



Expectancies of patient and doctor may lead to an impasse, as in this 1963 cartoon with the doctor saying: "Could you settle something for us? Please tell him I'm the doctor and he's the patient."

Expectancies in psychotherapy influence ultimate outcome

THE EXPECTANCIES of both the patient and the psychotherapist appear to play a more significant role in the efficacy of this modality than has been generally realized, according to a new study by researchers at Johns Hopkins University School of Medicine.

For more than a decade, investigators at many centers have been examining factors that limit or increase the efficacy of psychotherapy, particularly of the short-term variety. Such research markedly increased after Hollingshead and Redlich demonstrated in *Social Class and Mental Illness, a Community Study*, in 1958, that although the incidence of mental illness was highest in low-income groups, psychotherapy was a tool of limited usefulness in meeting the problems of patients from these groups.

Because the overwhelming majority of patients requiring mental hospitalization come from the low-income groups, the need to clarify factors influencing the outcome in psychotherapy has been particularly pressing. Which patients could

be effectively treated by psychotherapy, as well as how therapy might be both shortened and made more effective, became leading clinical research problems. With continuing psychiatric manpower shortages complicating the need for staffing new community mental health centers, studies that focus on ways of sharpening the usefulness of psychotherapy constitute vital frontiers in clinical psychiatry.

At Johns Hopkins, a research team has been investigating response to psychotherapy, including placebo effect, under grants from The Ford Foundation and the United States Public Health Service, since 1954. Their latest report, presented at the American Orthopsychiatric Association meeting, covers situational factors found in patients' expectancies in short-term therapy at the Henry Phipps Psychiatric Outpatient Clinic. Their full report may be found in the July issue of the *American Journal of Orthopsychiatry*.

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Three facets of expectancy were found to influence the outcome: (1) clarity of patients' perceptions of their own problems and how psychotherapy may help; (2) degree of concordance of patients' expectancies with those of the therapists; (3) therapists' expectancies concerning patients' appropriateness for, or ability to benefit from, short-term psychotherapy. The frequency and intensity of therapeutic sessions and the levels of skill of therapists were also studied, as well as a "variable we have labeled 'attractiveness' for therapy," said the Hopkins researchers.

The patients studied

Most of the patients studied come from the lower socioeconomic strata. A little over 60% were women. Ages ranged from 18 to 55 years. Patients with organic brain disease, antisocial character disorders, alcoholism, overt psychosis or mental deficiency were routinely excluded from the research sample. Among the patients studied, anxiety and depressive reactions predominated, with a few patients manifesting personality disorders; an occasional patient was an ambulatory schizophrenic. Several sample groups were utilized in the study of expectancies.

The treating physicians were second- and third-year psychiatric residents. A number of scales, reflecting the degree of symptomatic discomfort and social effectiveness, behavior, improvement and severity of disease—and which have been developed at Johns Hopkins in the course of these studies—were utilized to gauge outcome. Regularity of attendance was an indirect criterion of the success of therapist-patient interaction.

Participating in the study were Anthony R. Stone, Ph.D., who reported on it at the A.O.A. meeting, Dr. Jerome D. Frank, Dr. Rudolf Hoehn-Saric, Stanley D. Imber, Ph.D., and Earl H. Nash, Ph.D., all of whom are members of Johns Hopkins Department of Psychiatry, in Baltimore, Md.

In a 1959 study, Dr. Frank and his colleagues reported that "certain effects of psychotherapy and placebos on psychiatric outpatients may depend on the potentiation and activation of the patient's favorable expectations." Other investigators, notably Dr. A. P. Goldstein, also pointed out the important role played by the patient's expectations that he will improve, that he will receive a certain type of treatment and that he and the therapist will behave in certain ways. Studies with the Phipps Clinic patients revealed that evaluation interviews, although not planned as therapy sessions,

produced improvement, particularly in respect to symptoms of anxiety and depression. "Mere arrival at the treatment center for evaluation and appraisal of treatment needs seems to provide significant relief for some patients," say the Johns Hopkins researchers.

Patient's understanding

Previously, in a 5-year followup, it was found that although all patients had improved to approximately the same degree at the 5-year point, at the 6-month point those seen in once-a-week individual treatment had improved to about the same extent as those who had group therapy weekly. In contrast, those who were seen every 2 weeks for brief contact therapy (half-hour or less) were least improved at the 6-month point. Thus, in the first 6 months, reduction of symptoms and suffering correlated with the frequency and duration of contact with the therapist. The question of the relative efficacy of lengthier treatment was not studied. The clarity of the patient's initial understanding of his illness played an important role in his improvement. Drs. L. C. Park and L. Covi, in an independent investigation on the same population, reported, "From study of the individual case records it appeared that improvement was related to the clarity of the patient's conviction that the physician was trying to help him and that he was competent to do so."

