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How Can the Quality of Psychological Treatment Be Evaluated? Between Efficacy, the Therapeutic Alliance, and Acceptance of the Self

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Abstract

The question of how to evaluate the quality of psychological treatment concerns clients, families, and mental health professionals alike. Therapeutic success is often equated with symptom reduction or the attainment of predefined goals, yet psychotherapy research suggests a more multidimensional picture. This article examines how treatment quality can be evaluated through treatment outcomes, the therapeutic alliance, self-awareness, emotional regulation, interpersonal functioning, and the capacity to accept aspects of reality that cannot be changed. It reviews the meaning of therapeutic change, the role of acceptance, collaborative goal setting, therapist-client fit, and therapist characteristics that support effective intervention. Drawing on contemporary psychotherapy research and major theoretical approaches, the article argues that high-quality therapy cannot be judged by a single indicator but should be assessed through the interaction of outcomes, process, relationship quality, and the client's evolving experience over time.

Introduction

One of the most common questions posed to therapists is how to know if a treatment is indeed good. This question, though often simply phrased, carries within it a wide range of sub-questions: How is the success of a therapy defined? Is success expressed solely in symptom reduction, or also in a change in how a person understands themselves and their world? Is a high-quality therapeutic process necessarily supposed to lead to a sense of relief, or might encountering complex emotions actually indicate progress? Who determines the goals of therapy – the client, the therapist, or both in collaboration – and what are the criteria for evaluating the therapist's quality?

The research literature indicates that there is no single answer to these questions. The success of therapy is influenced by many factors, including the type of disorder, client characteristics, the therapeutic approach, and the quality of the relationship formed between therapist and client. Across theoretical orientations, the therapeutic alliance is one of the most consistent predictors of treatment outcome (Bordin, 1979; Flückiger et al., 2018; Norcross & Lambert, 2019; Wampold & Imel, 2015).

The purpose of this article is to critically examine the questions underlying the evaluation of the quality of psychological treatment. The central argument is that the quality of therapy cannot be measured by a single criterion, but rather requires a multi-dimensional perspective that includes the process of therapy, the therapeutic relationship, the client's sense of meaning, and both short- and long-term treatment outcomes.

What is a "Good" Therapy?

The question of whether a therapy is "good" rests on the assumption that there are clear measures for its success. In practice, however, the concept of "good therapy" is complex and multidimensional. While one client may view symptom reduction—such as a decrease in anxiety—as the primary measure of success, another may define success as the ability to understand themselves better, form stable relationships, or experience greater inner freedom.

Accordingly, professional literature distinguishes between symptomatic efficacy and deeper psychological change. Symptom reduction is an important goal, but it does not necessarily represent a lasting change in personality structure, attachment patterns, or how individuals interpret their experiences. A client may report a decrease in anxiety without any real change in their sense of self-worth. Conversely, therapy may initially provoke increased distress precisely because it facilitates engagement with previously avoided content.

Thus, evaluating the quality of therapy cannot rely solely on whether the client "feels better." Temporary discomfort can be part of emotional processing and growth, particularly when therapy involves approaching experiences that have previously been avoided. Many therapeutic approaches emphasize that engaging with painful experiences, rather than simply avoiding them, can contribute to longer-term change (Hayes et al., 2012; Macri & Rogge, 2024).

What Should the Client Feel During Therapy?

One of the most common questions among clients is whether they should feel relief after every therapeutic session. In practice, there is no simple answer. Some sessions provide a sense

of calm, hope, and clarity, while others evoke confusion, pain, and even distress. Both states can be part of a healthy, normal therapeutic process.

Many therapists describe therapy as a process in which the individual gradually approaches parts of themselves they have avoided acknowledging. Such an encounter can evoke difficult feelings, but this does not indicate that the therapy has failed. Often, it is precisely working through the most painful areas that allows for integration, processing, and psychological growth.

This can be compared to the medical treatment of an infected wound: cleaning the wound is often painful, but the pain is not evidence that the treatment is incorrect, but rather that it is touching the area in need of healing. Similarly, psychotherapy may stir temporary emotional turmoil as part of reorganizing one's psychological experience.

However, it is crucial to distinguish between distress that can occur as part of the therapeutic process and treatment that harms the client or is associated with deterioration. Even when difficult emotions surface, the client should be able to experience a therapeutic relationship grounded in trust, respect, empathy, and sufficient safety (Cuijpers et al., 2018; Eubanks et al., 2018; Rogers, 1957). This sense of safety allows the individual to approach painful experiences without feeling they are facing them alone.

