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EFFECTIVENESS OF PSYCHOANALYTIC PSYCHOTHERAPIES

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effectiveness of psychotherapy,
psychoanalytic/psychodynamic psychotherapy,
evidence- based medicine

Summary

Psychotherapies stemming from psychoanalysis, broadly described as psychoanalytic and/or psychodynamic therapies, for many years have been extensively applied as one of leading methods of psychological help. In spite of its widespread prevalence, psychoanalytic psychotherapies are often challenged with allegations regarding its ineffectiveness in treating mental disorders. The aim of this article is to provide an up-to-date review of outcome studies in psychoanalytic psychotherapy. Data presented in the review includes systematic monographs, examples of recent meta-analytic research and findings from clinical RCT research conducted in line with evidence – based medicine approach. The body of research conducted with valid methodology, on adequate samples, with the presence of control groups and comparable groups treated with other therapeutic methods, unanimously suggests that psychoanalytic approach is as effective as any other empirically acknowledged psychotherapeutic perspective. The review is supplemented by additional data from observatory research and a comment on most recent trends in psychotherapy effectiveness research.

Introduction

The aim of this brief review of research on effectiveness of psychoanalytic psychotherapy is foremost the actualization of knowledge regarding empirical studies and spreading the access to this data. Studies conducted in 1950s by Hans Eyesenck [1] on effectiveness of psychotherapies, including psychoanalysis, suggested that psychoanalysis' effectiveness is comparable to placebo. Many critics of effectiveness of psychotherapies based on unconscious mind still cite these anachronistic findings. There is also a widespread conviction that therapeutic approaches based on unconsciousness (i.e. various variants of psychoanalytic psychotherapies) are not grounded by any empirical research meeting standards of *evidence-based medicine*. Lack of knowledge or access to recent findings have led to "retreat" of psychodynamic psychotherapies in health care systems in some European countries [2]. Recent years seem to bring some change in this matter, which might be a result of better access to research outcome data and meta-analyses which suggest that psychoanalytic psychotherapies are at least as effective as other approaches and might also be better suited to some disorders than other therapies.

What are psychoanalytic psychotherapies

Psychoanalytic psychotherapy is one of contemporary psychotherapeutic methods. It stems from classic psychoanalysis, the first "talking therapy" invented by Sigmund Freud at the break of XIX and XXth centuries. Modern psychoanalytic psychotherapies constitute a diverse group of therapeutic approaches (eg. long term psychoanalytic psychotherapies with various degrees of intensity, less intensive or shorter psychoanalytic or psychodynamic treatments, brief forms of psychotherapy or even manualized "treatment protocols", like Dynamic Interpersonal Therapy [3] or Transference Focused Psychotherapy [4]), but two most important features allow to include them in a common group. These are: 1) acceptance of unconscious mental content; 2) clinical focus on understanding and exploring unconscious content through meeting of patient and therapist [5].

Psychoanalytic therapies are based on a complex system of theories regarding dynamic unconsciousness; sexuality and intimate relationships; drives and relational needs; human development; defense mechanisms and structure of mind. In spite of theoretical differences between various schools, psychoanalytic psychotherapists apply generally common technique of work, which includes: focus on affect; exploring ways of expressing disturbing thoughts and emotions; defining recurring patterns and emotions; discussing past experiences in developmental perspective; focus on interpersonal relations; emphasize on therapeutic relationship [6]. Regarding work technique psychoanalytic psychotherapies seem to constitute quite homogeneous method of clinical treatment.

In general literature terms of "psychoanalytic psychotherapy" and "psychodynamic psychotherapy" are most often treated as equivalents, which might result from abovementioned common principle of accepting an idea of dynamic unconsciousness, i.e. phenomena that we are not aware of, even though they influence our experience and behaviour. In this article we adapt similar perspective and decide to describe this broader category of psychotherapeutic perspectives as "psychoanalytic psychotherapies", treating this term synonymously with "psychodynamic psychotherapies".

