



Factsheet

Empirical Evidence for Psychoanalytic Treatments

One of the challenges to engaging with the public about psychoanalysis is responding to the frequent claims that it is not evidence-based.

Government agencies, journalists, colleagues from other disciplines and proponents of other mental health treatments are among the many who might claim there is no evidence to support the efficacy of psychoanalytic treatments. We're often on the defensive here.

Here's a sample quote from a review in the *New York Times* of Jeffrey Lieberman's 2015 book *Shrinks*:

“As Jeffrey A. Lieberman, chairman of psychiatry at the Columbia University College of Physicians and Surgeons, makes clear in his chatty, expert, sometimes scathing but ultimately upbeat account of the history of psychiatry, the evidence [for psychoanalysis], quite simply, doesn't exist. (Natalie Angier, *NY Times*, 26 March 2015)

As in Ms. Angier's review, the supposed lack of evidence for psychoanalytic treatments is often treated as a fact. So self-evident that no more needs to be said. But, to paraphrase Ms. Angier, quite simply, this is not true.

Ingenious scientific research in the field of neuro-psychoanalysis has established neural mechanisms for psychoanalytic concepts ranging from the unconscious to attachment to wish fulfillment.

And there actually is *a great deal* of evidence supporting the efficacy of treatments based on psychoanalytic ideas.

There are numerous resources to help you in these arguments, most notably the IPA's recent edition of the [Open Door Review](#). Such comprehensive contributions are invaluable, but here you can find **four key recent papers** and **essential quotes** that may help you in these debates.

An important part of the argument is that the 'evidence for evidence' comes from researchers all over the world – the US, Germany and Great Britain are represented in the papers below.

1. Shedler Meta-analysis

Jonathan Shedler's 2010 paper, *The Efficacy of Psychodynamic Psychotherapy*, though 5 years old, is still considered an important resource by psychoanalytic researchers and is a crucial resource regarding the genesis of the false claims that there is no empirical evidence for psychodynamic treatments.

Shedler used the technique of meta-analysis to integrate the findings of existing studies on the outcome of psychoanalytic psychotherapy (*American Psychologist*, 65(2), 98-109.)

Essential quotes:

“Empirical evidence supports the efficacy of psychodynamic psychotherapy. Effect sizes for psychodynamic psychotherapy are as large as those reported for other therapies that have been actively proofed as “empirically supported” and “evidence based.”

Additionally, patients who receive psychodynamic therapy maintain therapeutic gains and appear to continue to improve after treatment ends.

Finally, non-psychodynamic therapies may be effective in part because the more skilled practitioners utilize techniques that have long been central to psychodynamic theory (PDT) and practice.

The perception that psychodynamic approaches lack empirical support does not accord with available scientific evidence and may reflect selective dissemination of research findings.”

And:

“There is a belief in some quarters that psychodynamic concepts and treatments lack empirical support or the scientific evidence shows that other forms of treatment are more effective.

This belief appears to have taken on a life of its own. Academicians repeat it to one another, as do healthcare administrators, as do healthcare policy makers. With each repetition its apparent credibility grows. At some point, there seems little need to question or revisit it because ‘everyone’ knows it to be so.

The scientific evidence tells a different story: considerable research supports the efficacy and effectiveness of psychodynamic psychotherapy. The discrepancy between perception and evidence may be due, in part, to biases in the dissemination of research findings.”

Source: Shedler, J. *The Efficacy of Psychodynamic Psychotherapy*, *American Psychology*, 2010

2. Leichsenring et al – A Rigorous Overview of the Status of Research on Psychodynamic Psychotherapies

The title itself couldn't be more gripping: *The Empirical Status of Psychodynamic Psychotherapy - An Update: Bambi's Alive and Kicking*.

This paper, by Falk Leichsenring, Frank Leweke, Susanne Klein and Cristiane Steinert from Geissen German is considered, the most up to date and comprehensive contribution on the empirical evidence for psychoanalytic treatments. It reviews all of the methodologically valid research of psychodynamic treatments by diagnosis and highlights the findings - there are many positive studies. [Psychotherapy & Psychosomatics 2015;84:129-148](#)

Essential quote:

“...now evidence is available showing that psychodynamic therapy is efficacious or possibly efficacious in most of the common mental disorders

In major depressive disorder (MDD), social anxiety disorder, borderline personality disorder, somatoform pain disorder and anorexia nervosa, PDT can now be considered as efficacious.

