

Psychoanalytic Psychotherapy – Does it work? What is the Evidence of Effectiveness?

(This is a greatly shortened version of an article appearing in The Institute of Psychoanalysis's News and Events pamphlet 2007 by DrTrudie Roussouw .) Editor: [] indicates words have been changed from the original article in order to facilitate understanding in this abbreviated version.

The mental health climate today is dominated more and more by the expectation that treatment should be based on sound evidence that the treatment offered is effective. This, in itself, is a very plausible argument, and indeed, if compared to medicine, which of us would like to be given medication for say, blood pressure, if there were not sound evidence of the effectiveness of the medication.

Although the argument is plausible, difficulties arise from how 'evidence of effectiveness' is measured. In medicine evidence is only seen as scientifically sound if it has been tested via randomised control trials with significant enough sample sizes for the trial to deliver statistically relevant results. These same principles are adopted in the field of mental health in the quest for evidence. Some therapeutic interventions, such as CBT, which is manualised and hence much easier to standardise and measure, lend themselves more to the randomised control technique. Psychoanalytic intervention, is not based on a manual, but on the delicate understanding of the texture of the relationship between the patient and the [therapist].

In empirical research one of the requirements is to control confounding variables, otherwise it is difficult to say with certainty which factors were responsible for the outcome. The majority of mental health difficulties are not as 'pure' as they are wished for in terms of empirical study methods. In reality, there is often a high degree of co-morbidity present, and given that most evidence is often based on single disorders, when dealing with co-morbidity, the evidence may therefore not apply. With regards to brief therapy, the assumption is that a brief intervention can bring about change, **but in reality clinicians are familiar with the entrenched nature of some psychopathology, which implies a resistance to change – especially in the short term.**

The above arguments illustrate the difficulty psychoanalytic treatment methodology has with fulfilling the criteria for empirical research as described above . . .

The absence of evidence for psychoanalytic treatment should not, however, be confused with evidence of ineffectiveness.

The worry is that CBT would be adopted by default because of its research and marketing strategies rather than its intrinsic superiority. . . .'

(Dr Roussouw outlines about 20 trials that have been undertaken comparing short term dynamic psychotherapy and CBT in the treatment of depression and anxiety. The two forms of treatment showed similar efficacy. She also describes some research in Sweden involving 756 people which suggests that the longer and more intensive the treatment the more likely it is that there be a long term improvement in symptoms without reverting back to illness again later.)

She summarises as follows:

'although the difficulty with the empirical method with regard to psychoanalysis is clear to understand, it is hopeful to see that regardless of the difficulties it was possible for some studies to be conducted, which illustrate that:

analytic work in the longer term is not only effective, but somehow seems to continue to lead to improvement even after the termination of the therapy.'

With an analytic hat on, these results can be understood in the following terms: In a successful [psychoanalytic psychotherapy] one of the outcomes of the [therapeutic] experience for the patient would be the internalization of the [therapist] as a good [person in the client's internal world.] This means that the client would be able, in a time of stress, to recall the encounter with the [therapist] and that the memory of the experience would help the patient cope with the stressful situation by making use of their own inner resources, which were released to them through the [therapeutic] experience.'

From an article by: Dr Trudie Rossouw, (Psychoanalyst, Consultant Child and Adolescent Psychiatrist, Associate Medical Director of Specialist Services in her NHS Trust.) A copy of the full article, including references, is available, free, from A.P.E.L. We are grateful to Ms Rossouw for her permission to print these extracts.