Fonagy, a psychoanalyst with extensive research interest in effectiveness of psychotherapy, applies a general term "psychodynamic therapy", which he defines as "a stance taken to human subjectivity that is inclusive and aimed at a comprehensive understanding of the interplay between aspects of the individual's relationship with his/her environment, whether external or internal". In his work he equals "psychoanalysis" (classical psychoanalytic treatment, 4-5 meetings a weekend) with an "intensive, long-term psychodynamic therapy" [2, p. 130].

Leichsenring and Rabung, authors of extensive meta-analyses of effectiveness of long-term psychoanalytic/psychodynamic psychotherapies, in a similar manner declare that they included therapies described as "psychodynamic", "dynamic", "psychoanalytic", "focused on transference" [7,

s. 1552]. We underline this perspective due to specific tendency of Polish therapists to emphasize differences between “psychodynamic” and “psychoanalytic” approach. While we don’t neglect clinical nuances, supporting such division, in this article we include both approaches into one common category.

As an aside, it is worth noting that variety of psychoanalytic theoretic schools is also accompanied by differences between styles of work of individual therapists. Factors which constitute a general term of “psychoanalytic psychotherapies” might concern more general features, as each therapy (even manualized ones) is a different process, as each patient and each therapists are unique individuals. It seems that psychoanalytic perspective accepts this inevitable truth a bit more than approaches which develop a hope for conducting psychotherapy strictly by the rules of fixed, repeatable “procedure” for every therapist and patient.

General notes on psychotherapy effectiveness research

An attempt at defining psychoanalytic psychotherapies’ effectiveness requires introducing some basic definitions. According to the Polish Language Dictionary [8, p. 251] effective, it is "giving the desired results" or "one whose activity brings results". In English scientific literature the idea of effectiveness is split into two different English terms: *efficacy*, which describes a degree of treatment’s success in introducing desired effects in ideal circumstances, e.g. in randomized, controlled trial; and *effectiveness,* which describes treatments’ success in introducing desired effects in real wold or standard clinical setting.

So what can be understood by term “desired effects” of psychotherapy? The answer is not as clear as it might seem. Desired effects of psychotherapy turns out to be a complex idea consisting of various factors [9]. A specific perspective might influence one’s vision of desired effect. A good example of varying perspectives comes from a therapy of adolescents: a young patient can seek relief from his suffering, without any additional understanding; his therapist might attempt to introduce his own vision of treatment, which might be quite ambitious; patient’s family might wish the adolescent to behave in a gentle manner, clean his room and attend school; while the person responsible for paying therapy’s cost might desire the treatment to be as brief as possible.

Another factor which influences the variant of desired effect are the criteria of measuring effectiveness. For many decades researches have adopted the stance of comparing symptoms before and after the psychotherapeutic treatment. Less common perspective focuses on patient’s functioning before and after the therapy. Even less popular approach emphasizes patient’s experience of psychotherapy.

The variant of “desired effects” of psychotherapy is also the result of methodology of research. In psychotherapy effectiveness research there is a primacy of quantitative research, though it might

be disputable whether psychotherapy, being an enterprise which intersects many sciences (social, humanistic, medical), can be adequately described by a quantitative model. On the other hand, quantitative approach, with all its flaws, seem to be a necessary way to communicate with broader academic world.

Yet another factor which shapes the vision of desired effects is the goal of conducting effectiveness research. Sometimes research is aimed at defining best ways of relieving patients' suffering, sometimes it is intended to demonstrate one approach's primacy over another, and sometimes it might be a form of gathering evidence to convince authorities to fund specific services. Each variant might influence the vision of "desired effects" and the structure of research.

The vision of "desired effects" in psychotherapy effectiveness research is most often based on quantitative methodology and measuring symptoms. As we suggested above this is not the only possible way of conceptualizing psychotherapy effectiveness, though this review by necessity will be firmly grounded in this most common context. Nevertheless we would like to point out some serious limitations of quantitative comparison of symptom factors. Psychotherapy effectiveness research is flawed by heterogeneous groups of patients, differences in therapists' education and competences and varying clinical settings. Researches also differ in their ways of defining and measuring effectiveness of psychotherapies. Review of psychotherapy effectiveness research suggests that in various studies over 800 measurement method were used. Most common of these methods, Beck's Depression Inventory, was used only in 8% of research projects [10]. Such a huge number of methods might suggest that selection of method is researchers' subjective decision and that effectiveness is measured by tools with varying psychometric quality.

