POSTER SUMMARIES

THERAPIST VARIABLES AND PATIENT OUTCOME AFTER PSYCHOANALYSIS AND PSYCHOANALYTIC PSYCHOTHERAPY

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Evidence from studies that have focused on the effects of therapist variables on treatment outcome suggests that a moderate amount of variance in patient outcomes is attributable to therapist differences, regardless of the type of treatment practiced. In the literature, researchers have considered gender of the therapist, therapists' experience and training, therapists' treatment attitudes, and self-reported attachment style to be relevant therapist variables (e.g., Beutler et al. 2004). In the present study, we investigated whether these therapist variables are related to patient outcome in a group of patients after psychoanalysis and a group of patients after psychoanalytic psychotherapy.

METHOD

The patient sample ($N = 97$) originated from a project, with participants from four mental health care organizations in the Netherlands, designed to study the effectiveness of long-term psychoanalytic treatment. For the present study, we focused on patients who had ended long-term psychoanalytic treatment. One group of patients had received psychoanalysis (PA; $n = 40$); the other group had received psychoanalytic psychotherapy (PP; $n = 57$). Patient outcome was assessed by using the three outcome factors that were found in the PCA factor analyses: *General distress*, *Introversion,* and *Disadaptation and disorganization* (see Berghout, Zevalkink, and de Jong 2010).

DOI: 10.1177/0003065111414055

All therapists ($N = 53$) in the project were licensed clinicians (psychiatrist-psychotherapists or psychologist-psychotherapists) and members of one of the Netherlands psychoanalytic societies. Of the 53 therapists, 33 were female (62%) and 20 were male (38%). The mean age was 54.5 years ($SD = 7.5$). The average length of therapeutic experience was 24.3 years ($SD = 10.7$), where the number of years after licensing ($M = 17.2$, $SD = 9.3$) was greater than the number of years before licensing ($M = 7.1$, $SD = 6.3$).

The Therapeutic Attitudes Scales–2 (TASC-2; Sandell et al. 2004) was used to assess therapist variables. It consists of three scales which themselves are subdivided into three subscales:

- The scales in the *curative factors* section assess the therapist's beliefs in the curative value of a number of ingredients of psychotherapy (e.g., helping the patient avoid anxiety-provoking situations). This section consists of three subscales: *Adjustment, Kindness,* and *Insight*.
- The *therapeutic style* scales assess the therapist's own manner of conducting psychotherapy in general. This scale can be divided into three subscales *Neutrality, Supportiveness,* and *Self-doubt*.
- The *basic assumptions* scales relate to the therapist's basic assumptions about the nature of psychotherapy and the nature of the human mind. This section consists of the following three subscales: *Irrationality, Artistry,* and *Pessimism*.

The Attachment Styles Questionnaire (ASQ; Oudenhoven and Hofstra 2004) was used to measure therapists' attachment style. The ASQ consists of 38 items scored on a scale of 0 (strongly disagree) through 4 (strongly agree), and results in continuous scores on four scales: *secure, avoidant, preoccupied,* and *fearful* attachment style.

RESULTS

We performed Pearson product-moment correlations to analyze the relationship between continuous therapist variables and patient outcome and univariate ANCOVAs to study group differences on dichotomous therapist variables. We corrected for patient gender because this patient variable was found to moderate treatment outcome (Berghout, Zevalkink, and de Jong 2010).

Therapist Gender and Age

In both treatment groups, we found that patients of female therapists had significantly better treatment outcome regarding *General distress* than

patients who had male therapists. In the PA group, patients of younger therapists had better treatment outcome *(Introversion)* compared to patients of older therapists. We did not find a significant correlation between age of the therapist and patient outcome in the PP group.

Therapist Experience and Orientation

Years of experience and duration of personal therapy or training analysis did not correlate with patient outcome in either treatment group, nor did we find a significant correlation between theoretical orientation and outcome.

