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RESEARCH SUMMARY ON THE THERAPEUTIC RELATIONSHIP AND PSYCHOTHERAPY OUTCOME

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Factors that influence client outcome can be divided into four areas: extratherapeutic factors, expectancy effects, specific therapy techniques, and common factors. Common factors such as empathy, warmth, and the therapeutic relationship have been shown to correlate more highly with client outcome than specialized treatment interventions. The common factors most frequently studied have been the person-centered facilitative conditions (empathy, warmth, congruence) and the therapeutic alliance. Decades of research indicate that the provision of therapy is an interpersonal process in which a main curative component is the nature of the therapeutic relationship. Clinicians must remember that this is the foundation of our efforts to help others. The improvement of psychotherapy may best be accomplished by learning to improve one's ability to relate to clients and tailoring that relationship to individual clients.

Psychotherapy outcome research has examined the relation between client progress and a variety of variables. These variables typically include extratherapeutic factors (e.g., spontaneous remission, fortuitous events, social support); expectancy (including the placebo effect); specific therapy techniques (e.g., biofeedback, hypnosis, systematic desensitization); and common factors, that is variables found in most therapies. The relative importance of these various factors in producing client change has been vigorously debated on theoretical and empirical grounds for over six decades.

This debate has been documented by extensive reviews of the outcome-research literature (e.g., Bergin, 1971; Bergin & Lambert, 1978; Gurman & Razin, 1977; Lambert, 1982; Lambert & Bergin, 1994; Lambert, Shapiro, & Bergin, 1986; Luborsky, Singer, & Luborsky, 1975; Meltzoff & Kornreich, 1970) along with meta-analytic summaries of this same literature (e.g., Andrews & Harvey, 1981; Lipsey & Wilson, 1993; Shapiro & Shapiro, 1982; Smith, Glass, & Miller, 1980; Wampold et al., 1997). Based on extensive reviews of the psychotherapy-outcome literature, we have drawn several conclusions about the comparative impact of the above factors on client outcome. These conclusions are summarized in Figure 1.

The estimates presented, while not derived directly from meta-analytic techniques, characterize the research findings of a wide range of treatments, disorders, and ways of measuring client and therapist characteristics. The estimates represent research findings that span extremes in research designs, and are especially representative of studies that allow the greatest divergence in the variables that determine outcome. The percentages were derived by taking a subset of more than 100 studies that provided statistical analyses of the predictors of outcome and averaging the size of the contribution each predictor made to final outcome. Figure 1 is offered as a painstak-

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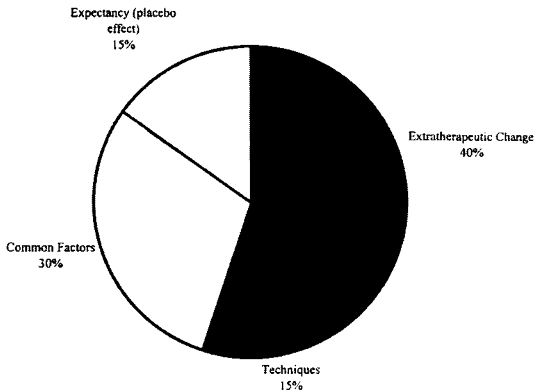

Figure 1. Percent of improvement in psychotherapy patients as a function of therapeutic factors.

ingly derived, albeit crude, estimate of the relative contribution of a variety of variables that impact outcome. This diagram highlights that, among those factors most closely associated with therapist activity, the common factors, or client-therapist relationship factors, are most significant in contributing to positive therapy outcome.

This figure illustrates the relative importance of the factors that influence client outcome. The reader will notice that a great deal of client outcome (40%) is attributable to factors outside of therapy. Expectancy effects and specific therapeutic techniques each account for only 15% of outcome variance. On the other hand, common factors, which include the client-therapist relationship, are more significant in contributing to client improvement and account for 30% of the variance in client outcome.

In discussing client-therapist relationship factors, it is difficult to conceptually differentiate between therapist variables (e.g., interpersonal style, therapist attributes), facilitative conditions (empathy, warmth, congruence), and the therapeutic alliance. These concepts are not mutually exclusive or distinct, but are interdependent and overlapping. The research in these areas is discussed fully in other articles in this special issue.

Therapist attributes have been carefully studied as a source of variation in client outcome. Research has documented clearly that some therapists are better than others at promoting positive client outcome in general and that some therapists produce better results with some types of clients than others (Lambert & Bergin, 1994; Lambert & Okiishi, 1997; Orlinsky & Howard, 1980). In spite of research designs intended to minimize therapist effects on outcome, differences attributable to the therapists are frequently found (Luborsky, McClellan, Woody, O'Brien, & Auerbach, 1985; Shapiro & Firth, 1987; Shapiro, Firth-Cozens, & Stiles, 1989).

