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Research on Psychoanalytic Psychotherapy with Adults

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CHAPTER SEVEN
Henderson Hospital Democratic Therapeutic Community : Outcome studies and methodological issues
Fiona Warren & Kingsley Norton

Introduction

The present volume is the seventh in the EFPP Karnac Clinical Monograph Series, the first of which appeared in 1995. It is the first devoted specifically to research in adult psychoanalytic psychotherapy and represents a collaborative effort by editors and authors from Finland, Germany, Sweden and the United Kingdom. As such it reflects the global aims of the European Federation of Psychoanalytic Psychotherapy in the Public Sector in contributing to the development of a pan-European community of psychoanalytic psychotherapists. Further monographs are planned under the overall guiding editorship of Professor John Tsiantis, the Chief Editor of the Series. These will focus on psychoanalytic psychotherapy research with children and on therapist issues in the processes and outcomes of psychoanalytic psychotherapy. Interested readers should visit the EFPP website at www.efpp.org

In the present-day culture of evidence based practice as a guiding principle for the delivery of public and private sector health services the critical importance of collating empirical research findings relating to psychoanalytic psychotherapy cannot be overstated. Evidence based clinical guidelines are increasingly finding their way into the mental health arena (see for example the UK Department of Health Treatment Choice Guideline for Psychological Therapies and Counselling developed for general medical practitioners and specialists working in the British National Health Service ñ Parry 2001) and, as of yet, the place of psychoanalytic psychotherapy within such guidelines is far from extensive. The present monograph brings together a number of research reports and overviews all of which have used conventional empirical research methodologies and illustrate, we believe, the potential of such methods to explore questions of real significance to psychoanalytic psychotherapists throughout Europe. Peter Fonagyís excellent Foreword locates the studies within an overview of the contemporary research context.

We are indebted to the series editors John Tsiantis (Chief Editor) and Brian Martindale (Associate Editor for the Individual Psychoanalytic Psychotherapy Section of EFPP) for their patient and helpful guidance in the production of this monograph. We also wish to thank Amaryllis Holland for her editorial acumen in the proof reading of the individual papers, as well as Beverley Foster-Davis for additional editorial support.

Phil Richardson, Horst Kaechele and Camilla Renlund
Editors

Foreword

Peter Fonagy

Psychoanalysis has not fared well in the era of evidence-based medicine (Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996). While the United Kingdom and all countries of continental Europe are forced to rationalise healthcare costs to a greater or lesser extent, few general principles have emerged to offer reasonable and ethical grounds for such rationalisation (Knapp, 1997). Arguably, as a consequence, the availability of sound empirical research findings to support the provision of particular treatments has become a requirement of statutory funding, in psychiatry as in other specialties. There can be no doubt that the provision of services on the basis of evidence of effectiveness is preferable to service distribution based on postcodes or luck. Nevertheless, there is quite a high price to pay for equity.

Not surprisingly, expensive, long-term treatments like psychoanalytic therapy have quickly fallen victim to EBM-orientated criteria (Westen & Morrison, in preparation). Evidence for the effectiveness of psychoanalytic therapy is lacking. Why? Short-term treatments are undoubtedly easier to research using random assignments for both practical and ethical reasons. At a more impressionistic level, we might say that the world-view that is normally created by working intensively and on a long-term basis with individuals suffering from relatively enduring and severe mental disorders is incompatible with the ethos of tightly controlled investigations of efficacy. Those who work at close quarters with the human mind will inevitably have an impression of reductionism when they see the full complexity of an individual's struggle with internal and external experience reduced to a single 100-point scale (Endicott, Spitzer, Heiss, & Cohen, 1976; Shaffer et al., 1983) or even 12 five point ones (Wing, Curtis, & Beevor, 1996; Wing, Lelliott, & Beevor, 2000). On top of that, even the anchor points are badly defined. Moreover, the spirit of late 20th Century pragmatism and utilitarianism, perhaps by analogy with the remarkable technological advances of this period, often equated the novel with the good and the traditional with the outdated (Giddens, 1999). The rapid progress of technology and biological science has held out the possibility of biochemical rehabilitation, which many continue to feel offers the only viable solution to the challenge of treating mental disorder. This is already a toxic mixture for psychoanalytic thinking, but add the history of unashamed arrogance of many of our psychodynamic colleagues, who until recently have all too frequently treated their non-psychoanalytically trained mental health worker colleagues with at best benevolent tolerance and at worst contempt and disdain, and you have the complete background to the current crisis for psychoanalytically orientated psychotherapies.

