

Annotated Bibliography of Sources Related to the Efficacy of Psychodynamic Psychotherapy

VAPS Research Committee

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Shedler, J. (2010). Getting to know me. Scientific American. Retrieved from www.jonathanshedler.com.

<http://www.jonathanshedler.com/PDFs/Shedler%20Scientific%20American.pdf>

This four-page article is aimed at a general audience and make the case, in relatively simple terms, for psychodynamic therapy. Shedler dispels caricatures of psychoanalysis and contrasts contemporary psychodynamic therapy with CBT. He includes seven distinctive features of psychodynamic therapy and the outcome research that shows psychoanalytic therapy outperforming CBT.

Shedler, J. (2010). The efficacy of psychodynamic therapy. American Psychologist, 65(2), 98-109.

<https://www.apa.org/pubs/journals/releases/amp-65-2-98.pdf>

Appearing relatively recently in the American Psychological Association's flagship publication, this article presents robust evidence that psychodynamic psychotherapy is as effective as other forms of treatment. There is also evidence that patients who receive psychodynamic therapy continue to improve after treatment ends.

Shedler presents multiple meta-analyses of psychotherapy outcomes research. A meta-analysis uses statistical methods to convert the results of multiple existing studies into a uniform metric and combine them into a single value, called an effect size. This conversion is necessary, because studies differ in terms of how they measure outcome. In psychotherapy research, for instance, one study might use a Beck Depression Inventory while another uses a set of MMPI scores. Effect size is a unit that is based on the standard deviation of the scores in a given study, regardless of what kind of scores they are. The standard deviation is the average amount that each score differed from the mean. An effect size of 1 means that in a given study, the score average participant that received the treatment was one standard deviation higher than the average participant that did not receive the treatment. The effect sizes of various studies can be averaged, providing one effect size that characterizes the average for the studies included in the meta-analysis.

One page 102, a table presents the meta-analyses that Shedler references. Though none of the meta-analyses can be compared directly, since they do not have identical parameters (they vary by the population being treated, how improvement was measured, length of treatment, and other variables), it is clear from looking at the effect sizes that the meta-analyses of psychodynamic treatments are on par with, and sometimes exceed, the effect sizes of other approaches.

Shedler engages in a clear discussion of the results of the meta-analyses. He also considers other issues pertinent to psychotherapy research.

Solms, M. (2017). The scientific standing of psychoanalysis. Retrieved from <http://atlantapsychoanalysis.com/2017/02/the-scientific-standing-of-psychoanalysis/>

<http://atlantapsychoanalysis.com/2017/02/the-scientific-standing-of-psychoanalysis/>

Mark Solms is a psychoanalyst and neuropsychologist. This source is an overview of a talk he gives on the neuroscientific evidence for psychoanalytic psychotherapy. His perspective provides a succinct and compelling argument for the psychoanalytic approach.

He contends that there are three core claims of psychoanalysis:

1. People are born with innate emotional needs (such as the need for attachment, play, and so on)
2. The cardinal task of development is to learn how to meet these needs and mental disorder arises from failures in meeting these needs
3. Most of our ways of meeting our needs are carried out unconsciously and they must be made conscious to rework them

Solms states that these premises are strongly confirmed by various scientific fields.

His second argument is that the methods of psychoanalysis are logically consistent with the core claims. In psychoanalysis, feelings are taken as meaningful indications of areas of difficulties in meeting needs (he calls these “deeply automatized action plans”). These difficulties are unconscious and must be made conscious in order to be reconsolidated. Making these action plans conscious is achieved through interpreting the derivatives of their functioning, often in the transference.

Burkeman, O. (2016). Therapy wars: The revenge of Freud. *The Guardian*. Retrieved from www.theguardian.com.

<https://www.theguardian.com/science/2016/jan/07/therapy-wars-revenge-of-freud-cognitive-behavioural-therapy>

In this piece of long-form journalism, Burkeman explores the debate between CBT and psychoanalysis. He examines evidence that challenges the narrative that CBT has empirical validation on its side, while psychoanalytic therapies do not. In addition to considering research, Burkeman examines the history and philosophical underpinnings of the two approaches. This is an entertaining and informative read and is a suitable one for readers who are unfamiliar with the territory.

Cortina, M. (2010). The future of psychodynamic psychotherapy. *Psychiatry*, 73(1), 43-56.

<https://pdfs.semanticscholar.org/b6e7/e3ac6c7faea6026a5b8b53db2e669f32a561.pdf>

Cortina argues that psychoanalytic practitioners have insufficiently engaged with empirical research in order to validate their approach. In a preliminary effort to address this shortcoming, he outlines basic assumptions of the psychoanalytic approach and then provides empirical evidence for them. He also considers outcome research for dynamic therapy.

Menand, L. (2010). Head case: Can psychiatry be a science? *The New Yorker*. Retrieved from www.newyorker.com.

