

The Empirical Status of Psychoanalytic Treatment

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Psychoanalysis has benefitted from the application of empirical research efforts to psychodynamic concepts and clinical interventions. One of the most striking examples of research into psychoanalytic concepts is the widespread integration of Bowlby's attachment theory in developmental and social psychology research (e.g. Cassidy & Shaver, 2008). Other examples include research concerning defense mechanisms (Cramer, 2008) and unconscious mental processes (e.g. Bargh, 2007).

When most people think about research and psychoanalytic therapy, the question of treatment effectiveness comes to mind. Fortunately, an accrual of studies and reviews of studies provides empirical support for the effectiveness of psychoanalytic psychotherapy (Doidge 1997a;Doidge, 1997b; Shedler, 2010).

Researchers generally consider the randomized control trial (RCT) to be the gold standard method for ensuring the experimental control necessary to draw valid inferences regarding the effectiveness of a treatment. Psychodynamic therapy has been examined in RCTs and demonstrated to be effective when compared to control conditions, a finding that has been confirmed through systematic reviews and meta-analytic studies (e.g. de Maat, 2009; Leichsenring & Rabung, 2008).

The number of studies demonstrating the effectiveness of psychoanalytic therapy is much less than that supporting other approaches, such as CBT. This sometimes creates a misleading impression that CBT is superior to psychodynamic therapy. Currently, however, there is no evidence to suggest that any single bona-fide therapy is better than any other. In fact, the finding of equivalence amongst psychotherapies is known in psychotherapy research as the "dodo bird effect". The consistency of this finding has encouraged researchers to focus their attention toward process studies which attempt to determine which therapeutic mechanisms and processes account for change in psychotherapy.

The evidence base for psychoanalytic therapy is broadened when a wider range of methodological approaches is considered. The application of RCT designs for psychotherapy research in general has inherent limitations, with several recent critiques appearing in the literature (Leichsenring, 2004; Wampold, 2009; Westen, Novotny, &

Thompson-Brenner, 2004). Concerns regarding RCT designs may be particularly relevant to psychoanalytic therapy. These concerns include:

- *Limitations imposed by randomization of prospective patients / subjects in studies of long term psychoanalysis and psychotherapy.* Few real-world patients suffering from mental disorders are willing to consent to randomization to a potential control condition that could last several years in duration.
- *Limitations in patient selection in RCT designs.* Patients / subjects are typically recruited on the basis of suffering from a single, discrete Axis I disorder. Psychoanalytic therapy does not typically presume to treat a single Axis I disorder, and its strength may lie in its embrace of co-morbidity and underlying psychopathological processes. Many patients who may have benefitted from psychoanalytic treatment are thus excluded from RCTs.
- *Limitations associated with manualization of therapy technique.* Contemporary psychoanalytic theory of technique rests on the responsiveness of the therapist, which is unaccounted for in manualized treatments. Responsiveness in psychotherapy entangles independent and dependent variables and interferes with the ability to draw causal inferences (Stiles, 2009). Provider effects are also not typically accounted for in RCT designs (Doidge, 1997b; Wampold, 2009).
- *Practical limitations.* Funding agencies often do not grant funding for multi-year treatments, and the publication demands placed on academic researchers also restrict the capacity for undertaking multi-year studies of long-term psychoanalytic treatment. Hence, fewer studies of multi-year treatments are available. In a recent quality review of psychodynamic therapy trials, only 12 of 94 studies were of a duration greater than one year (Gerber et al., 2010).

The above limitations notwithstanding, considerable and increasing attention is directed toward the empirical study of psychoanalytically oriented treatments. The following selections represent some recent contributions of empirical research concerning the effectiveness and process of psychoanalytic psychotherapy, from a range of study types. This is by no means a comprehensive listing of research reports regarding psychodynamic psychotherapy. These items instead provide support for the status of psychoanalytic treatment as a clinical intervention that has been, and continues to be, the subject of intense empirical investigation.