To take but one example from the US where the crisis was first to come to a head: "Although long-term, so-called intensive therapy has been dying for years, some of our profession's leaders cling fiercely to the illusion that it works and that only psychiatrists can do it. However, since we have proof only of its high cost and not its effectiveness, psychiatry's reluctance to admit that the emperor is indeed naked only increases public scepticism" (Detre & McDonald, 1997, p. 203). The hostility towards psychoanalytic ideas that currently dominates the United States may have its historical origins in the fierce competition for power and control between biological psychiatry and psychoanalysis in US medical schools (Cooper, 1996; Michels, 1994). It is hard to envisage such a titanic struggle in a European context where psychoanalysis has never fully dominated the healthcare system. Limited versions of the same conflicts are, however, evident (Chiesa & Fonagy, 1999). While half a century ago psychoanalysis could credibly present itself as the sole form of humane mental health care (Menninger, Mayman, & Pruyser, 1963), current alternatives to psychoanalytic therapy are mostly relatively sophisticated, well-structured and by no means mindless interventions. Cognitive-behaviour therapy and psycho-pharmacological treatments have powerful effects and are reasonably well tolerated by users.

Across Europe, expert groups in many countries are busy surveying the literature in sincere attempts to identify the treatments that may be most helpful for their citizens who suffer from enduring mental disorder (e.g. Department of Health, 1995; Health Council of the Netherlands, 2001; Weisz, Hawley, Pilkonis, Woody, & Follette, 2000). Statutory funding for psychological therapy is threatened in many countries by the readiness with which pharmacological treatments can be made available to relatively large groups. Popular views concerning the causes of mental illness have changed during 'the decade of the brain', in many places powerfully supported by far-sighted pharmaceutical companies, to the point where commonly held theories of psychological disorder have shifted towards the constitutional and antidepressants are bizarrely accepted as appropriate means of addressing social difficulties (Cornwell, 1996). Behaviour genetics research has not helped (Fonagy, in press). The limited range of environments sampled by most studies and the tendency to conflate error variance with non-shared environment have combined to undermine psychodynamic claims concerning the causal significance of shared early family environment, the bread and butter of psychotherapeutic narrative (Rutter, 2000).

All this is not to say that every recent development has been inconsistent with a psychoanalytic understanding. For example, few now believe that severe psychological disorders are episodic conditions that can be addressed in the long term by a short-term intervention. Problems persist after brief interventions have done their best (e.g. Shea et al., 1992). There has been a backlash against the reification of findings from randomised

controlled trials, particularly the limitation on the generalisability of findings emerging from very tightly controlled investigations (Markowitz & Street, 1999; Weisz & Jensen, 1999). There has been a heartfelt outcry for effectiveness rather than efficacy research, the former ostensibly creating a more truthful representation of the value of a treatment in the field (Wells, 1999). There has been a resurgence of interest in qualitative as opposed to quantitative data gathering (e.g. Mayes & Pope, 2000) and so-called expert groups who have generated prescriptive lists of approved therapies have come under occasionally severe criticism (Weisz et al., 2000). Sometimes brain research has been successfully introduced to advance the psychodynamic cause, with studies providing striking support for classical ideas receiving quite extensive coverage (Solms, 2000; Solms & Nersessian, 1999). Perhaps even more important have been related social initiatives based on the assumption of 'developmental programming', early influences bringing about enduring change in neural structure and function (Hertzman & Wiens, 1996). The empirical literature on the long-term and trans-generational effects of quality of parent-infant attachment has also helped to make psychoanalytic concerns with infancy more plausible (O'Connor, Bredenkamp, Rutter, & team, 1999; O'Connor, Rutter, & team, in press). User-led research exploring the strategies of individuals living and coping with mental distress also stresses familiar dynamic themes such as the importance of relationships with family and friends, self-esteem drawn from peer groups and respectful treatment by professionals (Faulkner, 2000; Rose, 2001). Nonetheless, these and other developments have done little to reverse the underlying trend away from long-term psychodynamic therapies towards long-term pharmacological or short-term psychological (usually cognitive-behavioural) treatments.

