the outcomes secured.

*Clearly, it is time for us to discard the uniformity myths in the field of psychotherapy, and to focus much more on the qualities and behaviors of the participants as they are manifested in the interactions we call psychotherapy. Only in this way can we secure more meaningful data on those processes which may lead to really positive outcomes in psychotherapy. (Garfield, 1981, pp. 305-306)*

In the present series of articles, therefore, the focus is on one of these players, the psychotherapist. Each of the authors in the following four articles will discuss findings and issues pertaining to the psychotherapist as a neglected variable in psychotherapy. These presentations will be followed by a brief summation and commentary prepared by Allen Bergin.

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