Meta-analysis and systematic review

- These studies synthesize findings from groups of clinical trials, with meta-analytic studies analyzing the aggregated effect sizes to determine an overall effect size for the treatment in question.

Abbass, A. A., Hancock, J. T., Henderson, J., & Kisely, S. (2006). Short-term psychodynamic psychotherapies for common mental disorders. *Cochrane Database of Systematic Reviews*, Issue 4, Article No. CD004687.

Abbass, A., Kisely, S., & Kroenke, K. (2009). Short-term psychodynamic psychotherapy for somatic disorders: systematic review and meta-analysis of clinical trials. *Psychotherapy and Psychosomatics*, 78, 265-274.

Abbass, A., Town, J., & Triessen, E. (2011). The efficacy of short-term psychodynamic psychotherapy for depressive disorders with comorbid personality disorder. *Psychiatry*, 74, 61-74.

de Maat, S., de Jonghe, F., Schoevers, R., & Dekker, J. (2009). The effectiveness of long-term psychoanalytic therapy: a systematic review. *Harvard Review of Psychiatry*, 17, 1-23.

Driessen, E., Cuijpers, P., de Maat, S. C. M., Abbass, A. A., de Jonghe, F., & Dekker, J. J. M. (2010). The efficacy of short-term psychodynamic psychotherapy for depression: a meta-analysis. *Clinical Psychology Review*, 30, 25-36.

Leichsenring, F., & Leibing, E. (2003). The effectiveness of psychodynamic therapy and cognitive behavioral therapy in the treatment of personality disorders: a meta-analysis. *American Journal of Psychiatry*, 160, 1223-1232.

Leichsenring, F., & Rabung, S. (2008). Effectiveness of long-term psychodynamic psychotherapy: a meta-analysis. *Journal of the American Medical Association*, 300, 1551-1565.

Randomized control trial studies

- These studies represent the empirical basis for the effectiveness of a given treatment. RCT designs involve controlled comparisons between an active treatment and either an inactive (control) condition or another active condition such as an alternate treatment.

Bateman, A., & Fonagy, P. (2009). Randomized controlled trial of outpatient mentalization-based treatment versus structured clinical management for borderline personality disorder. *American Journal of Psychiatry*, 166, 1355-1364.

Clarkin, J. F., Levy, K., N., Lenzenweger, M. F., & Kernberg, O. F. (2007). Evaluating three treatments for borderline personality disorder: A multiwave study. *American Journal of Psychiatry*, 164, 922--8.

- Cooper, P. J., Murray, L., Wilson, A., & Romaniuk, H. (2003). Controlled trial of the short- and long-term effect of psychological treatment of post-partum depression. I. Impact on maternal mood. *British Journal of Psychiatry* 182, 412-419.
- Doering, S., Horz, S., Rentrop, M., Fischer-Kern, M., Schuster, P., Benecke, C., Buchheim, A., Martius, P., & Buchheim, P. (2010). Transference-focused psychotherapy v. treatment by community psychotherapists for borderline personality disorder: randomised controlled trial. *British Journal of Psychiatry*, 196, 389-395.
- McMain, S. F., Links, P. S., Gnam, W. H., Guimond, T., Cardish, R. J., Korman, L., & Streiner, D. L. (2009). A randomized trial of dialectical behavior therapy versus general psychiatric management for borderline personality disorder. *American Journal of Psychiatry*, 166, 1365-1374.
- Milrod, B., Leon, A. C., Busch, F., Rudden, M., Schwalberg, M., Clarkin, J., Aronson, A., Singer, M., Turchin, W., Klass, E. T., Graf, E., Teres, & J. J., Shear, M. K. (2007). A randomized controlled clinical trial of psychoanalytic psychotherapy for panic disorder. *American Journal of Psychiatry*, 164, 265-272.
- Salomonsson, B., & Sandell, B. (2011). A randomized controlled trial of mother-infant psychoanalytic treatment: I. outcomes on self-report questionnaires and external ratings. *Infant Mental Health Journal*, 32, 207-231.
- Svartberg, M., Stiles, T. C., & Seltzer, M. H. (2004). Randomized controlled trial of the effectiveness of short-term dynamic psychotherapy and cognitive therapy for Cluster C personality disorders. *American Journal of Psychiatry*, 161, 810-817.