With regard to specific psychodynamic approaches, the treatments by de Jonghe [117] for MDD, Clarkin et al. [99] for borderline personality disorder and Davanloo [36] for heterogeneous personality disorders can be considered as efficacious.

In addition, PDT can now be considered as possibly efficacious in dysthymia, prolonged or complicated grief, generalized anxiety disorder (through the internet), panic disorder, binge-eating disorder, post traumatic stress disorder and substance-related disorders.

The combination of PDT with pharmacotherapy can be considered as efficacious in MDD and as possibly efficacious in panic disorder and social anxiety disorder. For bulimia nervosa, judgment is suspended.

In addition, there is evidence from several random controlled tests that PDT is efficacious in patients with somatic symptoms [12, 118]. (Page 142)”

Source: Leichsenring F., Leweke F., Klein S. and Steinert C, *The Empirical Status of Psychodynamic Psychotherapy - An Update: Bambi's Alive and Kicking*.

3. Peter Fonagy et al: Tavistock Adult Depression Study 2015

Prof Peter Fonagy, Prof.Dr. med. David Taylor, Ms. Felicitas Marie Rost, Dr. Psych. Rachel Clara Thomas, Mr. Pasco Fearson: Pragmatic randomized controlled trial of longterm psychoanalytic psychotherapy for treatment-resistant depression: The Tavistock Adult Depression Study (TADS).

Key findings:

- 44% of the patients who were given 18 months of weekly psychoanalytic psychotherapy no longer have major depressive disorder when followed up two years after therapy had ended; for those receiving the NHS treatments currently provided the figure was only 10%.
- Whilst just 14% of those receiving the psychoanalytic psychotherapy had recovered completely, full recovery occurred in only 4% of those receiving the treatments currently employed.

Essential quote:

“[The long-term psychoanalytic therapy (LTTP) in this study] is based on the view that depression is an outgrowth of current life difficulties arising out of painful and continuing ambivalence first felt in relation to those of the greatest emotional significance to the patient early in the course of his/her development.

These feelings give rise to problems with psychosocial functioning affecting close relationships. They may also influence health care/service providers and the care they offer.

LTTP seeks to help patients to develop a psychological capacity to relate to painful personal experiences, memories, feelings, beliefs and relationships in a reflective, yet also active, manner.”

Source: Fonagy, P., Rost, F. Carlyle, J. McPherson, S., Thomas, R., Fearon, P., Goldberg, D, Taylor, D. *Pragmatic randomized controlled trial of long-term psychoanalytic psychotherapy for treatment-resistant depression: The Tavistock Adult Depression Study (TADS)*, World Psychiatry 2015; 14:312–321)

4. Robert Wallerstein Overview 2015

Dr. Wallerstein's closing summary *Psychoanalytic Therapy Research: A Commentary* in a special issue of *Contemporary Psychoanalysis*.

Wallerstein explores the controversies about psychoanalytic research and the evidences of its efficacy as a therapeutic method. In particular he deals with the debate between two different research perspectives: qualitative research, based on the intensive case study, vs quantitative research, i.e. the formal empirical research in accord with the usual canons of objective, natural science.

Considering some specific works of empirical research in psychoanalysis (using the RCT method), Wallerstein agrees the evidence shows that psychoanalytical psychotherapies may be as effective as cognitive-behavioral therapy or pharmacotherapies. But he highlights the limit of these approaches in providing a contribution to the research on the analytical process. Randomized control trials leave us with the challenge of increasing our knowledge about how changes are brought about.

Essentially, Wallerstein says we should not stay anchored to a rigid dichotomy between quantitative and qualitative research, and he stresses that these different methods are complementary. Both contribute to the developments of psychoanalytic research in different domains.

Essential quote:

“I feel that the accrual of knowledge that adds incrementally to our discipline's knowledge base will come from the intensive, longitudinal study of multiple therapeutic courses - processes and outcomes - by whatever qualitative and/or quantitative means are appropriate to the particular research question at issue.”

Source: Wallenstein, R. [Contemporary Psychoanalysis, 2014, vol.50, issue 1-2](#)