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An Exploration of the Effectiveness of Psychotherapy & Factors influencing the outcome of Successful Psychotherapy

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Summary

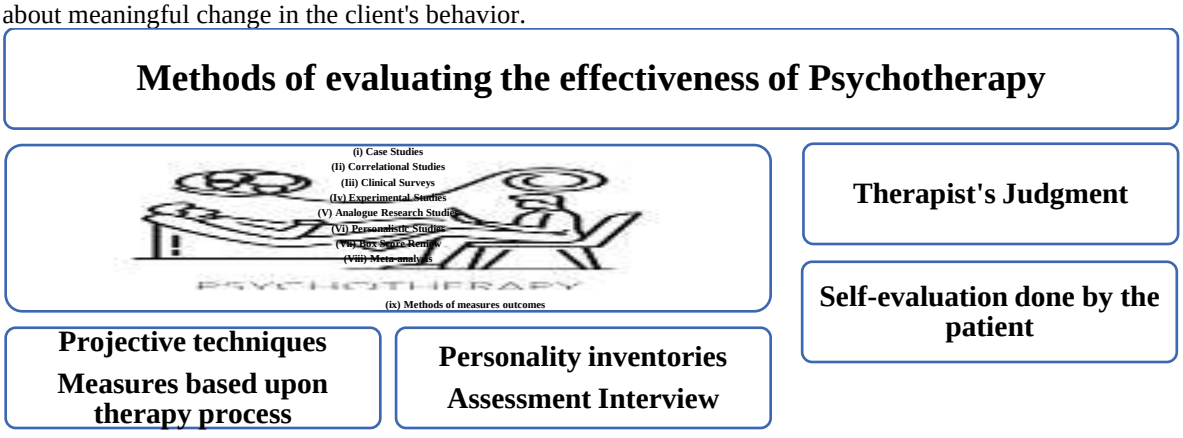
Psychotherapy may work through techniques that are specific to each therapy or through factors that are common to all therapies. Previous research indicates that the therapeutic alliance is a main factor in determining successful outcomes of psychotherapy. The goal of this Research paper was to expand the understanding of not only the therapeutic alliance, but also how other contributing factors such as empathy, experience of the therapist, therapeutic modality, client's level of motivation, personality, and symptomology increase positive therapeutic outcomes. Psychotherapy is an expensive technique. Therefore, it is natural that the question arises in people's mind whether it is effective? Does this bring about the desired change in people's behaviour? Does it relieve people from suffering? Which type of procedure is most effective when used with which type of patient in which type of situation? All these types of questions are related to the evaluation of psychotherapy.

Keyword: Psychotherapy, outcome research, mechanisms of change, common factors.

On the basis of research done in this field, an attempt is made to answer the above questions and other similar questions. In order to give satisfactory answers to these questions in this paper, an in-depth discussion has been done by dividing them into the two parts:

(a) Methods of evaluating the effectiveness of psychotherapy
(c) Factors influencing the outcome of psychotherapy
We will describe all these in separate sections.

Methods of Evaluating Effectiveness of Psychotherapy or Therapeutic intervention
Evaluating the effectiveness of psychological treatments or psychotherapy has been a strong research activity in clinical psychology. Psychotherapy evaluation is considered valuable to three types of people – the patient, the therapist, and society or third parties. Certainly, the effectiveness of hypnotherapy is of utmost importance to the patient as it consumes his time, money, labour, etc. Psychotherapy is also valuable for the doctor because through it he is able to know to what extent the efforts made by him are worthwhile or there is a need to make some improvements in it. The third party or society, who may be a parent, friend, neighbor, teacher, social worker, wants to know whether psychotherapy actually brings about meaningful change in the client's behavior.



The question that has been raised by people for a long time in the evaluation of psychotherapy is this - Is psychotherapy effective? The concept of modern clinical psychologists has been that since this question is too broad, Therefore, it cannot be answered in a meaningful and significant manner. Therefore, instead of this question, these people have now started paying attention to another question whose nature is more specific. This question has been formulated by Paul (Paul, 1969, p. 44) which is as follows - "Which medical intervention will give what kind of result when used by which doctor for which patient in which circumstances?" Which therapeutic interventions applied by which therapists to which patients under which circumstances are likely to lead to which results ? To give the correct answer to Paul's above question, clinical psychologists have proposed several methods to measure the effectiveness of psychotherapy, which are as follows-

(i) Case studies
(ii) Correlational studies
(iii) Clinical surveys
(iv) experimental studies
(v) Analogue research studies
(vi) Personalistic studies
(vii) Box Score Reniew
(viii) Meta-analysis
(ix) Methods of measures outcomes

The description of all these is as follows -

(i) Case studies – Case study method has been used extensively in clinical psychology. In this method, a detailed description of a client is prepared in which the specific source of his difficulties is mentioned along with the method of treatment and the outcome of the treatment. For example, a case study might describe a college student who has become so anxious about passing an exam that he has had no sleep for several nights and has experienced increased physical and mental anxiety. A lot of the anxiety in this area is related to failing the exam. It can be treated by giving relaxation training and emotional support. At the end of the therapy session, it can be seen that the client has overcome his problems and difficulties and is now preparing properly for the examination and he no longer feels any fear of the examination.

