

Note: The following extended excerpt is from Susan Dominus's May 16, 2023 cover story is reproduced here to provide a general overview of the problems being addressed in the Psychotherapy Lab at Ohio University. The full article is recommended to provide a full context of the problems being addressed within our lab. Copyright by The New York Times.

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Does Therapy Really Work? Let's Unpack That.

Research shows that counseling delivers great benefits to many people. But it's hard to say exactly what that means for you.

By Susan Dominus

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Illustration by Dadu Shin

Most studies do not break down the results of various psychotherapies by type of patient —by gender, for example, or comorbidities, or age of onset of illness. The trials are too small to generate statistically meaningful results for those categories. Driessen and colleagues are undertaking the ambitious task of going back to the researchers on at least 100 trials to procure identifying details about patients, so that their samples will be large enough to allow them to determine whether certain kinds of people are more likely to respond to one kind of therapy or another. The project will most likely be underway for a decade before they can tease out matches between practice and patient.

Another growing school of research, meanwhile, hopes to move practitioners away from adhering strictly to one school or another, by identifying the most effective components of each — the practice of exposing patients to the sources of their fears, for example, or examining relationship patterns. But Wampold believes that eventually these researchers will simply land, with their collection of techniques, on yet another form of therapy that proves about as effective as all the others.

The most significant difference in patient outcomes, Wampold says, almost always lies in the skills of the therapist, rather than the techniques they rely on. Hundreds of studies have shown that the strength of the patient-therapist bond — a patient's sense of safety and alignment with the therapist on how to reach defined goals — is a powerful predictor of how likely that patient is to experience results from therapy. But what distinguishes the therapists most likely to forge those bonds is not intuitive. Wampold says that some of the attributes that would seem most salient — a therapist's agreeability, years of training, years of experience — do not correlate at all with effectiveness of care.

To demonstrate the skills that do correlate, Timothy Anderson, director of the Psychotherapy & Interpersonal Process Lab at Ohio University, studied groups of therapists who have been rated by patients as highly effective. He put them through a monitored exercise in which they were asked to respond to video clips featuring actors playing out difficult situations that commonly arise in therapy. "The patient might be saying, 'This isn't working — you can't help me,'" Anderson says. He found that the highest-rated therapists

tended, in those moments, to avoid responding with hostility or defensiveness, but instead replied with a pairing of language and tone that fostered a positive bond. “That’s displayed by the therapist saying things like, ‘We’re in this together,’” Anderson told me, “even when the patient is saying, ‘You can’t help me no matter what.’” Among the other qualities that these therapists displayed were verbal fluency — the ability to speak clearly in ways the patient could quickly grasp — along with an ability to persuade the patient and to focus on a specific problem. A certain humility in the face of the field’s uncertainties also seems to help; on a different questionnaire, therapists whose care was more successful gave responses that “reflected self-questioning about professional efficacy in treating clients.”

For the past four years, Anderson says, he has been running workshops that aim to train therapists in these various skills. “Can we do it in brief workshops?” he says. “I’m not sure that we can.” Empathy, a capacity for alliance building — these might be innate, elusive, alchemic gifts that are challenging to teach. Anderson believes that people who become therapists tend to have more of those qualities than the general population, but he also referred to a study from the 1970s suggesting that laypeople who naturally have those skills performed nearly as well in therapeutic simulations as trained therapists with Ph.D.s.

Is the idea, I asked Anderson, that patients should seek out therapists with whom they personally connect? That, just as most happy couples are made up of people who failed in previous relationships, the challenge lies in finding the right chemistry? Or is it more absolute? That perhaps some therapists are universally gifted at forging those bonds and can do so effectively with almost any patient. “They could both be true,” Anderson said.

The answer struck me as yet another frustrating unknown in the field. I had perhaps — as a longtime consumer of therapy in search of reassurance — hit my limit with the disputes among the various clinicians and researchers, the caveats and the debates over methodology. “The research seems very ... baggy,” I said, not bothering to hide my frustration. “It’s not very satisfying.” I could practically hear a smile on the other end of the phone. “Well, thank you,” Anderson said. “That’s what makes this research so interesting. That there are no simple answers, right?”

A handful of well-chosen words — and I felt soothed, even touched by his positivity, which included, with that question mark at the end of his sentence, a hint of inclusiveness. Confronted with my clear annoyance, he had offered me a nondefensive, constructive and positive response. We were in this together.

The exchange made me think of the best hours I have spent in therapy, times when I felt the depth of a therapist’s caring, or experienced the reframing of a particular thought that I hadn’t even known could be cast in so different a light. The therapist Stephen Mitchell has described therapy as a “shared effort to understand and make use of the pains and

pleasures of life's experiences." Therapy, in his language, is not a practice that tries to fix any one thing, but one that aspires to help its participants build the most out of the challenges that face them.

Jonathan Shedler, a psychodynamic psychologist and vocal critic of the research on therapy, believes that the field, in its narrow focus on reducing symptoms, fails to capture other ways patients benefit from psychodynamic therapy. "It's not a fair comparison to look at how they're doing the day therapy ends," he says. "We're aiming to go farther — to change something fundamental, so that people can feel more at peace with themselves and have more meaningful connections with others."

Anderson and I had set aside a half-hour to talk about therapist skills, and as the minutes passed, I felt that familiar sensation of the clock ticking, even as I wished he and I could keep talking — there was so much to discuss. Alas, he gently conveyed, our time was up.

Susan Dominus is a staff writer for The New York Times Magazine. In 2018, she was part of a team that reported on workplace sexual harassment issues and won a Pulitzer Prize for public service. [More about Susan Dominus](#)

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