General conclusions based on contemporary research on psychotherapy effectiveness suggest that psychological therapies are an effective method of treating mental disorders. Psychotherapy – both in isolation and combined with pharmacotherapy – is more effective than placebo and psychotherapies are at least as effective as drugs. Psychotherapy can also increase beneficial effects of pharmacotherapy [11-14].

The debate on defining more and less effective psychotherapeutic approaches continues, though it loses some impetus recently. Advocates of so called common factors hypothesis claim that particular therapeutic modality is responsible only for 8% of effect size, while factors common for all therapies – for 70% [15]. There is also an opposing party that underlines results of particular outcome research studies, which suggest differences between therapeutic modalities or lack of any effectiveness research in some approaches. Even if one adopts this latter stance and emphasizes the need to explore effectiveness of specific therapies, psychoanalytic psychotherapies are legitimated by a substantial body of empirical evidence for its effectiveness. It needs to be added, though, that this body of evidence was created mainly in recent years.

Famous critic of psychoanalysis, formulated by Eyesnck in 1950s, proved that without empirical evidence psychoanalytic psychotherapies can become defenceless when confronted with allegations of little or no positive influence on patients or even of being harmful. Next decades brought a spectacular success of cognitive-behavioural approach, which was in its principles grounded in effectiveness research. Psychoanalytic psychotherapists realized that straying away from empiric dialectic might equal becoming an anachronistic perspective. In last 30 years research on effectiveness of psychoanalytic psychotherapies gradually blossomed.

What follows is a brief review of most important monographs and studies and a number of examples of research on effectiveness of psychoanalytic psychotherapies.

Systematizing publications and research reviews

Peter Fonagy, a British psychoanalyst, is an author of one of the most important monographs on effectiveness of psychoanalytic psychotherapies. In *An open door review of outcome studies in psychoanalysis* [16] Fonagy included over 80 research projects focused on effectiveness of psychoanalysis (26 studies) and analytic psychotherapies (55 studies). Author claims that: "There is no doubt that psychoanalytic research is a late starter relative to other schools. It is nevertheless impossible to ignore the fact that whenever the effectiveness of the method is fairly and appropriately assessed, it yields effect sizes comparable with other therapeutic approaches". [16, p. ix].

To exemplify a type of studies included in the review we give a single example taken from the monograph.

Sandell et al. [17] presented findings from a research project on effectiveness of psychoanalysis and psychoanalytic psychotherapy, conducted since 1988 in Sweden. In their cohort-type study researchers included 765 subjects (of which 418 patients filled in all the questionnaires). Subjects were divided into groups treated with long term psychoanalytic psychotherapy (331 patients, therapies at least 3 years long, 1-2 sessions/week), psychoanalysis (74 subjects, treatments at least 3 years long, 4-5 sessions/week) and brief psychodynamic treatment (this group was to small in number to make statistical analyses: 13 subjects).

At the moment of ending treatments, all groups showed a significant improvement in symptoms of psychopathology, measured by SCL-90 (*The Symptom Checklist 90*). Patients entered treatments with *general severity index* (GSI) at 1.1 on average (which means psychopathology in reference norms) and terminated treatments with GSI at 0.8 on average (which means clinical norm in reference norms). Follow-up study, conducted 3 years after ending treatments, has shown further reduction of GSI: to value as low as 0.4 on average in group treated with psychoanalysis (PA) and 0.8 on average in group treated with long term psychoanalytic psychotherapy (LTPP). Average effect size

in PA group reached 1.55, while in LTPP group – 0.6.