(ii) Correlational studies- In correlational studies it is decided to what extent two variables (or more than two variables) are related together. In this, by measuring both the variables, it is determined to what extent they are correlated with each other. This correlational study is the basis for much of the belief about standard behavior. For example, it is often said that low self-esteem leads to the habit of biting nails with teeth in a person. To test this hypothesis, a test will be given to measure self-esteem and then the nail-biting behavior of these same individuals will be measured. Then the correlation between these two types of data will be determined. On the basis of this correlation coefficient, it can be evaluated to what extent the two variables are correlated with each other.

(iii) Clinical survey- In this type of survey, the condition of the client after psychotherapy is ascertained. This condition is generally of two types – advanced or not improved. After this, the client is observed by many different doctors under different circumstances. By combining all their opinions or decisions, an evaluation is made about the client's situation. Sometimes in such surveys, psychotherapy is evaluated taking into consideration the attitude of the therapist and the needs felt by the client and his perception about his problem. But the evaluation done on the basis of such clinical survey is not very reliable because there is more subjectivity in it. Such surveys achieve their descriptive purpose but do not achieve their explanatory purpose.

(iv) Experimental studies- The first requirement of any good research in psychiatry is that we can say with certainty that the manipulation or treatment carried out causes effective or beneficial changes. Such causal relationships can be evaluated only in experimental studies. In experimental studies there are both constants and variables. Many things in an experiment are constant or the same for all participants. The experimenter manipulates one or more variables and measures its effect on other variables. The variable which is manipulated is called the independent variable and the variable which is affected by that manipulation and which is then measured is called the dependent variable. Sometimes the process of manipulating the independent variable also includes the provision of experimental treatment. The group which is given experimental analysis is called experimental group and the group which is deprived of experimental analysis is called control group. In any ideal experiment, all variables except the independent variable and those that can affect the dependent variable are controlled so that it can be said with confidence that the change (effect) in the dependent variable is due to the cause. Is the manipulation done in the independent variable. Such controlled variables are called control variables or extraneous variables.

(v) Analogue research studies- Analogous research is called research in which the use of real clinical populations is not possible due to practical, ethical and humanitarian reasons. Therefore, such a population is selected for study which can simulate (stimulate) the characteristics of the clinical population. For example, a researcher may be interested in the study of depression but may not be able to find sufficient number of depressed patients. In such a situation, he can ask some college students to simulate the conditions and symptoms related to depression and by studying the same, he can evaluate

the characteristics of depression. Keet (1948) has successfully evaluated the usefulness of different types of psychotherapy in bringing the repressed desires to consciousness by simulating them. Wilson (1973) conducted a study in which he wanted to know the preferences of certain types of patients towards behavioral therapy and psychoanalytic therapy. But since such patients were not available in sufficient numbers, they asked the college students to imagine that they had a certain type of mental problem and were in dire need of clinical help. In such a situation, which of the above two types of psychotherapy would they prefer? Paul (Paul, 1966) compared modified systematic desensitization therapy with 'insight-oriented psychotherapy' in reducing anxiety through analogical research. In this, those college students were taken who had registered themselves in public-speaking course. They were asked to imagine themselves suffering from the anxiety that comes with speaking in front of a group. With this understanding, he was given treatment using both the above-mentioned techniques for six weeks. Two other control groups were also prepared which were not treated with the same medical technique. Later all these experiments were implemented in speech test under stress condition. The results showed that the performance of the so-called patients who received systematic desensitization therapy was significantly superior to the performance of the patients who received intelligence-oriented therapy. This led to the conclusion that behavior therapy is better than dynamic therapy.

(vi) Personalistic studies - This is essentially a hybrid model in which the effectiveness of psychotherapy is evaluated by combining the benefits of both case studies and experimental studies. In this, a detailed history of each patient's interactions with the physician is prepared so that an individualized criterion of the process and the changes occurring can be prepared. After this, a comparative study can be done by dividing these patients into different groups and keeping them under controlled conditions. The personality research conducted by Murray, 1938 at the Harvard Psychological Clinic was actually the pioneer of this type of research. The special advantage in evaluating the effectiveness of psychotherapy through such a study is that since it provides individual information about each patient, a relevant criterion can be prepared in this light on which changes in the patient's behavior can be assessed. are more precise and objective. With the creation of such a committee, the effectiveness of psychotherapy can be evaluated accurately. Still, its drawback is that this type of research takes more time and labor and the facts obtained are much less in proportion to them. In such studies, there is a fear of researcher bias in preparing personal information of the patient.

(vii) Box score review - This is a traditional method of measuring the effectiveness of the results of psychotherapy in which the researcher first selects several studies related to psychotherapy and makes a categorical judgment about the results of each.) so that it becomes clear whether its result is positive or negative and after this, by combining all the positive and negative results together, he reaches a final conclusion. If the results of most studies are positive, then it is estimated that psychotherapy has favorable results.

