Chapter 1
Commentary: Research on Short- and Long-Term Psychoanalytic Treatment – The Current State of the Art

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It is a great pleasure to have the opportunity to read and comment on the chapters in this section. Some of the chapters provide superb summaries and updates on innovative psychoanalytic research programs. Others provide comprehensive reviews of the research on the psychoanalytic treatment of specific disorders. Together, they constitute an immensely satisfying summary of state-of-the-art research findings on psychoanalytic process and outcome.

The section begins with Jonathan Shedler's already classic *American Psychologist* article on the efficacy of psychodynamic therapy (Chap. 2). This masterfully written chapter summarizes the results of eight meta-analytic reviews of the research on the efficacy of psychodynamic therapy and concludes that the effects sizes for psychodynamic treatments are as large as those reported for other therapies that have been promoted as empirically supported, including cognitive-behavioral therapy. He also concludes that the evidence indicates that patients receiving psychodynamic treatment maintain therapeutic gains. Moreover, existing evidence suggests that these gains continue to increase after treatment ends. Shedler also reviews some of the more promising research on the efficacy of psychoanalytically oriented treatments of borderline personality (a more in-depth and extensive review of this research can be found in Chap. 8).

While none of the research reviewed in this chapter is new, Shedler has made a tremendously important contribution to the field by summarizing it all in one place, and by demonstrating the skill and persistence necessary to navigate his way through what we happen to know was a rather rigorous and arduous review process, likely to have been influenced by the fact that his conclusions challenge the accepted/received view. The compelling narrative constructed by Shedler, in combination with the widely read nature of *American Psychologist*, have already led to widespread attention and stirred up considerable controversy.

Shedler's chapter is followed by Rabung and Leichsenring's chapter (Chap. 3) that includes a review of their widely cited *Journal of the American Medical Association* (*JAMA*) meta-analysis on studies of long-term psychodynamic therapy (LTPP) [1], followed by a review of various critiques of their meta-analysis published in the form of letters submitted to *JAMA*, and their responses to them. The original meta-analysis included 11 RCT studies and 12 quasi-experimental studies. All patients in the studies were diagnosed with either personality disorders or chronic and/or multiple mental disorders. Their rationale for including only studies with patients meeting these criteria was

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that it is precisely for this particular population that longer-term psychodynamic treatment is likely to be indicated (as opposed to less difficult or chronic cases that may benefit from short-term treatment). They concluded that the studies included in their review showed large and significant effect sizes across a wide spectrum of outcome domains and that LTPP is both effective and superior to less intensive or shorter-term therapies for this patient population.

This is the first time the critiques of the original *JAMA* meta-analysis and the authors' responses to them have all been assembled in one place, and the final product makes for compelling reading. Since both sides of this controversy are well detailed in the Rabung and Leichsenring chapter, we leave it to the reader to review the chapter carefully and draw his or her own conclusions. We would, however, like to commend Rabung and Leichsenring for their careful consideration of the critiques and their careful, thorough, and well-reasoned responses to them.

In an era when the prevailing wisdom tends to be that short-term treatments are appropriate for all conditions and that longer-term treatment is neither necessary nor cost effective, the compelling results of the meta-analysis described in Rabung and Leichsenring's chapter as well as their response to their critics are particularly timely. It is important to bear in mind, however, that the studies included in it are "long term" *relative* to the majority of treatments included in randomized clinical trials. Treatments of the duration and intensity of the studies included in this meta-analysis may well be closer to the norm to many treatments conducted in the real world (e.g., see Westen and colleagues [2]) than the type of short-term therapy typically studied in randomized clinical trials. But what about longer-term, intensive, psychoanalytic treatment? Because of the logistical and methodological problems associated with studying this type of treatment, it is rare to find studies that are not naturalistic in nature or that have reliable measures administered at intake, termination, and follow-up intervals. The next two chapters summarize important attempts to fill this niche.