This point underscores that the quality of therapy should not be evaluated by the client's mood upon leaving each session, but rather by the cumulative process, the sense of progress, and how the therapeutic experience integrates into personal development over time. Research on routine outcome monitoring similarly supports evaluating change repeatedly across treatment rather than relying on a single impression or endpoint (Barkham et al., 2023).

Therapeutic Goals: Who Defines Them and How Is Their Achievement Evaluated?

One of the central issues in psychotherapy is the question of its goals. While it may seem that the goal of therapy is self-evident—reducing psychological distress—in practice, it is a complex and multidimensional concept. Therapeutic goals may include symptom reduction, improving daily functioning, strengthening self-efficacy, expanding self-awareness, improving interpersonal relationships, and even developing the capacity to live a meaningful life in the presence of pain.

The question of who defines these goals is a subject of ongoing professional debate. On one side is the client - the person who knows their own inner world, personal history, and aspirations. On the other side is the therapist, who brings theoretical knowledge, clinical experience, and the ability to observe the client's condition from a broader perspective. Professional literature emphasizes that the goals of therapy should not be dictated by one side alone, but rather developed through collaboration, mutual understanding, and agreement (Bordin, 1979; Tryon et al., 2018).

Consequently, the success of therapy is not measured solely by whether the initial goal that brought the client to therapy was achieved. Frequently, the therapeutic process itself shifts the client's perception of what they wished to accomplish. A person who enters therapy wanting to "stop feeling anxious" may later discover that their deeper goal is to live a full and meaningful life even when some level of anxiety persists.

What is a Therapeutic Outcome?

Public discourse tends to equate therapeutic success with tangible outcomes: a reduction in anxiety, improved functioning, returning to work, forming a romantic relationship, or resolving a family conflict. While these achievements are undoubtedly significant, they do not encompass the full spectrum of potential outcomes of psychological treatment.

There are outcomes that are far more difficult to measure: a sense of inner peace, an increase in self-worth, the ability to set boundaries, the expansion of self-compassion, or the development of the capacity to tolerate complex emotions. Paradoxically, these changes, which are often invisible from the outside, may represent a deeper and more lasting transformation than a localized behavioral change.

Research in psychotherapy indicates that symptom reduction is only one possible measure of success. Increasing attention is also given to functioning, quality of life, psychological well-being, personally meaningful goals, and processes such as psychological flexibility. These indicators reflect the understanding that psychotherapy can be evaluated not only by whether symptoms decrease, but also by whether clients are better able to live in ways that are workable and meaningful to them (Barkham et al., 2023; Macri & Rogge, 2024).

Change vs. Acceptance

One of the most common assumptions regarding psychological treatment is that its primary goal is to bring about change. Indeed, most therapeutic approaches strive to create some form of change—be it emotional, cognitive, behavioral, or interpersonal. However, clinical

experience and contemporary research demonstrate that change is not always the sole, or even the primary, objective.

Contemporary therapeutic approaches, including Acceptance and Commitment Therapy (ACT), emphasize that a relentless struggle with unwanted thoughts and emotions can itself become part of psychological suffering. Developing greater psychological flexibility and acceptance can help a person engage more fully with valued areas of life even when difficult internal experiences remain present (Hayes et al., 2012; Macri & Rogge, 2024).

In this sense, acceptance is not synonymous with resignation, nor does it represent passivity. It is an active psychological stance that allows an individual to distinguish between what can be changed and what requires adaptation. Often, it is precisely the capacity to stop struggling against oneself, the past, or reality that facilitates new psychological movement.

From this perspective, the success of therapy is not measured solely by the question, "What has changed?" but also by, "What has changed in the way the person relates to themselves and to their life?" An individual may continue to face the same life challenges, but do so with greater self-compassion, a more stable sense of self-worth, and a better capacity to tolerate uncertainty.

Must Change Be Visible?

Clients and their families often seek clear, observable signs of therapeutic success. However, many psychological changes occur gradually and are not always evident in overt behavior.

A person may continue to work at the same job, live in the same house, and maintain the same relationships, yet experience a profound shift in how they interpret events, regulate emotions, or perceive themselves. Externally, these changes may appear minor, but psychologically, they often represent a significant turning point.

Conversely, there are situations where a striking behavioral change occurs without deeper emotional processing. For this reason, evaluating treatment requires attention to multiple dimensions, including symptoms, functioning, personally relevant outcomes, treatment process, and the client's experience over time (Barkham et al., 2023).

This approach aligns with Carl Rogers' (1961) view that a meaningful therapeutic process is reflected in a person becoming more authentic, more flexible, and more open to their experience, rather than merely in the disappearance of symptoms.