(viii) Meta analysis- This new method of evaluating the effectiveness of psychotherapy was propounded by Smith, Glass and Miller (Smith, Glass, Miller 1980). They selected 475 published studies that compared at least one therapy group that was treated with some form of psychotherapy and a control group or two therapy groups. Only those who have been compared with each other. They then conducted statistical analyzes to determine what effect psychotherapy had in each study, that is, by what magnitude the group receiving therapy was better than the control group. After this, the average of the differences of all these studies was found. For this, they found the mean of the medical group and the mean of the control group of each study and divided that difference by the standard deviation of the control group.

(ix) Methods of measuring outcomes – As we know, psychotherapy brings meaningful changes in the life of the client and reduces his problems. If this happens then psychotherapy is considered effective. Some techniques or criteria have been developed by clinical psychologists by which the results of psychotherapy are measured and then its effectiveness is estimated. Following are six such techniques:

(a) Therapist's Judgment - A criterion for the effectiveness of the given psychotherapy is the judgment of the therapist himself. The therapist will personally inquire about specific changes in the client's behavior such as development of self-confidence, increase in ego strength, getting rid of maladaptive symptoms, etc. and about the overall improvement in his behavior. Takes decisions. If their decision on these points is favorable, then naturally the treatment given is considered effective.

(b) Self-evaluation done by the patient – The effectiveness of the given psychotherapy is also checked on the basis of self-evaluation done by the patient himself. The patient himself takes an overall decision about the change or progress in his behavior as a result of therapy compared to before. If the decision is favourable, the treatment is considered effective. Psychiatrists have also prepared some outcome questionnaires for this. Some such questionnaires have also been prepared in parallel forms whose questions are answered by both the patient and the doctor and then their comparative study is done. It is often seen that clients are more satisfied with the medical benefits than the doctors themselves.

(c) Personality inventories- Clinical psychologists sometimes use some personality inventories to measure the effectiveness of psychotherapy. For this purpose MMPI, CPI and Gough-Heilbrun Adjective check list etc. are used. Some special scales of MMPI like Psychesthenia or Pt scale, Depression or D scale and Schizophrenia or Sc scale are often used by clinical psychologists to measure the effectiveness of psychotherapy.

(d) Projective techniques – Projective techniques have also been used by clinical psychologists to test the effectiveness of psychotherapy. The Rorschach test (RT) and Thematic Apperception test (TAT) have been used extensively for this

purpose. TAT is used to predict client needs that change after treatment. RT measures personality traits that have changed due to psychotherapy.

(e)Assessment Interview- The effectiveness of psychotherapy is sometimes measured not by the therapist himself but by different clinicians by interviewing the client. Through standardized interviews, clients who have been given therapy are in-depth interviewed, in which it is basically decided what kind of change has taken place in their behavior after psychotherapy. If meaningful change has occurred, psychotherapy is considered effective. Spitzer and his colleagues (Spitzer et. al., 1967) have developed a similar technique for measuring the effectiveness of psychotherapy, which is called 'Psychiatrist Status Schedule'.

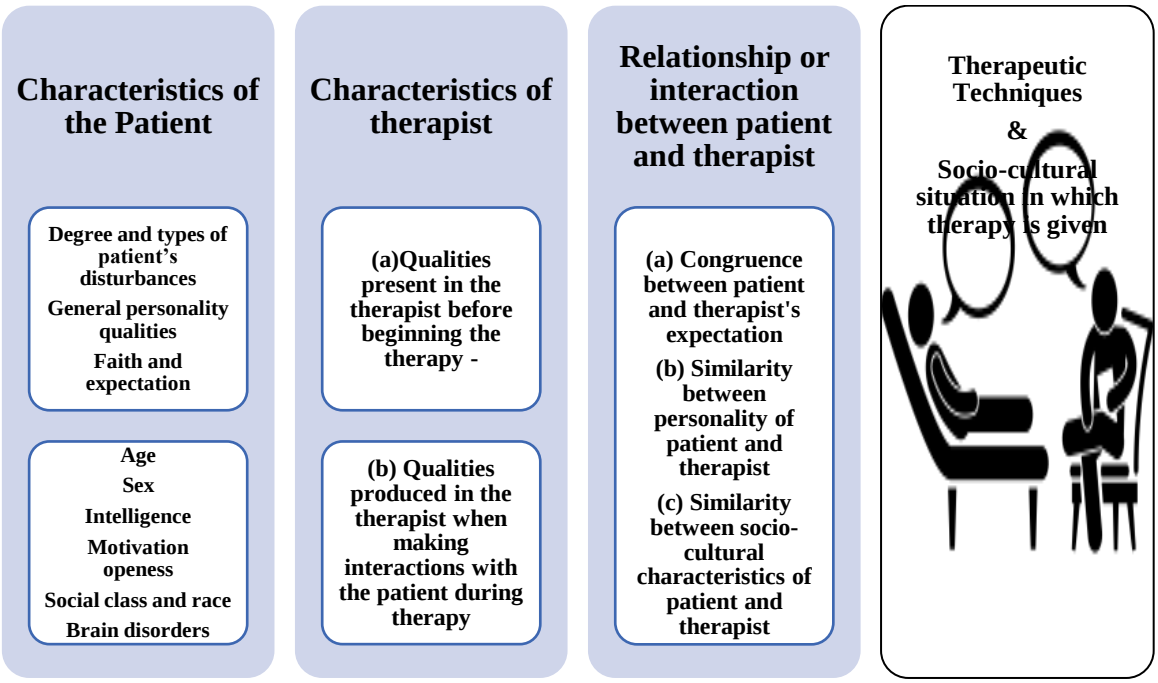
(f) Measures based upon therapy process - Content analysis of the behaviors performed by the client during therapy has been done by some therapists to measure the effectiveness of the therapy given. Content analysis is done on the behavior shown by the client in different sessions of therapy, language used, non-verbal behavior, affect expression, dream content, interaction with the therapist etc. And a conclusion is reached regarding treatment. Dollard and Mowrer (Dollard & Mowrer, 1947) have reviewed the studies done in this area and have stated that physicians have used a special quotient to assess the effectiveness of psychotherapy, which is called 'distress reduction quotient'. Discomfort Relief Quotient has been used. This quotient is the ratio of expression of distress and relief derived from content analysis of the client's statements. It is considered by physicians as a common criterion or measure of the client's stress level and stress reduction.