The Huber et al. (Chap. 4) is a unique contribution to the literature providing one of the most compelling sources of evidence to date that long-term psychoanalysis has unique benefits. Although both Seligman's [3] effectiveness study and Howard et al.'s [4] research on the dose–effect response provide some evidence that longer-term treatments offer advantages over short-term treatments, the methodological difficulties associated with evaluating the relative effectiveness of long-term intensive psychoanalytic treatment versus shorter-term, less intensive treatments (either psychodynamic or cognitive-behavioral) are extremely difficult to overcome. The practical difficulties associated with use of a randomized clinical trial in this context are virtually insurmountable. By using a quasi-experimental design, however, which balances considerations of internal validity and external validity, Huber et al. are able to provide credible evidence not only for the unique benefits of longer-term, intensive psychoanalytic treatment over shorter-term, less intensive treatment (both psychodynamic and cognitive-behavioral), but also for the benefits of psychodynamic treatment over cognitive-behavioral treatment of equivalent intensity and duration. Since the Munich Psychotherapy Study is still a work in progress, data from the 3-year follow-up interval are not in yet. Future research in this vein will also need to address concerns raised by critics (e.g., the lack of adherence ratings, questions about what can and cannot be inferred from this type of quasi-experimental design). Nevertheless, we do see the Munich Psychotherapy Study as an important and innovative step forward. Moreover, it is our understanding that Huber et al. are now conducting process ratings to determine both adherence and the active ingredients of the treatments. Once completed, these rating have the potential of further enhancing both the rigor and implications of their research.

The Knekt et al. (Chap. 5) reports on the results of an ambitious, methodologically complex study that is still in progress. It combines a randomized clinical trial of three different treatment modalities: solution-focused therapy (SFT), short-term psychodynamic psychotherapy (STPP), and long-term psychodynamic psychotherapy (LTPP). The study also has an additional arm comparing a group of patients self-selected for long-term open-ended psychoanalysis. The complexity of the methodology extends beyond the addition of the nonrandomly assigned psychoanalytic arm. In addition, there are differences in the intensity and length of the SFT (one every 2 weeks for 12 sessions),

STPP (once a week for 20 sessions), LTPP (2–3 times per week for approximately 3 years), and PA (sessions four times per week for approximately 5 years). The plan is to follow patients for a 10-year interval. At present, they have data from the 5-year follow-up period.

Because of the various methodological confounds associated with the study, findings inevitably need to be interpreted cautiously. Bearing this in mind, however, the chapter reports a number of interesting preliminary findings. At the time of the first year follow-up, patients in STPP had greater improvement in their psychiatric symptoms than those in the LTPP group, and patients in SFT had greater improvement in their symptoms of depression than those in the LTPP group.

At the 3-year follow-up, the findings were opposite, and those in the LTPP group had a stronger treatment effect than those in the two short-term conditions, with regard to symptoms of both depression and anxiety. On one hand, these findings can be interpreted as evidence of the advantages of LTPP over STPP and SFT. On the other, however, given the confound of treatment duration with treatment intensity, in addition to the fact that it appears that patients were terminating the LTPP condition at around the time of the 3-year follow-up (as opposed to patients in the other conditions who had terminated treatment over 2 years ago), it is difficult to know quite how to interpret the findings.

Knekt et al. also report that, at the end of the 5-year follow-up interval, the symptom levels in the psychoanalysis group were lower than in the long-term psychotherapy group. Again, however, the various confounds already mentioned make it difficult to interpret these findings. At the 10-year follow-up interval, it will be somewhat easier to interpret the meaning of differences emerging between treatment modalities.

Notwithstanding the various methodological confounds intrinsic to this study, Knekt et al. are collecting an extremely rich data set that is likely to yield a variety of suggestive findings over time regarding such issues as cost-effectiveness, treatment sufficiency (i.e., is the treatment meeting the needs of the patient or are they seeking additional treatment with medication, etc.), patient suitability for different modalities, and the feasibility and value of using certain types of quasi-controlled psychotherapy research methodologies in real-world settings.