Fonagy's review [16] includes detailed descriptions of over 80 projects conducted with scope similar to cited example, thus forming a solid background for further exploration of effectiveness of psychoanalytic psychotherapies. In 2015 an updated version of *Open door review of outcome studies* was published, which included more recent studies [18].

The most recent appendix to Fonagy's monograph is his article published in *World Psychiatry* [2]. Fonagy included findings from next decade and put emphasize on meta-analyses and RCT (randomized control trials) research (which will be discussed in next paragraphs). He notes that: "Comparisons with inactive controls (waitlist, treatment as usual and placebo) generally but by no means invariably show PDT to be effective for depression, some anxiety disorders, eating disorders and somatic disorders (…). The strongest current evidence base supports relatively long-term psychodynamic treatment of some personality disorders, particularly borderline personality disorder" [2, p. 137]. Fonagy suggests to: „The present review recommends abandoning the inherently conservative strategy of comparing heterogeneous "families" of therapies for heterogeneous diagnostic groups. Instead, it advocates using the opportunities provided by bioscience and computational psychiatry to creatively explore and assess the value of protocol-directed combinations of specific treatment components to address the key problems of individual patients". [2, p. 137].

In addition to Fonagy's work it is worth to note a systematizing review of long term psychoanalytic psychotherapy conducted by Maat and her co-workers [19]. Maat explored findings from 27 studies, forming a combined group of 5063 patients. In both moderate and severe disorders average size effects reached 0.78 at the moment of ending the treatment and 0.94 in follow-up studies. Matt concludes that data she collected: "suggests that LPT is effective treatment for a large range of pathologies, with moderate to large effects".

In recent years there is an increasing influx of reviews and systematizing publications on effectiveness of psychoanalytic or psychodynamic psychotherapies, which form an accessible and growing body of evidence [20-22].

RCT research and meta-analyses

Randomized controlled trials (RCT) are considered a golden standard in contemporary research on treatment effectiveness. Subjects are randomly assigned to group that receives treatment or to control group (placebo or waiting list). Other conditions are the same for all subjects in both groups. Such procedure is intended to precisely define casual relations and prove isolated effects of a particular treatment.

One example of RCT in psychotherapy research might be a study of researchers from Helsinki [23]. Their project included 326 subjects, randomly assigned to therapy group or control group. In

therapy group three methods were applied: Solution Focused Brief Therapy (SFBT, ca 10 sessions in 8 months), short term psychodynamic psychotherapy (STPP, ca 20 sessions in 6 months) and long term psychodynamic treatment (LTPP, ca 230 sessions in 31 months). Patients' symptoms were measured by Beck's Depression Inventory after 3, 7, 9, 18, 24 and 36 months from beginning of treatments (including follow-up research). An average high effect size was noted in all groups: 0.8 to 1.5. After a year since starting treatment depressive symptoms in SFBT and STPP groups were reduced significantly more that in LTPP group. In second year those differences disappeared, while in third year since starting treatment improvement was significantly higher in LTPP group.

Another study, a continuation of Helsinki Psychotherapy Project [24], included also patients treated with psychoanalysis: 3-5 sessions/week for 5 years on average. Subjects were not randomly assigned into psychoanalysis group: they chose the method. Patients who decided to undergo psychoanalysis were significantly more educated and self-critical than other groups and did not use pharmacotherapy. They experienced higher degree of anxiety and presented lower sense of integrity and well-being, higher reflectivity and better motivation for treatment. Consistently with an earlier study, in first year of treatments subjects in short-term therapies scored 15-27% lower on questionnaires measuring depression and anxiety. In second year no differences were noted, while in third year psychodynamic treatment was significantly more effective (by 14-37%) than other groups. Psychoanalysis proved to be the most effective in fifth year – the last year of treatment. Results of this study suggest that short-term therapies might bring faster improvement, while long-term therapies show significantly higher effectiveness in the long run.