Factors influencing Outcomes of Psychotherapy

Psychotherapy is not a passive process in which an expert doctor creates insight in the patient by giving his suggestions, opinions etc. If we look carefully, it will become clear that psychotherapy is an active and dynamic process in which the patient, the doctor and their relationship are important factors. In fact, the effectiveness of psychotherapy is greatly influenced by these factors. This is expressed even more clearly by Paul's question (1967), "Which medical intervention will give what kind of results when used by which doctor for which patient in which circumstances?" (Which therapeutic interventions applied by which therapies to which patients under which circumstances are likely to lead to what results?) If we pay attention to this line of questioning by Paul, it will become clear that in this one question Paul has captured all the variables or factors that can affect the effectiveness of psychotherapy or its outcome. The following five such variables

(1) Characteristics of the patient
(2) Characteristics of therapist
(3) Relationship or interaction between patient and therapist
(4) Therapeutic Techniques
(5) Socio-cultural situation in which therapy is given

The description of these five factors or variables is as follows-



(1) Characteristics of the patient - The patient's characteristics have been seen to have a direct impact on the results of psychotherapy. It has become clear from the studies conducted by psychologists that there are ten characteristics of the patient which have been found to directly affect the outcome of psychotherapy. The description of all those ten characteristics is as follows-

(i) Degree and types of patient's disturbances - Good results of psychotherapy given to the patient depend on what type of disturbance or mental problem he has and then What is the severity of the irritation? On the basis of their studies, Stone and his colleagues, 1961, Stephens & Astrup, 1965) and Kuborsky and his colleagues, 1971) have stated that schizophrenia, Mental retardation, Paranoia patients do not get any special benefit from psychotherapy, but patients with psychoneurosis such as anxiety disorders, obsessive-compulsive neurosis and hysterical psychosis do not get any special benefit from psychotherapy. Patients suffering from hysterical psychoneurosis have been found to get more significant benefits from psychotherapy. Regarding age, Truax & Carkhuff (1967) have shown on the basis of their study that those patients who have experienced a lot of disturbance in the beginning of the disease but do not have that much lucidity in their behavior. The higher the psychotherapeutic gain. This means that those people who remain very anxious, dissatisfied with themselves and often struggle with intense mental conflicts while fulfilling the minimum basic responsibilities of their lives, benefit greatly from psychotherapy. On the other hand, if the amount of hallucination in a person increases so much that his behavior becomes extremely disorganized and he is not able to carry out even the normal responsibilities of his life properly, then he gets negligible benefit from psychotherapy.

(ii) General personality qualities - Clinical psychologists have identified some general personality qualities whose presence improves the outcome of psychotherapy. For example, according to the study of Kernberg and his colleagues (Kernberg et al., 1972), if the patient has high ego-strength then he gets good benefit from the psychiatrist. Similarly, on the basis of their study, Siegel and Rosen (1962) stated that patients who have high anxiety tolerance also benefit more from psychotherapy, that is, its results are better. Psychologists have studied the effects of some other common personality traits like introversion-extraversion, hostility, authoritarianism etc. on the outcome of psychotherapy, but since the results of these studies lack consistency. were not found, hence no general conclusion could be reached about them.

(iii) Faith and expectation - It has been observed in many studies that the outcome of psychotherapy is largely based on the trust in the therapeutic process and the doctor. If the patient has faith in both, then the hope or expectation that the outcome of psychotherapy will be favorable is higher. This fact has been confirmed by the research done by Frank (1959) at John Hopkins University. Frank' (1953) has commented on this point as follows, "The expectation of benefit from treatment in itself has a permanent and serious impact on the physical and mental state of the patient. Further, it also seems reasonable that psychotherapy The successful effect of all forms of therapy depends in part on the ability to produce such an attitude in the patient." Not only this, if there is similarity between the expectations of the patient and the doctor, then the chances of favorable outcome of psychotherapy increases significantly.