<http://www.newyorker.com/magazine/2010/03/01/head-case-2>

This article raises questions about the nature of so called mental disorders, psychiatric diagnosis, and treatment with psychopharmacology. Psychotherapy is only mentioned briefly.

de Maat, S., Philipszoon, F., Schoevers, R., Dekker, J., De Jonghe, F. (2007). Costs and benefits of long-term psychoanalytic therapy: Changes in healthcare use and work impairment. *Harvard Review of Psychiatry*, 15(6), 289-300.

https://www.researchgate.net/publication/5750977_Costs_and_Benefits_of_Long-Term_Psychoanalytic_Therapy_Changes_in_Health_Care_Use_and_Work_Impairment

This article examines effectiveness of long-term psychoanalytic therapy on healthcare use and work impairment in adult outpatients by looking at cost of treatment compared to financial gains. Gathering data across 7 studies involving 861 patients, researchers of this study found that long-term psychoanalytic therapy substantially reduces healthcare use and sick leave during and after treatment, counterbalancing the cost of therapy at approximately 3 years post-treatment.

Fonagy, P., Rost, J., McPherson, S., Thomas, R., Pasco Fearon, R. M., et. al. (2015). Pragmatic randomized controlled trial of long-term psychoanalytic psychotherapy for treatment-resistant depression: The Tavistock adult depression study (TADS). *World Psychiatry* 14(3), 312-321.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4592654/>

This study used a randomly controlled trial to test the effectiveness of long-term psychoanalytic psychotherapy (LTPP) versus treatment-as-usual at the Tavistock Clinic. Patients (N=129) with treatment resistant major depression were randomly assigned to the two treatment conditions and assessed at 6-monthly intervals over 18 months of treatment, and at 24, 30, and 42 months post-treatment follow-up. No significant differences were found between the groups at the end of treatment. However, significant differences were found during follow-up (24 months: 38.8% vs. 19.2%, $p=0.03$; 30 months: 34.7% vs. 12.2%, $p=0.008$; 42 months: 30.0% vs. 4.4%, $p=0.001$). This study found LTPP to be useful in improving the long-term outcome of treatment resistant depression. It also suggests that end-of-treatment evaluations or short follow-ups may miss the emergence of delayed therapeutic benefit.

Leichsenring, F. & Rabung, S. (2008). Effectiveness of long-term psychodynamic therapy: A meta-analysis. *JAMA* 300(13), 1551-1565.

<http://www.bgsp.edu/wp-content/uploads/2014/08/Leichsenring-Rabung-JAMA-2008-Effectiveness-of-LT-Psychodynamic-TX.pdf>

This meta-analysis of 23 studies (N=1053) examined treatment outcome of long-term psychodynamic psychotherapy (LTPP). Results indicate that after LTPP, patients with complex mental disorders, on average, had better outcomes than 96% of patients in comparison groups ($p=0.002$).

Leichsenring, F., Leweke, F., Klein, S., Steinert, C. (2015). The empirical status of psychodynamic psychotherapy - An update: Bambi's alive and kicking. *Psychotherapy and Psychosomatics* 84, 129-148.

This study followed rigorous criteria outlined in The Task Force on Promotion and Dissemination of Psychological Procedures in order to demonstrate psychodynamic therapy (PDT) as an efficacious, empirically supported therapy. Using 39 RCTs and manualized treatment guidelines, this study concluded that there is a strong evidence base for PDT in a wide range of common mental disorders, such as major depressive disorder, social anxiety disorder, borderline and heterogeneous personality disorders, somatoform pain disorder, and anorexia nervosa. The study showed that PDT is possibly efficacious for dysthymia, complicated grief, panic disorder, generalized anxiety disorder, and substance use/dependence. Sufficient

evidence was not yet found in this study for PDT to treat obsessive-compulsive, posttraumatic stress, bipolar and schizophrenia spectrum disorders.

Leichsenring, F., Abass, A., Luyten, P., Hilsenroth, M., & Rabung, S. (2013). The emerging evidence for long-term psychodynamic therapy. *Psychodynamic Psychiatry* 41(3), 361-384.

https://www.researchgate.net/publication/256423998_The_Emerging_Evidence_for_Long-Term_Psychodynamic_Therapy

This study was a response to a challenge to a previous meta-analysis that showed the efficacy of long-term psychodynamic psychotherapy (LTPP). The authors first debunked the findings of the opposition done by Smit et al. by showing that they compared LTPP to other forms of long-term therapy, showing that it was as efficacious as other forms of long-term therapy. A new meta-analysis, including more RCTs than the first, corroborated the previous findings that LTPP is found to be significantly superior to shorter forms of therapy.

Wallerstein, R. S. (2014). Psychoanalytic therapy research: A commentary. *Contemporary Psychoanalysis* 50(1-2), 259-269.

In this paper, Wallerstein explores clinician's responses to both qualitative and quantitative methods of research in psychoanalysis following Irwin Hoffman's (2009) article in which he argues that objective empirical research should not be privileged over traditional subjective intensive case study.

Siegel, D. & Sroufe, A. (2011). The case for attachment theory: The verdict is in. Pulled from <http://www.drdansiegel.com/uploads/1271-the-verdict-is-in.pdf>.

Dan Siegel, a leading interpersonal neurobiologist at UCLA, presents his findings of "overwhelming empirical support" for the fact that early experience is a powerful force in development.

"Long before children have the language and conceptual tools to process experience, negative or even traumatic patterns of interaction are incorporated in the brain, the functioning of their psyche, and even in the molecules that control the expression of their genes. Therefore, people can get "lost in familiar places" as they continually recreate their earliest patterns of interaction across the lifespan. One role of a therapist is to bring awareness to such patterns and then intentionally create new pathways for clients to take as they unlearn their long-established habits (p.9)."