The Therapist-Client Match: Is There a "Right Therapist"?

One of the most common questions asked by those seeking therapy is whether there is a therapist uniquely suited to them. This question somewhat mirrors discussions surrounding romantic relationships: Is there an ideal match between two people, or does the success of the bond depend primarily on the capacity to build a relationship over time?

In psychotherapy, too, there is no simple answer. The research literature does not support the existence of a "perfect therapist" who fits every client, but it strongly emphasizes responsiveness to the individual client and the fit between the therapist, the client, and the therapeutic approach. This fit may involve communication styles, values, expectations of

therapy, preferences for therapist directiveness or treatment structure, and cultural or religious considerations (Norcross & Wampold, 2019; Swift et al., 2018).

A Shared Language as the Foundation of the Therapeutic Alliance

One of the primary indicators of a good fit between therapist and client is the feeling of having a shared language. This does not necessarily refer to verbal language, but rather to how the therapist understands the client's inner world, interprets their words, and responds to their experiences.

Sometimes, even within the first few sessions, the client feels that their words "fall on receptive ears"; they feel that not only the content of what they say is understood, but also its emotional meaning. Conversely, there may be situations where the client feels that despite the therapist's experience, they cannot connect with the client's way of thinking or the way the therapist understands their distress.

This feeling does not necessarily reflect the therapist's professional competence. An excellent therapist for one person may be less suitable for another. For this reason, the first sessions can also function as a period of mutual assessment, during which both parties consider whether they can build a therapeutic alliance based on trust, collaboration, and understanding (Flückiger et al., 2018; Swift et al., 2018).

The Importance of Understanding the Therapeutic Approach

Many clients are unaware that the term "psychological treatment" encompasses a wide range of theoretical approaches and working methods. As a result, they sometimes assume all therapy should look the same and conclude that if they do not feel progress, the source of the difficulty lies within them, meaning they must continue the process no matter what.

In reality, there are significant differences between therapeutic modalities. Some approaches focus on identifying and changing current thought and behavioral patterns, such as Cognitive Behavioral Therapy (CBT), while others emphasize object relations, unconscious processes, early attachment, and personality development across the lifespan. Other approaches highlight acceptance, mindfulness, existential meaning, or systemic work with couples and families.

Therefore, part of the therapist's professional responsibility is to explain to the client the nature of their clinical approach, its underlying assumptions, and the goals of therapy. This transparency allows the client to make an informed decision and assess whether this way of working fits their needs and expectations.

Does the Personal Identity of the Therapist Matter?

Clients often ask whether they should choose an older or younger therapist, a man or a woman, religious or secular, or someone with a specific worldview or a similar cultural background. These are not trivial questions, as the therapist's identity can influence the client’s sense of safety, identification, and trust.

Shared demographic or cultural characteristics may matter to some clients, but similarity alone does not determine the quality of therapy. Research on client preferences and cultural humility suggests that responsiveness to the client's values, preferences, and cultural experience is associated with stronger therapeutic relationships and, in many studies, better outcomes (Hook et al., 2013; Orlowski et al., 2025; Swift et al., 2018). A client may therefore develop a strong therapeutic relationship with a therapist whose personal background differs substantially from their own when there is trust, empathy, respect, and a capacity to work together.

Professional Humility

Alongside professional training, theoretical knowledge, and clinical experience, one therapist quality that deserves particular attention is professional humility.

Humility does not imply a lack of confidence or professional authority. Rather, it involves acknowledging that the therapist, despite their experience, does not know everything about the client's inner world. Related research on cultural humility describes an other-oriented stance characterized by openness, respect, and an absence of assumed superiority (Hook et al., 2013; Orlowski et al., 2025). Such a stance allows the therapist to remain curious, continue asking questions, and avoid premature conclusions.

A therapist who believes they hold the absolute truth may interpret the client's words solely through the lens of a preferred theory or personal experience, rather than allowing the client's unique reality to unfold within the dialogue. Conversely, a humble therapist is willing to revise their understanding, show flexibility, acknowledge mistakes, and learn from the therapeutic encounter.

The psychotherapeutic literature also gives particular attention to relational strains and the way therapists respond to them. A willingness to recognize misunderstandings, empathic failures, or mistakes can create opportunities for repair rather than requiring either therapist or client to maintain an image of infallibility. This idea is consistent with self-psychological accounts of empathic failure and with contemporary research on alliance rupture and repair (Eubanks et al., 2018; Kohut, 1984).

Does the Client Feel Significant to the Therapist?