(iv) Age - Other things being equal, younger patients (eg patients aged 20-25 years) have been found to benefit more from psychotherapy than older patients. Therefore, the results of psychotherapy are comparatively more favorable for them. Two reasons have been given for this. First of all, there is more flexibility in the thoughts of younger patients because their thoughts are not yet completely set in any particular direction and such people, being closer to their childhood, are less able to establish proper context and relationships. I find myself capable. Second, younger patients are less likely to revictimize for their negative behavior than older patients. Therefore, it is possible to bring about changes in their behavior easily through psychotherapy. For these reasons, the results of psychotherapy given to younger patients are more favorable.

(v) Sex - Although no concrete relationship has been found between the sex of the patient and the outcome of psychotherapy, it has often been seen that female patients are treated more like male patients. Psychotherapy benefits more than the patient. The reason given for this is that on average, women are willing to seek help, they express their problems openly and their thinking is less defensive and they have other qualities that make them an excellent patient. Could. Stricker (1977) has pointed out that an important problem that arises in the context of the sex of the patient is whether doctors exploit female patients? On this question, women's organizations claim that male doctors exploit female patients and also establish sexual relations with them in the name of treatment. If this is indeed the case then it is a clunk to the profession of psychiatry and should be opposed.

(vi) Intelligence- Patients with high intelligence are able to benefit more from psychotherapy than patients with low intelligence. Therefore, the results of psychotherapy are more favorable for such patients. Three main reasons have been given for this-

(a) Psychotherapy is basically a verbal process. In this, the patient has to clarify his problems and express them through words and sentences. Naturally it requires a high intellectual level.

(b) In psychotherapy, it is necessary for the patient to establish relationships between various events. The patient must have the ability to make connections between past events and current problems and must be able to relate current emotions and feelings to other events that may seem meaningless on the surface. This also definitely requires intelligence.

(c) In psychiatry, since a link or relationship has to be made between different events, for this it is essential for the patient to have the ability of introspection. A patient who has the inability to look within himself is not able to adjust properly to the process of psychotherapy. Obviously, a sufficient level of intellectual level is required to introspect. In the light of the above facts, it can be said that for the outcome of psychotherapy to be favorable, it is necessary that the intellectual level of the patient be high. Scofield (1964) has made it clear that the psychiatrist believes that the ideal patient is the one who has YAUIS syndrome in which Y = young, A = attraction, V = verbal, 1 = intelligence and S = means successful. But this does not mean that only patients with high intellectual level get the benefit of psychotherapy. There have been many studies in which it has been observed that behavioral deficit is a main problem in mentally retarded people. Have benefited greatly from behavior therapy.

(vii) Motivation- As we know, psychotherapy is not a positive process in which intelligence is forcibly generated in the patient, rather the patient actively tries to generate intelligence in himself. This means that there is an absolute need for motivation in psychotherapy. Psychotherapy is a voluntary process. No one can be forced for this. It has been observed that when psychotherapy is directly or indirectly imposed on a patient, such patients are not able to benefit much from psychotherapy and the outcome is not favorable for them.
(viii) Openness-Strupp & Bergin (1969) have shown on the basis of their study that patients who have an open mind towards the medical process are able to benefit more from the treatment. The reason for this is that such a patient has great faith in the doctor and the medical procedure. Due to this kind of belief, such patients open up to express their problems and emotions and develop intelligence very quickly.
(ix) Social class and race- The patient's social class and race also affect the outcome of psychotherapy. Hunt, 1960, Lorion, 1974 etc. have pointed out that traditional forms of psychotherapy are inappropriate for lower class patients. Not only this, instead of treating such lower class and poor patients with psychotherapy, they are treated more by giving them drug therapy and electro shock therapy. Even if they are accepted for psychotherapy, they are often referred for treatment to a therapist with less experience. For these reasons, traditional psychotherapy such as psychoanalysis and psychoanalytic-oriented therapy are not beneficial for such patients. But recently, Goldstein (Goldstein, 1973) has made special efforts to modify the method and language of psychiatry in such a way that for such lower class patients, behavioral techniques have proved to be very effective in comparison to traditional psychiatry. Pettitt and his colleagues (Pettitt et al., 1974) have also found in their study that when there is a significant difference in the social class of the therapist and the patient, the patient has a greater tendency to withdraw from psychotherapy.
Banks (Banks, 1992) has stated on the basis of his study that when the patient and the doctor has the same race. So, the benefit from psychotherapy given to the patient is more and the outcome of such treatment is favorable. The reason for this is that in such a situation, the patient develops more closeness or cordiality (rapport) and a tendency towards self-exploration. He has also stated that if the patient and the therapist are to be cross-race, then the results of psychotherapy are favorable if the therapist is white and the patient is black. In the opposite situation, the results of psychotherapy become adverse.
(x) Brain disorders - There are some patients in whom the cause of behavioral disorder is organic, that is, such patients have brain disorders. Such patients are not able to take advantage of psychotherapy, that is, the outcome of psychotherapy is not favorable for such patients. For example, if a patient of Alzheimer's disease whose main symptoms are irritability, lack of concentration, aggression, hallucinations, delusions, physical tremors etc. and the cause of which is atrophy of the brain, can be treated through psychotherapy. Treatment cannot be done and even if it is done, its results will be ineffective. It became clear that there are some characteristics of the patient which affect the results of psychotherapy.