One study worth noting among most recent research is the cooperative project of University College London and Tavistock Clinic: Tavistock Adult Depression Study [25]. Researchers focused on effectiveness of psychoanalytic psychotherapy in treating treatment-resistant depression (a depressive condition which was unsuccessfully treated with at least two other methods). This study included 129, randomly assigned to control group, receiving treatment-as-usual (TAU), and long-term psychoanalytic psychotherapy group (LTPP). At the termination of treatment subjects in both groups noted low percentage of total remission, while partial remission did not differ significantly between groups (32,1% in LTPP group and 23,9% in TAU group). Symptoms were measured mainly with Hamilton's and Beck's scales.

Significant differences surfaced after ending the treatments, as follow-up research shown. Subjects in LTPP scored significantly higher in remission levels: after 24 months of terminating the treatment, remission in this group prevailed in 38,8% of subjects (compared to 19,2% in TAU group, $p=0.03$); after 30 months numbers were respectively: 34,7% vs 12,2% ($p=0.008$) and after 42 months 30% and 4,4% ($p=0.001$).

Such results might suggest that multidimensional process of psychoanalytic psychotherapy

allows for better understanding of one's emotions, which might lead to higher level of prevalence of gains in psychotherapy and further development of reflective, beneficial attitude after terminating the treatment.

In recent 15 years many RCT studies on effectiveness of psychoanalytic psychotherapies were conducted, which adds gravity to empirical evidence in this area. Increasing number of studies with similar methodology allowed for meta-analyses, which are designed to compare particular RCT research findings and formulate more general conclusions. Meta-analyses of RCT research might be one of the most convincing empirical studies in quantitative paradigm and symptomatic perspective. The results of most thorough and methodologically valid meta-analyzes of studies on psychoanalytic psychotherapies research were published by Leichsenring [26] (no significant differences between effect sizes in groups treated with short-term psychodynamic therapy, cognitive-behavioural therapy and behavioural therapy), Leichsenring, Rabung and Leibing [27] (average effect size of short term psychodynamic treatment at 0.8-1.39), Cujipers et al. [28] (no significant differences between effectiveness of psychoanalytic psychotherapy and other approaches in treating depression) or Leichesnring and Rabung [7] (described in detail in following paragraph). Generally, results of meta-analyses support the view that psychoanalytic psychotherapies are an effective method of treatment, characterized by moderate to high effect sizes. What follows is an example of meta-analytic research.

Leichsenring and Rabung [7] conducted a meta-analysis of research on effectiveness of "long term psychodynamic treatment" (LTPT), which was additionally defined as a treatment of at least 1 year or 50 sessions. Their analysis included 23 studies: 12 RCT studies and 11 cohort-type studies; global population of meta-analytic study amounted to 1053 subjects.

Meta-analysis proved that LTPT is significantly more effective than shorter therapies in area of "general effectiveness", "addressing crucial issues" and "personality functioning". After ending LTPT, an average of 96% subjects with severe disorders (chronic and multiple disorders) suffered less intense symptoms than subjects in control group (ie. after finishing shorter therapies). In sub-group of 274 patients suffering from anxiety and depression effect size for LTPT reached 0.99 to 1.3.

Observational researched

RCTs and meta-analyses can be supplemented by interesting data from observational research, which might appeal especially to practitioners in health care systems. An example of such study is a Quality Assurance of Psychotherapy in Sweden (QAPS) [29]. Therapies offered in public mental health clinics – cognitive behavioural therapies, psychodynamic therapies, psychoanalysis, integrative therapies, systemic therapies and art therapies – were categorized into three main groups: coginitive-behavioural (CBT), psychodynamic (PDT) and integrative (INT). Research was conducted on 180 patients treated by 75 therapists. The most common therapy was a psychodynamic therapy

