



EDITORIAL

## A Reconsideration of the Empirical Status of Psychodynamic Psychotherapy

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DOI: 10.5935/2318-0404.20190014

Throughout the history of psychodynamic psychotherapy and psychoanalysis, there has been a persistent bias against these two modalities by prominent figures in the mental health field. The media to a large extent have joined that critique, repeatedly pronouncing Sigmund Freud as dead and buried, only to participate in his resurrection when new data emerges regarding the existence of unconscious mental functioning, a cornerstone of psychodynamic thought. The psychoanalytic perspective is one that many find uncomfortable. In essence, this point of view asserts that we are consciously confused and unconsciously controlled. We hide out from ourselves. We are masters of self-deception. We are under the influence of the events from the past that continue to haunt us, many of which we cannot fully remember. To make peace with the demons within us, we must construct defenses against them to shield us from our awareness of their impact. These notions are not likely to make most of us comfortable in that we all like to think of ourselves as masters of our own destiny. It is far more palatable for most of us, whether within or outside of the academic world, to “unlearn” problematic thinking with methods drawn from learning theory.

Critiques of psychodynamic/psychoanalytic thinking are often linked to the notion of “evidence-based psychotherapy”, usually, but not always, meaning cognitive-behavior therapy, or CBT. However, as Jonathan Shedler<sup>1</sup> has eloquently argued, the research findings for “evidence-based therapy”, i.e., CBT, are not impressive. Seventy-five percent of patients do not get well, and the gains made are often transient. Indeed, more than fifty percent of patients who seek these treatments are seeking treatment again within six to twelve months after termination of the psychotherapy.

The controversy regarding psychodynamic psychotherapy has largely been settled by a recent publication in the American Journal of Psychiatry. Dr. Christine Steinert, and her team of colleagues, has produced a paper of extraordinary significance for the future of psychoanalysis and psychodynamic therapy<sup>2</sup>. Using 2751 patients from 23 randomized controlled trials, Dr. Steinert and her colleagues documented the equivalence of psychodynamic therapy to comparison conditions for target symptoms. This equivalence was noted both at termination and at follow-up. Recognizing that in psychotherapy research, no single test exists that is sufficiently powered to test for equivalence, they chose to use meta-analysis because that approach could yield a higher power than limited studies and is especially suited to test for equivalence. Moreover, they had the ingenious idea for a model of adversarial collaboration. Psychotherapy researchers have long known that results can be compromised by the allegiance of the researchers. Hence the authors included proponents of both psychodynamic therapy and CBT in their team. The result of their efforts is the first meta-analysis in psychotherapy research to systematically investigate equivalence of a specific form of psychotherapy to established treatments by formally applying the logic of equivalence testing. They concluded that psychodynamic therapy was just as efficacious as other treatments with established efficacy.

Another aspect of psychodynamic therapy that may not be fully appreciated by many mental health professionals is that it adds conceptual components that are not necessarily present in competing therapies. Psychodynamic therapy treats the PERSON with the illness, not just symptomatic manifestations of the illness. In other words, the essence of the psychoanalytic approach is to see the idiosyncratic and unique features of each patient and help the patient to understand those while addressing specific symptoms. Each individual will have a different set of characterological features that may make the patient more or less likely to use psychodynamic understanding to improve the problematic aspects of the illness. The mechanism of change in psychodynamic therapy has long been mysterious but recent research is also shedding light on how the treatment works. Jennissen<sup>3</sup> and colleagues conducted a meta-analysis to systematically examine the association between patient insight and psychotherapy outcome across a range of treatment modalities. Insight was defined as the patient's understanding of the association between past and present experiences, typical relationship patterns, and the connection between interpersonal challenges, emotional experience and psychological symptoms. These factors are among the fundamental tenets of psychodynamic thinking, but systematic proof of the connection between insight and outcome has been lacking. Critics often suggested that the relationship itself was healing even if insight was not provided. In the Jennissen et al study, however, the researchers found a consistent pattern of association between insight and outcome across disorders and therapy types. They estimated a moderate association between insight and therapy outcome across diagnostic categories and different schools of therapy. In fact, the magnitude was comparable to effect sizes of established treatment factors such as therapeutic alliance.

With the publication of these two recent contributions in a major psychiatric journal, psychodynamic therapy has solidified its position as one of the empirically validated treatments in psychiatry and has also documented the value of insight as a principle focus of psychotherapy. We are entering an era where the

legitimacy of psychodynamic psychotherapy is no longer under question, and its value for patients, now well established, can no longer be doubted.

## References

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