(2) Characteristics of therapist: The general opinion of modern psychiatrists is that the therapist's own characteristics also influence the outcome of psychotherapy. The characteristics of the doctor which influence such results are broadly divided into two parts-
(a) Qualities present in the therapist before beginning the therapy
(b) Qualities produced in therapist when making interactions with patient during therapy.

The description of both these types of qualities is as follows-

(a) Qualities present in the therapist before beginning the therapy - Under this, those qualities inherent in the therapist are kept which are present in him before the beginning of the therapy and which are present in the therapist before beginning the therapy. Affects the results. The following are prominent among such qualities-
(i) Professional background and experience – No direct relationship has been found between professional background and the outcome of psychotherapy. People with three-four professional backgrounds work in psychiatry – clinical psychologists, psychiatrists, psychiatric social workers and psychoanalysts. There is no empirical evidence that treatment given by a scientist or specialist with a particular type of professional background is more effective than treatment given by a scientist or specialist with a different type of professional background. In this regard, we get some guidance from

the survey of about 4,000 practicing physicians conducted by Henry, Sims and Spray (Henary, Sims & Spray, 1975). About two-thirds of these doctors were those who referred patients to other doctors not on the basis of their professional background but on the basis of their work and orientation. This automatically suggests the insignificant importance of professional background. In their study, clinical psychologists were said to have negative qualities. Psychiatrists were also evaluated mostly negatively and psychoanalysts were evaluated mostly positively. Clinical psychologists were considered to be aggressive, competitive and intellectual in nature, while psychiatrists were considered to be strict and authoritarian in nature. Psychiatric social workers were considered people-oriented and passive in nature. As far as experience is concerned, there is clear evidence available on the basis of which it has been said that psychotherapy done by experienced and trained therapists is more effective than psychotherapy done by therapists with less experience. Patients of experienced doctors do not leave the therapy session prematurely i.e. before its completion and they also get maximum benefit from the therapy. Lubrosky et al., 1971 reviewed five studies that independently evaluated physicians' technical skills and concluded that more qualified, experienced, and trained physicians were more likely to treat their patients. There was maximum benefit from the treatment provided by the doctor and the results of the treatment were found to be quite favorable.

(ii) Freedom from personal problems- Although the therapist is considered to be the epitome of perfect adjustment, it has sometimes been observed that there are some therapists who themselves have neurotic problems such as being overly anxious, showing aggressive behavior and abuse by the client. Not being able to answer questions properly etc. Patients are not able to benefit from the treatment given by such doctors and the results of such treatment are not very favorable. The most important quality of a doctor is self-awareness. The doctor should have the ability to pay attention to the patient's problems objectively and not get himself entangled in the personal dynamics of the patient.

(iii) A-B therapist dimension: Whitehorn & Betz, 1962, based on their study, described two types of therapists – Type A therapist and Type V therapist. B therapist). To identify these two types of doctors, they had created a new scale using about 23 units from the four scales of SVIB (Strong Vocational Interest Blank). He found in his study that Type A doctors were more successful and effective in treating schizophrenia patients than Type V doctors. But superiority of Type A doctor compared to Type V doctor was not found in the treatment of all types of patients. Weiss (Betz, 1962) found in his study that except for schizophrenia, there was no difference in the effectiveness of psychotherapy provided by Type-A and Type-Y therapists in the treatment of other patients. Stephens and Astrup (Stephens & Astrup, 1965) also did not find any difference in the effectiveness of Type-A and Type-V therapists in the treatment of schizophrenic patients in their study. McNair, Callahan & Lorr (1962) in their study observed patients treated by 20 Type A therapists and 20 Type III therapists for four months and found that the patients who were treated by Type B therapists were done, there was comparatively more improvement in them.

Keeping the above facts in mind, it can be said that although the results of the therapy provided by A-B therapists are doubtful, yet this difference is new in itself and gives enough inspiration to psychologists to do further research in this direction.

(iv) Personality of the therapist – The therapist's own personality traits affect the effectiveness of the psychiatrist. Krasner (Krasner, 1963) has described many personality traits of an ideal doctor and said that if these qualities are present, the outcome of the treatment provided by him is favorable. Some of the major virtues among these cold qualities are mature, sympathetic, tolerant, patient, emotionally sensitive, self-aware, mature in heterosexual relationships, objective, self-analytic, honest, open-minded, shows great love and affection for one's profession. A person who is capable, creative, has good goals in life, has interest in human problems and has scientific knowledge. Kassner's approach has been criticized by saying that the qualities he describes may not be common to any one physician. Hence his viewpoint has been called merely an idealistic viewpoint. Holt & Luborsky, 1958 selected 32 virtues in their study and described some of them as essential for a good doctor. These qualities include being fully adjusted socially, free from status concern, self-objective, emotionally controlled and mature hetero-sexual adjustment etc. If these virtues are present, the treatment given by the doctor is more effective. As a result, its result is favorable.