Finally, perhaps one of the most important questions a client can ask themselves is whether they feel unique in the eyes of the therapist, or simply another name on a patient roster.

This does not imply that the therapist should blur professional boundaries or foster emotional dependency. Rather, it refers to the experience of a genuine human presence: that the therapist is truly listening, remembers the client's inner world, is sincerely interested in them, and views them as a whole person rather than a collection of symptoms.

Most psychotherapeutic approaches recognize that meaningful psychological change occurs within a relationship. The experience of feeling seen, listened to, understood, and respected is not merely incidental to treatment: empathy, positive regard, and therapist genuineness are each associated with psychotherapy outcomes (Elliott et al., 2018; Farber et al., 2018; Kolden et al., 2018). The therapeutic relationship is therefore not simply a vehicle for delivering clinical techniques; in many cases, it is itself an important part of the change process.

Discussion

The question "How do we know if a psychological treatment is good?" assumes there is a uniform criterion by which the quality of the therapeutic process can be evaluated. However, the discussion presented in this article suggests that this assumption is overly simplistic relative to the inherent complexity of psychotherapy.

First, psychological treatment is not a commodity with immediately measurable outcomes. Psychological change is often gradual, non-linear, and not always visible in overt behavior. Symptom reduction is an important milestone, but it does not necessarily capture the full range of changes that clients may value. Expanding the capacity for self-reflection, tolerating complex emotions, understanding interpersonal patterns, and developing psychological flexibility can also represent meaningful therapeutic achievements (Barkham et al., 2023; Macri & Rogge, 2024).

Second, the quality of therapy cannot be evaluated in isolation from the relationship that develops between the therapist and the client. Meta-analytic research consistently finds a robust association between the therapeutic alliance and treatment outcome across theoretical orientations and treatment formats (Flückiger et al., 2018). Safety, trust, agreement on goals, and collaboration are therefore not merely adjacent conditions to therapy, but important components of the therapeutic process (Tryon et al., 2018).

Third, a distinction must be made between change and acceptance. Public and cultural discourse often presents therapy as a process aimed at "fixing" the individual or eliminating psychological struggle. Yet human life inevitably includes loss, uncertainty, pain, and complexity. In acceptance-based approaches, the aim is not necessarily to remove every

unpleasant internal experience, but to increase psychological flexibility and the capacity to live meaningfully in its presence (Hayes et al., 2012; Macri & Rogge, 2024).

In this context, it is worth emphasizing that acceptance does not imply surrender to reality, nor does it mean abandoning the possibility of change. On the contrary, it is often when a person stops relentlessly fighting certain parts of themselves that a new psychological movement becomes possible. In this sense, change and acceptance are not opposing concepts, but complementary ones.

Another issue arising from this article concerns therapist characteristics. The literature supports the importance of empathy, positive regard, genuineness, responsiveness, and the therapeutic alliance, while research on cultural humility further highlights the value of an open and non-superior stance toward the client's experience (Elliott et al., 2018; Farber et al., 2018; Kolden et al., 2018; Orlowski et al., 2025). Professional humility does not require therapists to relinquish expertise; rather, it requires them to recognize the limits of that expertise and remain open to correction, dialogue, and collaboration.

Perhaps it is precisely this posture that allows the therapist to continue viewing every client as an entire world, rather than just another case illustrating a familiar theory. When the therapist remains open to the possibility of being mistaken, being corrected, and even learning from the client, a relationship characterized by mutual respect, flexibility, and shared growth becomes possible.

Conclusion

This article sought to examine how the quality of psychological treatment can be evaluated. The discussion demonstrates that no single measure can answer this question. Therapeutic success is not confined to the disappearance of symptoms, nor is it measured solely by the achievement of goals defined at the outset.

High-quality therapy is characterized first and foremost by its capacity to create a safe space in which the client feels understood, seen, and respected. Within this space, a variety of processes can unfold: emotional change, behavioral change, shifts in interpersonal relationships, the expansion of self-awareness, and sometimes a deeper capacity to accept both the complexity of life and the complexity of oneself.

Thus, the most crucial question is not whether the client leaves every session feeling happier, nor whether every goal set at the beginning of the journey was fully met. The central question is whether the therapeutic process helps them encounter themselves more deeply, understand their world more broadly, and live their life with greater freedom, responsibility, and meaning.

Therefore, evaluating the quality of a therapy requires a comprehensive perspective that encompasses its outcomes, the process that led to them, the quality of the therapeutic relationship, and how the client experiences themselves and their world over time. It is precisely the recognition of this complexity that can protect both clients and therapists from seeking simple answers to questions that have no simple answers.

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