Interview found helpful

Almost concurrently, a carefully controlled study demonstrated that the effectiveness of psychotherapy "can be significantly enhanced by preparing patients for psychotherapy through a pre-treatment role induction interview." The interview used in the Phipps Clinic study was an adaptation of a form prepared by Dr. M. T. Orne, as yet unpublished, which covered 4 areas: (1) a general exposition of psychotherapy; (2) a description and explanation of the expected behavior of a patient and a therapist; (3) a preparation for certain typical phenomena in the course of therapy (e.g., resistance); (4) the induction of a realistic expectation for improvement within the 4 months of treatment planned.

"This procedure has the triple effect of clarifying the patient's perception of psychotherapy, increasing its congruence with that of the therapist, and heightening the patient's positive expectations," report the Johns Hopkins researchers. "Those patients who received this interview improved significantly more than a control group and their attendance was

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significantly better. We also found that response to treatment seemed to be affected by therapists' expectancies concerning patients' appropriateness for short-term therapy. Those therapists who believed that the patients could benefit from such treatment and that it was a valid method obtained better results than those who were doubtful or openly opposed to the idea."

The Phipps Clinic study revealed that some of the cultural barriers that have long been supposed to bar effective psychotherapy with patients with low socioeconomic backgrounds may crumble under the influence of the pretreatment preparatory interview. "Prior to entering therapy, each patient was rated by the research staff on 'attractiveness' for psychotherapy. This was apparently related to age, education, occupation and verbal facility—reflecting, in essence, the class status of the patient. Reflecting some of our earlier work concerning social class, as with Hollingshead and Redlich, we found that 'attractive' patients improved more than 'unattractive' ones." There was little difference between "attractive" men and women; "unattrac-



Dr. Stone



Dr. Frank

ive" women patients did much better than men, which the researchers believe "may have been due to the fact that the women of lower socioeconomic strata possess more verbal facility than the men, who are more action-oriented."

"However," the researchers emphasize, "the role induction interview was a stronger determinant of outcome than 'attractiveness,' supporting the basic hypothesis relating to enhancing the congruence of behavior and expectancies of patients and their therapists."

The study also indicated that another situational factor influencing outcome was the therapist's behavior. "Those therapists who were rated as offering the best therapeutic relationship on the basis of taped treatment interviews showed the best results," report the researchers. At the time, the psychiatrists rating the therapists were unaware of the actual outcome of treatment. The amount of experience as a therapist and degree of optimism concerning patients' capacities to improve were also found to be posi-

tively related to outcome. The positive attitudes of the therapists towards short-term therapy (and towards the research work) were similarly found to be reflected in the outcome.

In summing up, the Johns Hopkins researchers pointed out that in their view both over-enthusiasm for psychotherapy and total rejection of it are unwarranted. "We do not agree with critics who claim that psychotherapy . . . does not yield better results than seen in untreated patients over the same period of time. Nor do we accept 'insight' psychotherapy as the unequivocal treatment of choice for all patients in all settings.

"We have good evidence that shows this type of psychotherapy reduces neurotic symptomatology, but we are also convinced that its effectiveness depends to a significant degree on the expectations of the patients entering the treatment program, and their perceptions of available symbols of care-giving competence. Interventions that heighten these expectations and perceptions improve patients' responses to psychiatric treatment. The therapist's psychotherapeutic skill, which may reflect personal maturity as much as training in technique, seems to be important, but his 'set,' including his attitude toward the treatment plan and toward certain types of patients, also seems pertinent."

In commenting on patient "attractiveness," the Johns Hopkins researchers suggest that perhaps special preparation might help patients without high verbal facility and with impoverished educational and occupational backgrounds. They also note that modifications of therapy to bring basic therapist symbols and behavior closer to the model of the general practitioner, as Dr. Frank Reisman has suggested, might be possible.

Pretreatment experience

New research efforts at the Phipps Clinic are studying patients' pretreatment experience in the close, confidential exchange of information about emotional problems and the need for treatment within their family, occupational and friendship circles. Preliminary indications are that patients with "training" in such exchanges may do better in short-term psychotherapy regardless of social class status.

From these and studies elsewhere, there is gradually emerging a changing concept of short-term psychotherapy, how patients can be selected and motivated for it and how therapists themselves can be selected who can administer it effectively. As the community mental health centers begin the transition from planning board to operation, new understanding of short-term therapy and what determines its success or failure would appear to be advancing rapidly.