(b) Qualities produced in the therapist when making interactions with the patient during therapy - If there are some qualities of the therapist that influence the outcome of therapy, they are already present in them. Do not remain present but arise during interactions with the patient during therapy. The following are prominent among such virtues:

(1) Empathy, warmth and genuineness - Since the introduction of client-centred therapy propounded by Rogers (1951), these three qualities of the therapist, i.e. empathy, warmth and authenticity, have been emphasized in therapy. Has been considered suitable for favorable results. These three qualities are something that arise in the therapist when he interacts with the client or patient during therapy. Rogers has considered these three qualities as necessary and sufficient factors for favorable therapeutic change. Truax & Carkhuff (1967) and Truax & Mitchell (1971) have come to the conclusion from their respective studies that favorable outcomes of therapy are related to these three qualities of the therapist. . But Tamvert, DeJulio, and Stein (Lambert. Dejulio & Stein, 1978) after reviewing several studies done to show the

relationship between these three qualities and clinical outcome, showed that Rogers' hypothesis was not very reasonable. Has been found. Strupp & Bergin, 1989 have stated that these three qualities – empathy, warmth and authenticity – cannot be considered as necessary but not sufficient conditions for a good medical outcome. In recent years, these three qualities of a physician have been considered to be qualities that can be easily learned by a physician. Bergin and Suinn (1975) have given an excellent conclusion on the relationship between these three characteristics and favorable clinical outcome, which is, "It is now clear that these variables are not as strong as once thought." But their presence and influence are omnipresent, even among practicing physicians."

(2) Countertransference – In this type of transference, the doctor shows love, affection and emotional attachment towards the patient. However, research evidence is contradictory. Some studies have found that when patients are liked more by the doctor and when the doctor shows more positive emotional attachment towards them, the medical outcome of such patients is more favorable. Not only this, Caracena (Caracena, 1962) has also found in his study that the duration of treatment of such a patient is also longer. In some studies it was also found that the moral values of the doctor also have an impact on the outcome of treatment. For example, Rosenthal (1955) has found in his study that the patients who benefited more from the treatment given by the doctor had changed their moral values in accordance with the moral values of the doctor. It became clear that there are some qualities of the doctor which clearly affect the results of the treatment.

(3) Relation or interaction between patient and therapist – As we know that in a psychotherapy session there is at least one patient and therapist and the therapy is based on the qualities of both of them. The result is affected. But the truth is that the outcome of treatment is more affected by the simultaneous interaction of these two qualities. The research related to the effects of simultaneous interaction between the patient and the doctor on the outcome of treatment has been divided into the following three parts:

(a) Congruence between patient and therapist's expectation
(b) Similarity between personality of patient and therapist
(c) Similarity between socio-cultural characteristics of patient and therapist
The description of these three is as follows-

(a) Congruence between patient and therapist's expectation: Psychologists believe that congruence between the expectations of the doctor and the patient increases the chances of a favorable outcome of treatment. Goin and his colleagues (Goin et al., 1965), Levitt (Levitt, 1966) and Schonfield and his colleagues (Schonfield et. al., 1969) have revealed in their respective studies the fact that when the patient If they receive treatment as per expectations, they get a lot of benefit from it. Heine and Trosman (1960) found in their study that patients who consider therapy as a passive cooperation, i.e., those who have guidance orientation, that is, those who seek therapy only for advice or advice, They understand the process of doing things as told, they are not able to get much benefit from the treatment and the outcome of the treatment is not favorable for such patients. Such patients often leave treatment midway. On the other hand, patients who consider therapy as a process of active cooperation in accordance with the doctor's expectation, that is, those who have participation orientation, that is, there is a tendency to work together to solve the problem, such Patients benefit more from treatment and the outcome of treatment is favorable for them. Almost similar result was also found by Overall and Aronson (Overall & Aronson, 1963) in their experiment. Clemes & D'Andrea, 1965 studied the effect of compatibility of patient and physician expectations on anxiety during the initial clinical interview. The results showed that in compatible interviews, that is, in interviews where the expectations of the patient and the doctor were almost the same, the patient had less anxiety. Not only this, doctors also considered it easy to conduct such interviews and this type of interview did not cause any kind of anxiety among them. Lennard and Bernstein (1960) also found in their study that due to incongruence between the expectations of the patient and the doctor, there is difficulty in the clinical interview, as well as the results of the treatment in such a situation.