Clients often attribute their positive therapy outcome to the personal attributes of their therapist (Lazarus, 1971; Sloane, Staples, Cristol, Yorkston, & Whipple, 1975). For example, Strupp, Fox, and Lessler (1969) reported that patients who felt that their therapy was successful described their therapist as "warm, attentive, interested, understanding, and respectful" (p. 116). Similarly, in a comprehensive review of over 2,000 process-outcome studies since 1950, Orlinsky, Grave, and Parks (1994) identified several therapist variables and behaviors consistently shown to have a positive impact on treatment outcome. Factors such as therapist credibility, skill, empathic understanding, and affirmation of the patient, along with the ability to engage the patient, to focus on the patient's problems, and to direct the patient's attention to the affective experience were highly related to successful treatment.

These are similar to the three facilitative conditions proposed by the person-centered school. The three conditions are empathic understanding, the degree to which the therapist is successful in communicating personal comprehension of the client's experience; positive regard, the extent to which the therapist communicates nonevaluative caring and respect; and congruence, the extent to which the therapist is nondefensive, real, and not "phony."

Several reviews of the research on the facilitative conditions and client outcome have been completed. Lambert, DeJulio, and Stein (1978) reviewed 17 well-designed and executed studies and concluded that these studies presented "only modest evidence" that such factors relate to outcome. Greenberg, Elliott, and Lietaer (1994) conducted a meta-analysis of four studies that examined the correlations between therapist ability to facilitate (provision of the facilitative conditions) and client outcome. The overall correlation between the three conditions and client outcome in this analysis was .43. Other reviewers (Gurman, 1977; Levant & Shlien, 1984; Mitchell, Bozarth, & Krauft, 1977; Patterson, 1984) have suggested that the relationship between therapist

interpersonal skills and outcome is more ambiguous than originally postulated. Much of this ambiguity results from the way the proposed relationship factors have been measured. Research findings indicate that client-perceived relationship factors, rather than objective raters' perceptions of the relationship, obtain consistently more positive results (e.g., Cooley & LaJoy, 1980; Gurman, 1977; Miller, Taylor, & West, 1980). What appears to be vital is that the client feels understood, accepted, and prized in a way that is meaningful to that particular client (Bachelor, 1988).

The therapeutic alliance has a broader definition than the facilitative conditions and includes the client's contributions to the relationship. The therapeutic alliance is often conceptualized as having three components: tasks, bonds, and goals. Tasks are the behaviors and processes within the therapy session that constitute the actual work of therapy. The goals of therapy are the objectives of therapy that both client and therapist endorse. Bonds include the positive interpersonal attachment between therapist and client of mutual trust, confidence, and acceptance (Bordin, 1976, 1989; Hatcher & Barends, 1996; Safran & Wallner, 1991).

Reviews of the research have consistently reported a positive relationship between the therapeutic alliance and outcome across studies, even though there are some instances where it fails to predict outcome, or where associations were nonsignificant (Gaston, 1990; Horvath & Greenberg, 1994; Horvath & Luborsky, 1993; Horvath & Symonds, 1991; Krupnick et al., 1996; Martin, Garske, & Davis, 2000). Horvath and Symonds's (1991) meta-analysis of 24 studies reported that 26% of the difference in the rate of therapeutic success was accounted for by the quality of the therapeutic alliance.

Practice Implications

In managed-care environments, accountability is emphasized, and empirically supported psychotherapies (Task Force, 1995) and manual-based interventions (Wilson, 1998) are often advocated. Therapists must indeed make every effort to stay current with new technical developments in the field, including specialized treatment techniques. However, it is imperative that clinicians remember that decades of research consistently demonstrate that relationship factors correlate more highly with client outcome than do specialized treatment techniques (Castonguay, Goldfried, Wiser, Raue, & Hayes, 1996). This is not to say that therapists should not focus on improving therapeutic techniques. The major points to be made here are that therapists need to remember that the development and maintenance of the therapeutic relationship is a primary curative component of therapy and that the relationship provides the context in which specific techniques exert their influence.

Given the importance of the facilitative conditions and the therapeutic alliance for successful treatment outcome, training in relationship skills is crucial for the beginning therapist. Successful training in the communication of empathy mandates that clinicians adapt their response style in accordance with how each particular client defines or experiences helpfulness. Clinicians may also improve client outcome by adapting their own interpersonal presentation to match other salient client variables that impact the therapeutic relationship (e.g., stage of change, client motivation, attachment style), as also presented in this special issue.

A constant emphasis on the therapeutic relationship is also recommended in continuing education for licensed professionals. Frequent evaluation of relationship factors is vital for experienced clinicians, and such factors should be specifically stressed during ongoing training, peer consultation, and supervision. Clinicians are advised to watch for a reduction in their ability to empathize and relate to clients that can indicate professional stress or burn out. For therapists to be effective, it is essential that they take care of themselves so that they are better able to care for clients.

It is clear that some therapists are better than others, at least with some clients. This is probably related to the therapist's contribution to the therapeutic alliance, especially in working with severe cases. Emphasizing relationship and other common factors in practice and research is likely to enhance client outcome far more than the current focus on specific techniques.

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