(PDT), offered to 118 patients (65.6%), followed by CBT (31 patients, 17.2%) and integrative (31 patients, 17.2%). Outcome of treatment in area psychic and physical health did not differ between groups. It's worth noting, though, that groups differed slightly regarding problems observed by therapists. CBT therapists perceived lower frequency of interpersonal problems in their patients (67.7%), compared with PDT therapists (92.4%) and INT therapists (96.8%), which corresponds with Stiles' findings [29]. Patients of CBT therapists were perceived as having less problems with self-esteem (67.7%), compared with PDT patients (92.4%) and INT patients. Patients of CBT therapists were also perceived as having generally less problems than other patients. CBT therapists tended to generally diagnose their patients more often than other therapists, and formulated anxiety disorders diagnoses more often than other therapists. PDT therapists diagnosed their patients with affective disorders more often than other therapists, and INT therapists diagnosed their patients generally less often than other groups. CBT patients received pharmacotherapy more often. In case of 12% patients no psychiatric diagnose was formulated, which is an often occurrence in clinical practice. Before applying treatment, 72-85% (varying upon used measures) were qualified as "disfunctional", while after treatment 38-84% (again varying upon used measures) moved to "healthy" group. Psychotherapy proved to be effective form of treatment for most of the patients. No significant differences regarding effectiveness were observed between particular approaches, lengths of treatment or individual therapists' influence. Similar study was conducted in Great Britain (*Clinical Outcome In Routine Evaluation*; CORE) with similar findings: no significant differences between effectiveness of particular theoretical approaches to psychotherapy [30].

Discussion

If recent decades brought various empirical evidence for effectiveness of psychoanalytic psychotherapy, why is this issue still controversial? Some reasons might stem from attitude of psychoanalytic psychotherapists themselves. A number of therapists seem to focus solely on individual clinical phenomena, while others express direct reluctance towards quantitative research, considering this perspective a reductionist and harmful approach, leading to oversimplifications and biases in assessing a complex therapeutic process. Moreover, in spite of growing body of evidence, many practitioners are not aware of its existence, thus cannot refer to it while discussing effectiveness issues with other specialists or public opinion.

There also seem to be additional, more complex problems in exploring the effectiveness of psychoanalytic treatments. As noted earlier, definition of effectiveness requires to specify a "desired effect". Psychoanalytic approach had formed varying conceptions of an aim of treatment, e.g. relative freedom to experience achievements and happiness; a development of genitality; adaptation to reality; sufficient, independent ego functioning; forming stable relationships with objects; developing a desire

for parenthood; enjoying a healthy narcissism [31]; a mitigation of splitting; developing a true self; construing better narrations; confronting limits to desires [32]; and so on.

Despite such diversity of therapeutic aims, it can be generally said that the specific characteristic of psychoanalytic approach is its focus on the process of mental change rather than on reduction of symptoms alone. All variants of treatment aims listed above seem to emphasize the role of degree and stability of mental change. Paying close attention to transference, a specific feature of psychoanalytic therapies, combined with repetitiveness of treatment, allows for continuous monitoring of degree and stability of change, while ongoing dialogue with patient helps to clarify possibility and scope of further change. If effectiveness is conceptualized on such terms, some change would be required regarding both methodology (i.e. supplementing quantitative research with qualitative approach) and object of study (more attention should be paid towards a process of mental change, not only a reduction of symptoms). Recent years brought some psychoanalytic studies conducted from such perspective: qualitative studies of process of change from patient's point of view [33]; research on "referential process", which activates various levels of awareness and areas of brain during psychotherapy session [34]; relationship between metalizing capacities and benefiting from therapy of personality disorders [35]. This perspective, alongside with incorporating neuroscientific findings, as Fonagy advocates, might prove to be the most creative and prolific direction of further research on effectiveness of psychotherapy.

Summary

Contemporary research on psychotherapy is less focused on proving differences between effectiveness of particular methods. Point of urgency is set rather on specific parameters of therapy, especially on question of "*what works for whom*": e.g. how genetics, early experience or moment of onset of illness might affect the outcome of treatment [36-37]. However, the single most important task might be the dissemination of current empirical findings, which not only authorize psychoanalytic and psychodynamic psychotherapies as an evidence-based method, but also seem to suggest – by introducing, among other phenomena, repeatable "*sleeping effect*" – that psychoanalytic approach might serve patients to develop relatively stable competency in coping with future changes, crises and relationships.

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