Taylor (Chap. 6) reviews a number of different studies and meta-analyses (some also reviewed in other chapters in this book) that evaluate the effectiveness of either short-term or longer-term psychodynamic treatment for depression. On the basis of the literature reviewed, he concludes that the effects sizes for short-term psychodynamic treatments for depression are similar to those of other forms of psychotherapy. He also concludes that the effects of cognitive-behavioral treatments may be evident more rapidly than those of psychodynamic treatments and that patients receiving longer-term psychoanalytic treatment may result in qualitatively different types of changes than short-term treatments. These qualitatively different types of changes (presumably the type of structural change investigated by Grande et al. in Chap. 9) may play an important role in relapse prevention.

Taylor's chapter also reflects on the limitations of many of the assumptions and features dominating the prevailing research paradigm (e.g., the discrete nature of diagnostic categories, the reliance on randomized clinical trials as the "gold standard" of research (or what he refers to as the "guardian of truth")), the failure to use outcome measures that assess more subtle and meaningful dimensions of change, the failure to take into account the chronic and recurrent nature of depression, and the bias towards viewing short-term treatment as more adequate than in fact it may be for a variety of problems.

Slavin-Mulford and Hilsenroth's (Chap. 7) reviews a number of important studies on psychodynamic treatments for anxiety disorders. To our knowledge, this is the first review of psychodynamic treatments for anxiety disorders that has been published. They discuss research that examines both the efficacy and effectiveness of psychodynamic therapy for anxiety disorders. In presenting the findings of Pierloot and Vinck [5] and Brom et al. [6], Slavin-Mulford and Hilsenroth argue that one distinction between cognitive and behavioral treatments and psychodynamic treatments in the context of anxiety disorders is that it may be that after therapy has terminated, those who receive psychodynamic treatment will continue to make therapeutic gains, whereas those who have received cognitive and behavioral treatments may experience rapid symptom reduction during the initial stages of treatment, but their gains may diminish following termination.

Slavin-Mulford and Hilsenroth discuss the importance of both efficacy and effectiveness studies in order to achieve internal and external validity in treatment research. Their review of Crits-Cristoph and colleagues' 1996 and 2005 studies [7, 8] and Milrod and colleagues' 2000 and 2001 studies [9, 10] presents highly compelling evidence for the effectiveness of psychodynamic treatments for anxiety disorders.

In this chapter, Slavin-Mulford and Hilsenroth call attention to the limited nature of any research methodology and the need for a range of approaches in treatment studies. While the research presented in this chapter demonstrates mixed findings with regard to psychodynamic treatment for anxiety disorders, the authors present a number of studies conducted in a range of settings, emphasizing the various contributions to the field that different research methodologies can bring to the table.

Levy et al. (Chap. 8) provide a superb review of the research on psychoanalytically oriented treatments for borderline personality disorder (BPD). Studies in this area, while still limited in number, are some of the most promising in the field. For many years, the received wisdom was that dialectical behavior therapy was the only treatment for BPD with any form of empirical backing. Given the serious nature of this disorder, the difficulties and anxieties that clinicians commonly experience when treating BPD patients, and the cost to the health care system, DBT has become widely disseminated and immensely popular in the field. In this chapter, Levy et al. review their own groundbreaking research on Kernberg's transference-focused therapy (TFP) [11, 12], and Bateman and Fonagy's [13] highly promising study regarding the effectiveness of mentalization-based therapy and long-term stability of changes resulting from it. They also provide cogent critiques of the Giesen-Bloo et al. [14] study demonstrating the superiority of schema-focused therapy to TFP. In addition, they review the recently published Doering et al. [15] RCT, which provides independent corroboration of the efficacy of TFP for BPD. Finally, they review the recently published RCT by McMain et al. [16] that compared DBT to a general psychiatric management based on the American Psychiatric Treatment Guidelines, which combined a psychodynamic individual psychotherapy (based on Gunderson's [17] model of treatment), with pharmacotherapy and case management. This study found no significant differences between the two treatment conditions across a wide spectrum of dimensions. The finding of therapeutic equivalence in the McMain et al. [16] study is particularly noteworthy given the fact that McMain is a DBT proponent (given the important impact of researcher theoretical allegiance on outcome) [18]. A noteworthy finding in the Levy et al. study [19] reviewed in this chapter is the finding that, while at termination, patients receiving DBT showed equivalent changes to those receiving TFP, only patients in the TFP positions showed changes in both reflective functioning and attachment status (as assessed by the Adult Attachment Interview). Both of these measures can be conceptualized as indices of internal representations or internal structure. It will be important to see whether changes in attachment status and reflective functioning have implications for the sustainability of treatment effects at follow-up.