To counteract these trends, three developments to the currently dominant knowledge base will be necessary. First, we require evidence concerning the specific patient groups who uniquely benefit from psychoanalytic interventions and related to this, assessment systems that help to identify these individuals, either in terms of diagnosis and symptomatology, or in terms of characteristic modes of mental functioning or even social conditions. Second, we need sensitive measurement systems that identify changes in psychological functioning associated with long-term psychoanalytic therapy that may go beyond symptomatic improvement and indicate benefits that are either valued by clients (or carers) or can be shown to be predictive of relative freedom from future difficulties (prevention). Third, we need to develop new adaptations of psychoanalytic therapy that extend and improve upon existing applications to increase their generalisability across clinical groups and enhance their impact either in terms of symptom relief or prevention.

The contributors to the present volume have all, in their own ways, advanced one or more of the above goals. An excellent well-controlled study attempting to address the first of these three aims comes from Horst Kächele's laboratory in Stuttgart. Kächele is a key figure in

empirical psychoanalysis, bringing infectious enthusiasm mixed with an iconoclastic approach to his subject. The large-scale eating disorder study attempted to identify which patients with eating disorder problems were particularly well suited to a psychoanalytic approach in in-patient treatment. Whilst a clearly identifiable group benefited remarkably from the treatment they were offered, their success could not be predicted by a traditional questionnaire measure of personality. Perhaps a new approach to measurement of individual differences is required by psychoanalytic investigations.

A suggestion about a possible direction for such a project is provided by the programme of work on in-patient psychotherapy reported from the University of Jena. Bernhard Strauss and colleagues looked at the Inventory of Interpersonal Problems (IIP) as a predictor of therapeutic benefit. They report that psychodynamic treatment may be, somewhat paradoxically, most appropriate for patients who report a wider variety and severity of interpersonal problems. This may be linked to the fundamentally interpersonal focus of modern psychoanalytic therapy. The greater benefit of those with high IIP scores is most likely accounted for by the assumption that those who have greatest awareness of their interpersonal problems are most likely to benefit from a treatment that has interpersonal understanding as its core aim. It is hard to know from a psychodynamic standpoint how responses from a self-report questionnaire on relationship problems might interface with the social behaviour of individuals in an in-patient group therapy setting. It seems likely that only the combination of observational and self-report measures will ultimately yield conclusive answers concerning the precise relationship of initial self-awareness and overt behaviour as predictors of responsiveness to an insight orientated therapy.

The Heidelberg-Berlin study is an excellent example of an attempt to show that long-term intensive therapy may yield added treatment value for severe psychological difficulties when the measurement system is up to the task of showing key differences in character, including relationship patterns, conflict types and structural capacities. The OPD system described in this chapter has become an enormously valuable addition to the empirical armamentarium of psychoanalytic clinicians (Cierpka et al., 1995). A key limitation of the field that has hindered the cumulative construction of a psychoanalytic knowledge base has been the absence of even a rudimentary classification system to describe clinical cases (Gabbard, Gunderson, & Fonagy, in press). A similar initiative with equally great potential is the Munich Psychotherapy Project offering a thorough test of the Scale of Psychological Capacities originating from the research efforts of the group around Robert Wallerstein in San Francisco. An important criterion for showing the unique contribution of psychoanalytic therapy is the demonstration of changes in the manner of psychological function that cannot be reduced to symptomatic change. As the authors of this chapter emphasise, the prima facie justification for such a measurement approach is clear since psychoanalysis is one of the only

current therapeutic interventions that does not aim at the attainment of symptomatic change. The work shows that change beyond the symptomatic may be reliably measured. What value such changes represent in terms of the depressed patient's long-term functioning remains to be established.

The Munich Psychotherapy Study is undoubtedly the most carefully conducted study to date designed to address the vexing question of how, if at all, intensive psychodynamic therapy (psychoanalysis) differs in its effects from psychodynamic psychotherapy. The study is remarkable because it uses a randomised controlled design and because all therapists are highly experienced. The strength of the study which the present contribution highlights is the use of a measure specifically designed to identify changes that may take place in psychoanalysis but are not so characteristic of changes observed following psychoanalytic psychotherapy. The establishment of the validity of such a measure is of paramount importance. The Scales of Psychological Capacities were designed to measure structural change. The SPC is a clinician coded measure and thus blindness in the ratings will be very important to demonstrate. The present contribution, however, clearly establishes its relative independence from simpler measures of adaptation (GAF) as well as symptom severity. The inter-rater reliability of the measure is good, and some progress is reported towards establishing construct validity and convergent validity by showing depression-specific abnormality in the measure in a group of depressed patients and correlations with self-report measures of interpersonal functioning that might be predicted for this group. The report speaks volumes to the careful way in which this extremely important study is being conducted.

