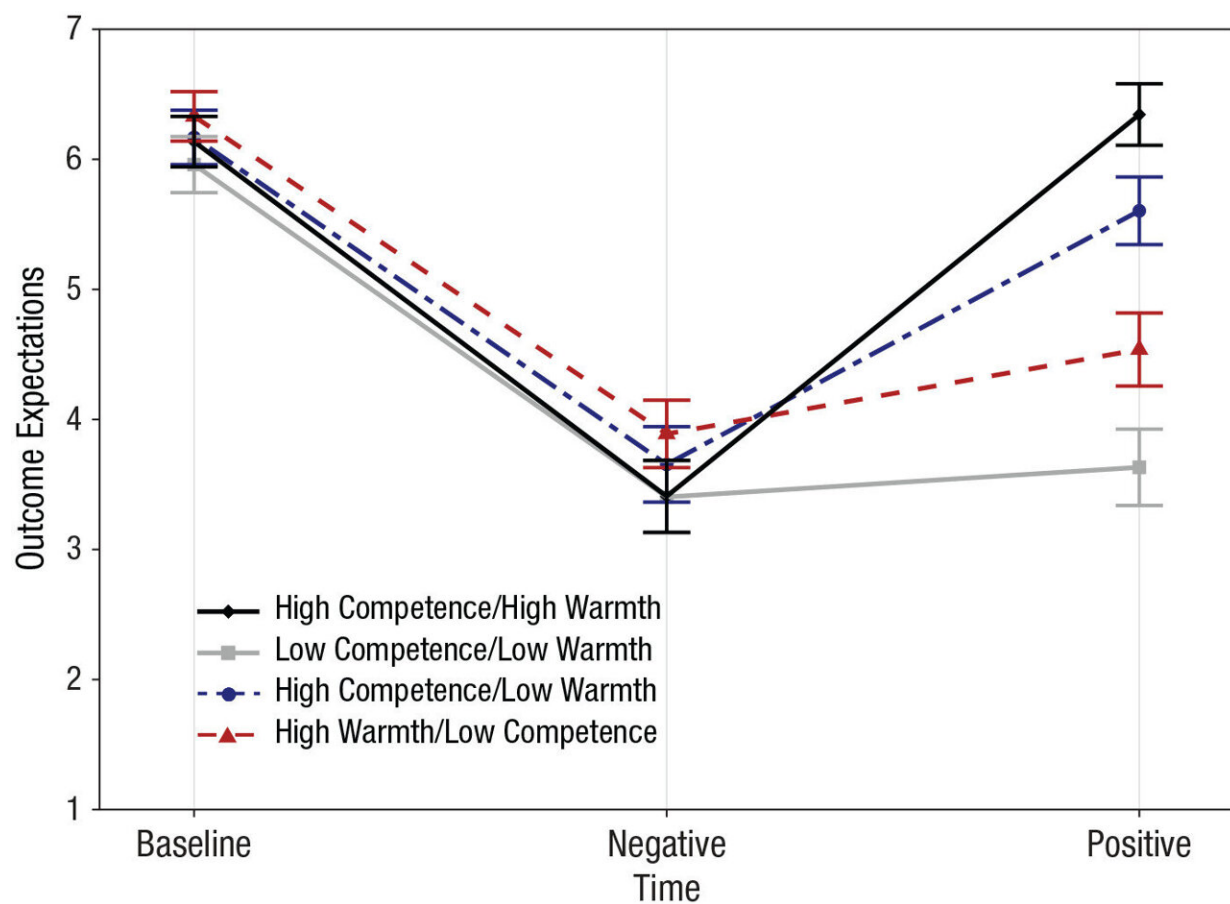


# Patients believe in psychotherapy more when practitioners demonstrate warmth and competence

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Mean outcome expectations (OE) for each group at baseline, after the negative OE manipulation, and after the positive OE manipulation. Error bars indicate  $\pm 1$  SE. Credit: *Clinical Psychological Science* (2022). DOI: 10.1177/21677026221094331

Therapy is a collaborative process informed not just by a practitioner's expertise but also by the patient's expectations about that expertise and how likely they are to benefit from it. Research in *Clinical Psychological Science* suggests that therapists who demonstrate both warmth and competence can shape those expectations by inspiring more positive beliefs about the effectiveness of therapy.

This behavioral guidance could be particularly helpful for improving [expectation](#) violation, a process through which patients with preexisting negative beliefs about therapy may learn to view treatment more positively said Anna Seewald, who co-authored this research with Winfried Rief (Philipps-University of Marburg). Therapists high in [competence](#) and warmth may also boost patients' willingness to continue therapeutic treatment, strengthen the therapeutic alliance between patients and practitioners, and even improve clinical outcomes, Seewald added.

Seewald and Rief explored the relationship between practitioner characteristics and outcome expectations for therapy through a study of 187 participants in Germany who had not been diagnosed with a [mental health condition](#) and were not currently receiving psychological treatment. As part of the study, participants were encouraged to imagine they were attending therapy themselves.

At the beginning of the study, participants listened to an audio recording of a patient telling their [therapist](#) about how they were experiencing work-related stress. In a second recording, which was designed to lower participants' expectations of the effectiveness of psychotherapy, the patient described a negative experience with therapy in which a different therapist had told them that there were only a few proven treatments for stress management.

In the last part of the study, participants were shown one of four videos

of the next part of the fictional appointment. The videos were filmed over an anonymous patient's shoulder in order to encourage perspective-taking. In these videos, the current therapist addressed possible treatments for stress while demonstrating either low competence/low warmth, low competence/high warmth, high competence/low warmth, or high warmth/high competence. In the context of therapy, warmth might involve smiling, nodding, and making a clear effort to understand what the patient is saying, Seewald explained in an interview, and competence could be communicated by using a clear, confident tone, taking notes, and demonstrating expertise.

At this point, participants rated the therapist's warmth and competence and reported both how logical they perceived the therapist's proposed treatment to be and how likely they thought therapy was to help reduce their stress levels. Warmth and competence independently influenced participants' outcome expectations, with the high warmth/high competence scenario inspiring the most positive expectations, the most motivation to start psychotherapy with this hypothetical practitioner, and the most comfort with their therapeutic alliance.

Therapy for conditions like generalized anxiety disorder, [substance abuse](#), and chronic pain often involves encouraging patients to develop more positive expectations by challenging their existing, unrealistically negative beliefs and attitudes, Seewald and Rief explained. Practitioner characteristics like competence and warmth could be one reason that patients react differently to the same kinds of therapy implemented by different practitioners, they added.

"A very understanding and experienced therapist may violate negative expectations and increase patients' positive expectations about treatments' effectiveness and thereby improve clinical outcomes," the researchers wrote.

The importance of warmth versus competence may vary depending on the population in question, however. Unlike in previous research with participants who were experiencing [mental health issues](#), this study found that therapists with high competence/low warmth inspired more positive expectations in participants than therapists with high warmth/low competence, Seewald noted. This suggests that people may react differently to practitioner characteristics depending on their mental health status.

"Warmth could be even more important in clinical samples, or the preference for warmth and competence might differ across different disorders and other clinical challenges," Seewald said. "In future studies, we should aim to investigate the optimal expectation change using warmth and competence for specific disorders."

**More information:** Anna Seewald et al, How to Change Negative Outcome Expectations in Psychotherapy? The Role of the Therapist's Warmth and Competence, *Clinical Psychological Science* (2022). [DOI: 10.1177/21677026221094331](https://doi.org/10.1177/21677026221094331)

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