Therapist Attitudes

Table 1 shows the Pearson correlation coefficients of the TASC-2 scales with the outcome variables. For therapist attitudes about *curative factors* significant correlations with outcome were found in the PA group and not in the PP group. In the PA group, we found that higher level of *adjustment* was associated with better patient outcome *(Introversion)* and higher level of *kindness* was associated with better patient outcome *(General distress, Introversion).*

Regarding *therapeutic style,* we found that PA patients had better treatment outcome *(General distress, Introversion)* when their therapists described their manner of doing psychotherapy as higher on *supportiveness* compared to patients of therapist who scored low on this scale. And interestingly, in the PP group we found that patients of therapists who described their manner of doing psychotherapy as high on *neutrality* had significantly worse treatment outcome *(Disadaptation)* than patients of "non-neutral" therapists.

Patient outcome was not correlated with *basic assumptions* of the therapist about the nature of psychotherapy and the nature of the human mind in either treatment group.

Therapist Attachment

On average, the therapists scored highest on the *secure* attachment style ($M = 3.3$, $SD = 0.5$), followed by the *preoccupied* attachment style ($M = 1.7$, $SD = 0.5$), the *avoidant* attachment style ($M = 1.5$, $SD = 0.4$), and the *fearful* attachment style ($M = 1.0$, $SD = 0.5$). Female therapists scored significantly higher on the secure attachment style than male therapists. Therapists' self-reported attachment style did not correlate significantly with patient outcome in either group.

Table 1. Pearson correlations between therapist variables and patient outcomes in PA and PP

	PA			PP		
TASC-2 scales	General distress	Introversion	Disadaptation	General distress	Introversion	Disadaptation
Curative factors						
Adjustment	–.28	–.42**	–.30	.06	.01	–.15
Insight	.01	.00	.17	–.07	–.19	–.10
Kindness	–.38*	–.44**	–.25	–.14	–.19	.04
Therapeutic style						
Neutrality	.27	.30	.18	–.10	–.10	.28*
Supportiveness	–.36*	–.47**	–.30	–.13	–.11	.00
Self-doubt	.03	.16	–.19	.10	.06	.02
Basic assumptions						
Irrationality	.28	.28	.23	.07	.07	.04
Artistry	.09	.19	.19	.19	.03	.01
Pessimism	.16	.18	.07	–.02	–.05	.00

*$p < .05$; **$p < .01$.

DISCUSSION

From this study we can conclude that several therapist variables were correlated with patient outcome after long-term psychoanalytic treatment. With regard to sociodemographic therapist variables, we supported findings from other studies that patients of female therapists (in both treatment groups) have better treatment outcome than patients of male therapists. This, however, does not mean that male therapists achieved bad treatment results, because overall we found large and positive treatment effects for both male and female therapists. So both groups did well, but female therapists did even better than male therapists in reducing general distress. Perhaps female therapists are more sensitive to general distress symptoms and are more focused on reducing these problems. Also, we found that the age of the therapist was correlated with treatment outcome. After psychoanalysis, patients of younger therapists had better treatment outcome compared to patients of older therapists. Note, however, that the average age of the therapists in this study was 54.5 years. In our study, better treatment outcome thus applies to *relatively* young therapists. The reason for this finding is not yet clear. It could be that relatively young therapists are more motivated or flexible in their treatments, and therefore achieve better results. We could also be dealing with a generation effect. Not so much the therapist's age as the period in which the therapist was trained might account for the difference in treatment outcome. This hypothesis needs to be tested in further research.

In addition, therapists' attitudes influenced treatment outcome. Therapist's beliefs in the curative value of kindness and adjustment appeared to be associated with better treatment results in the psychoanalysis group. These results are in line with findings of other studies about common factors in therapy that a friendly and flexible attitude in the therapist has a beneficial effect on the patient's progress. Further, a supportive manner of conducting psychotherapy also appears to have a favorable impact on treatment outcome. In the psychoanalytic psychotherapy group a therapeutic style characterized mainly by neutrality appears counterproductive. This manner of conducting psychoanalytic psychotherapy does not seem to be a therapeutic attitude that is helpful to this particular group of patients. To improve treatment outcomes, psychoanalytic training institutes and supervisors would do well to consider in greater depth the beneficial or detrimental influence of certain therapist variables on patient outcome.

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Editors' note: This poster received the Robert J. Stoller Travel Award.

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