The fluidity of the current psychoanalytic research knowledge base is well illustrated by the contrary position adopted by Ralph Sandell's Karolinska Institute (STOPP) project. The Stockholm study is by far the largest of the prospective investigations of psychoanalysis reported to date. The advantage of intensive compared to non-intensive treatment was interestingly clearest in the symptomatic domain. Thus, the jury is still out on the empirical question of whether measuring change beyond symptoms (as sought by many including the Munich group) is indeed to be the touchstone of psychoanalytic therapy research, or whether the most effective demonstrations are the simplest and a focus on symptom measurement is sufficient. But the STOPP study also highlights the third point of our psychoanalytic trident of effectiveness research program outlined above. The study shows that the superiority of psychoanalysis over psychotherapy, in the long term, is clearest when unmodified 'classical' psychoanalytic ideas govern psychotherapeutic interventions. This approach might be almost ineffective when administered non-intensively. If the ideology of the therapist is broader, the superiority of psychoanalysis over psychotherapy is less marked. Whilst these findings concern ideology rather than actual technique, they do highlight the need to further evolve

applications of psychoanalysis, particularly since many of those trained to practice psychoanalysis now often only practice psychotherapy after qualification.

The first contribution from London, from St Anne's Hospital, is in the same spirit of broadening ideology and applications. This is a randomised controlled trial that served to advance the understanding and treatment of treatment of borderline personality disorder (defined psychiatrically) as well as demonstrate remarkably successful long-term outcomes. An important point to note about this study is the extensive use of nurse practitioners in this psychotherapeutic Day Hospital intervention. Some years ago, these therapists might have been treated with condescension by psychoanalytically trained psychiatric colleagues. Now they represent almost the only controlled evaluation of a psychoanalytically oriented intervention with this group. The immense pragmatic importance of Anthony Bateman's work is due to his translation of basic psychoanalytic principles to enable practitioners who would be considered untrained by traditional standards to administer a systematic and powerful intervention. If psychoanalysis is going to survive in a statutory service that is distributed on a principle of equity, such an 'enabling' approach must inevitably be at the core of technical adaptation.

The second contribution from London describes research on an inpatient service for a relatively dangerous group of patients, which Kingsley Norton and Bridget Dolan have directed with great effectiveness. This unit tackles some of the most difficult personality disordered patients: young men whose psychopathology is combined with criminal tendency and significant dangerousness. The report is a case study in itself, showing how retrospective studies of outcome can develop into prospective studies as definitions of improvement are refined. An important contribution of this study is the cost-effectiveness data that the Henderson hospital was able to compile, which undoubtedly contributed to the Henderson model being adopted in a number of other UK settings. Such data is not often available for psychoanalytic psychotherapy evaluations (Gabbard, Lazar, Hornberger, & Spiegel, 1997). The controlled study reported in the chapter suggests important benefits from the programme in the domains of both symptomatology and mood, and underscores the value of the service in that mood variables such as irritability appear not to improve spontaneously at all, but in fact show a slight tendency to worsen in the absence of the therapeutic community provided by the Henderson.

This is a pioneering volume of work in progress. It is important and exciting work by talented pioneers who have responded effectively to an intellectual as well as a professional call. It is clear from the variety of findings reported in this stimulating volume that many of the traditional ideas concerning psychoanalytic psychotherapy will need to be revised. This does not signal the demise of the psychoanalytic approach but rather indicates the great potential

for further development of its knowledge base. In the past, psychoanalysis as a theory has not benefited markedly from the rapid virtuous cycle of theoretical development leading to increasingly refined observation and data collection which in turn produces findings that raise theoretical questions that in turn lead to further scientific hypotheses of increased specificity and so on. This book is a signal that this process has finally begun. Under the benevolent nurturing editorship of Phil Richardson and his two co-editors, an excellent sampler has been provided for those who wish to engage in the excitement of systematic data gathering that remains the hope of a future for psychoanalysis.

Peter Fonagy

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