Naturalistic (no control) and process studies

- Naturalistic designs do not involve randomization to comparison treatments and in many cases do not compare between groups (a within-groups pre-post design). These studies may add support for a given treatment for a particular population, but the lack of controlled conditions limits internal validity. However, naturalistic studies are more likely to mimic real-world clinical practice (higher external validity).
- Like naturalistic studies, process studies may involve quasi-experimental designs, or they may involve sophisticated correlational analyses.

Ablon, J. S., & Jones, E. E. (1998). How expert clinicians' prototypes of an ideal treatment correlate with outcome in psychodynamic and cognitive behavioral therapy. *Psychotherapy Research*, 8, 71-83.

Høglend, P., Amlo, S., Marble, A., Bøgwald, K. P., Sørbye, O., & Sjaastad, M. C., et al. (2006). Analysis of the patient-therapist relationship in dynamic psychotherapy: an

- experimental study of transference interpretations. *American Journal of Psychiatry*, *163*, 1739-1746.
- Knekt, P., Lindfors, O., Laaksonen, M. A., Renlund, C., Haaramo, P., Härkänen, T., & Virtala, E., et al. (2011). Quasi-experimental study on the effectiveness of psychoanalysis, long-term and short-term psychotherapy on psychiatric symptoms, work ability, and functional capacity during a 5-year follow-up. *Journal of Affective Disorders*, *132*, 37-47.
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- Lingiardi, V., Shedler, J., & Gazzillo, F. (2006). Assessing personality change in psychotherapy with the SWAP-200: a case study. *Journal of Personality Assessment*, *86*, 23-32.
- Perry, J. C., & Bond, M. (2009). The sequence of recovery in long-term dynamic psychotherapy. *Journal of Nervous and Mental Disease*, *197*, 930-937.
- Piper, W. E., Ogrodniczuk, J. S., & Joyce, A. S. (2004). Quality of Object Relations as a moderator of the relationship between pattern of alliance and outcome in short-term individual psychotherapy. *Journal of Personality Assessment*, *83*, 345-356.
- Pole, N., O'Connor, L., Ablon, J. S., & Weiss, J. (2002). Ideal control mastery technique correlates with change in a single case. *Psychotherapy: Theory, Research, Practice, Training*, *39*, 88-96.
- Wilczek, A., Barber, J. P., Gustavsson, J. P., Asberg, M., & Weinryb, R. M. (2004). Change after long-term psychoanalytic psychotherapy. *Journal of the American Psychoanalytic Association*, *52*, 1163-1184.

Long-term follow-up and cost-benefit studies

- Follow-up studies examine whether changes in treatment are sustained beyond the duration of the treatment itself. Many clinical trials to date have lacked examination of long-range follow-up outcomes for a range of treatment types. This is important due to the tendency for many mental health conditions to have high rates of relapse or recurrence.
- Cost-benefit studies examine whether treatment costs are offset by savings in health-care utilization and productivity. This is important because of the criticism of psychoanalytic treatment for being too lengthy, intensive, and expensive.

- Bateman, A., & Fonagy, P. (2008). 8-year follow-up of patients treated for borderline personality disorder: mentalization based treatment versus treatment as usual. *American Journal of Psychiatry, 165*, 631-635.
- Berghout, C. C., Zevalkink, J., Hakkaart-Van Roijen, L. (2010). The effects of long-term psychoanalytic treatment on health care utilization and work impairment and their associated costs. *Journal of Psychiatric Practice, 16*, 209-216.
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