This brings us to the closing chapter in the section by Grande et al. (Chap. 9), which summarizes their innovative efforts to investigate and document the impact of structural change in psychoanalytic treatment. While psychoanalysts have long argued that one of the important goals of treatment consists of change in psychic structure, until now there, has been little if any empirical evidence for this assertion. A number of obstacles have traditionally hindered research in this area. One is a lack of agreement about what we mean by psychic structure. Another related problem is the difficulty of operationalizing the construct. Finally, it is difficult to document the value of structural change. Given the consistent finding of "therapeutic equivalence" in psychotherapy outcome research, it becomes particularly important not only to verify that structural change does take place but also that such change is valuable.

The development of the Heidelberg Structural Changes Scale (HSCS) provides an innovative method for measuring structural change in a way that is meaningful across a range of diverse psychoanalytic perspectives. Grande et al.'s finding that structural change at termination (as assessed by the HSCS) is predictive of patients' retrospective evaluations of treatment success, at the 3-year

follow-up point, while symptom change is not, provides compelling evidence of the meaningfulness of the construct of psychic change. It also provides evidence that change in psychic structure is a goal worth aspiring to in tangible terms that therapists across diverse theoretical traditions should be able to agree upon. While acknowledging the limitations of assessing change retrospectively (at the 3-year follow-up point), in our opinion, the authors do make a plausible case for the value of such retrospective evaluations. Important future directions for research will include [1] evaluating change at follow-up using pre–post assessments, and [2] evaluating whether different treatment modalities have different impacts on changes at this level.

Collectively, the chapters in this section provide an important review of state-of-the-art research on the effectiveness of both short-term and long-term psychoanalytically oriented treatment for a variety of disorders. They summarize promising evidence regarding the effectiveness of these treatment modalities and highlight limitations in the research. They also spell out methodological problems that bedevil the field and that make it difficult to study longer-term psychoanalytic treatments in particular. They also provide a glimpse of innovative attempts to grapple with some of these problems and of promising research avenues for the future. One of the more promising findings discussed in a number of the chapters is the evidence beginning to emerge that the gains of psychoanalytically oriented treatment may actually continue to increase after termination. Findings of this type are consistent with the hypothesis that helpful psychoanalytically oriented treatment leads to underlying structural change, which may serve a relapse prevention function and actually facilitate continuing change after treatment. This hypothesis is directly tested in the innovative research reported in the chapters by both Levy et al. and Grand et al. (Chaps. 8 and 9).

Another consistent theme that is beginning to emerge is that patients in cognitive-behavioral treatments are likely to experience symptom reduction earlier in the treatment process than patients in psychoanalytically oriented treatments, but this pattern is likely to disappear and in some cases even reverse itself in psychoanalytically oriented treatments. Finally, while acknowledging the methodological difficulties associated with conducting research on long-term, intensive psychoanalytic treatment, a number of these chapters provide some of the most promising evidence to date regarding the unique value of this treatment modality. We would like to close by expressing our appreciation to the contributors for their important contributions, and to J. Stuart Ablon, Ray Levy Horst Kächele for soliciting and assembling these important contributions and inviting us to provide a commentary.

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