(b) Similarity between personality of therapist and patient - Similarity between personality of patient and doctor has an impact on the outcome of treatment and different types of arguments have also been presented regarding this. . The experimental evidence on this point is mixed rather than clear. One argument given is that greater similarity in the personality of the patient and doctor increases the amount of empathy and understanding and greater dissimilarity increases objectivity. Some other people are of the opinion that if there is more or less similarity between the personality of the patient and the doctor then it creates hindrance in the treatment, but when this relationship is normal then the patient benefits from the treatment and the treatment is not effective. The results are favourable. Whatever the logic, the experimental evidence obtained in this regard is not clear but contradictory. Berkeley, Mendelsohn & Geller, 1967 reviewed several studies done on patient-doctor similarity and stated that if there is too much similarity between the patient and the doctor, the patient loses interest in treatment, but if these two If there is any abnormality in the body, then their interest in medicine is developed and the medicine goes on. Carson & Heine, 1962 in their study have found a curvilinear relationship between patient-doctor similarity and the benefit or success of treatment. This means that a certain point of dissimilarity between the patient and the doctor leads to favorable treatment outcomes. Even after that limit, if

the amount of disparity between these two increases, then the results of the treatment start becoming adverse because they do not get success. Unfortunately, when this experiment was replicated by Carson himself along with Carson & Lewellyn, 1966, the findings were found to be inappropriate. Lichtenstein, 1966 also did not find any relation between patient-medical similarity and the outcome of treatment in his study. Sapolsky, 1965 conducted a study that tested the hypothesis that patients who perceive that they are more similar to the therapist benefit from therapy more than patients who do not. This hypothesis was found to be confirmed in the results.

c) Similarity between socio-cultural characteristics of patient and therapist - Similarity or dissimilarity in socio-cultural characteristics of patient and therapist like social class, culture, education, language, income group, etc. also affects the outcome of therapy. . Generally it is argued that if there is similarity in socio-cultural aspects between the patient and the doctor, then the outcome of the treatment is effective and favorable but if there is dissimilarity then the outcome of the treatment is adverse. But the reality is not so direct and straightforward. There are many other factors which affect the relationship between these two and create complexity in it. The research available on this point is so limited and contradictory that it is difficult to reach any general conclusion based on it. in
In limited studies, it has been clearly seen that due to differences in socio-cultural aspects between the patient and the doctor, communication between the two becomes quite limited and there is also a lack of mutual understanding. If there is too much similarity in these aspects then it leads to over identification and projection and lack of proper perspective. This automatically means that when the similarity in these aspects is moderate, the results of therapy are more beneficial. But the truth is not like this because the outcome of treatment depends on the interaction of these factors, that is, it depends on the extent to which the patient's identity and problems are rooted in his social class and the personal and professional qualities of the doctor. For example, if the role of social identity is very important in the patient's self-concept and if his problem is also in the same area, then in such a situation he will benefit more from having a socially similar doctor. . Apart from this, if the doctor is very qualified and has a lot of professional experience, then he can treat the patient with unequal socio-cultural aspects in the best way.

It became clear that the relationship or interaction between the doctor and the patient affects the outcome of the treatment.

(4) Therapeutic techniques - The outcome of treatment depends not only on the characteristics of the patient and the doctor and their interactions but also on the specific therapeutic techniques adopted during the treatment. If seen in this way, in the light of the experimental evidence or studies received, it can be said that no one type of psychotherapy can be considered more effective than the other, but some variables related to it have been studied which can affect the outcome of the therapy. The impacts are known. For example, it has been observed that if more sessions of therapy are given to the patient for a longer period, then it is more beneficial than fewer sessions given for a shorter period. As a result, the outcome of such psychotherapy is more favorable. But some people did not find any kind of evidence for this in their research because in their studies they could not find any relation between the outcome of psychotherapy and the duration of therapy or the frequency of therapy sessions. Some studies have also been conducted in which the effect on the outcome of therapy has been studied by determining the frequency of therapy sessions in advance. Henry and Shlien (1958) in their study provided client-centered therapy to two groups - one group was called a time-limited group which was given an average of 18 therapy sessions and the other group was called a time-unlimited group. group) who received an average of 37 therapy sessions. The results showed that the therapeutic success in the time-limited group was up to 90%, whereas in the time-unlimited group the therapeutic success was only 66%. This result was further confirmed by Shlien, Mosak & Driekurs, 1962) and Henry & Mosak, 1972 in their respective research. In some studies, individual therapy was compared with group therapy and it was found that in some situations the results of individual therapy are more favorable and in some situations the results of group therapy are more favorable.
(5) Socio-cultural determinants - Modern research has also revealed some socio-cultural determinants or factors which affect the outcome of psychiatry. The result of psychotherapy is more favorable in a society whose culture believes that human nature can be improved when necessary and mental problems of humans can be solved with the help of technical knowledge. But in a social culture where there is no such belief, psychotherapy given is not very effective. Similarly, it has been observed that in a society where psychotherapy is considered an important social activity and not a social stigma, the results of psychotherapy given in it are more favorable. In such a society, people who are ready for psychotherapy have comparatively stronger social networks. The immediate social system also has an impact on the outcome of psychotherapy. When the social system is such that the roles of the patient and the doctor are clearly defined and the circumstances in which the treatment will be provided are also clear, then the treatment is more effective and its outcome is more favorable.

Conclusion –

It became clear that many factors influence the outcome of psychotherapy. Among these factors, psychologists have given comparatively more emphasis on the characteristics of the patient, the characteristics of the doctor and the interaction or relationship between the patient and the doctor.

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