Kächele H (2010) Review: R.A. Levy & J. S. Ablon (Eds) Handbook of Evidence-Based Psychodynamic Psychotherapy. Bridging the Gap between Science and Practice. Humana Press 2009. *Psychoanalytic Quarterly 79: 255-264*

Review of

R A Levy & J S Ablon (Eds) Handbook of Evidence-Based Psychodynamic Psychotherapy. Bridging the Gap between Science and Practice. Humana Press 2009, p. 399

This book is dedicated to remembering the life and legacy of a psychodynamic treatment researcher, the late Enrico Jones. This dedication is programmatic as the volume focuses on the interface of science and practice of psychodynamic psychotherapy. The editors remind the readership that „psychodynamic treatment remains scientifically speaking, the poor cousin to other treatments“ (p. XXV). This view is immediately counteracted by elegantly opening the volume with Leichsenring and Rabung´s review of efficacy and effectiveness studies. Placing this German author at the front obviously could help to correct the introductory statement as Leichsenring is the most prominent German researcher in matters of meta-analysis of psychodynamic treatment studies who has been able to produce by now an impressive collection of such evaluative work – the most recent his heatly debated study even in the New York Times on the efficacy and effectiveness of long-term psychodynamic psychotherapy published in JAMA last october (Leichsenring & Rabung 2008[1]). Why is the impression of the general public and the psychiatric scientific community that psychodynamics has outlived. Does the sheer number of Cognitive-Behavioral Ttreatment studies alone account for the negative press or are there other factors at work?

[1] LEICHSENRING, F. & RABUNG, S. (2008). Effectiveness of long-term psychodynamic psychotherapy. A meta-analysis. *JAMA, October 1, 2008—Vol 300, No. 13*.

Ever since the „Handbook of Psychotherapy and Behavior Change“ by Bergin and Garfield (1. ed. 1971) became the prominent place to get an up-to-date view on what the state of the art was, psychodynamic research definitely held a prominent position in this arena; even the fifth edition reiterates the same message (Lambert 2004)[2]. So most likely other societal factors might be responsible for the deplorable state that call for an increased effort to transport the findings of the research field to the consumers.

The chapters that follow the initial meta-analytic tource-de-force report on recent studies that demonstrate that formal research fulfilling the usual criteria of this kind of work can be done. Psychodynamic treatment of panic disorder (Busch & Milrod, his volume chap. 2) is a good case in question. Although commonly practiced it has not been subjected to a formal efficacy study which has been remedied by the Milrod et al. study. One study might not be enough and for sure others will have to follow; for the clinicians the report on a naturalistic treatment provided by Katzenstein et al (this volume, chap. 3) adds interesting insights to the assume mechanisms of change that are for informative for the clinical work than effect sizes. The Psychotherapy Q-Set-method - developed vy Enrico Jones - turned out to be useful for differentiating three forms of intervention highlighting that self-identified psychodynamic clinicians are using a diversity of techniques ranging from cognitive-behavioral, interpersonal and psychodynamic techniques. The authors make the strong point that studying naturally occuring process might help to re-direct reserach focus. The simple way first to test in a stringent way under standardized conditions before exporting the package to the field

[2] LAMBERT, M. J., Editor (2004). *Bergin and Garfield's Handbook of psychotherapy and behavior change*. New York Chichester Brisbane: Wiley.

might be misleading. Studying natural occuring trestments entails learning from the wisdom of practioners too.

Empirical support for psychodynamic psychotherapy for eating disorders reviewed by Thomson-Brenner et al. (this volume, chap. 4) is presented in the context of comparing its efficacy status with the prevailing Cognitive-Behavioral Therapy literature. The authors point out that the even the rather small numbers of Randomized-Controlled Trials of psychodynamic psychotherapy for eating disorders confirm that dynamic therapies are at least as efficacious as other forms of treatment. So where are the advantages for the psychodynamic approach? In the view of the authors they reside in „the more extensive research for related conditions, such as personality disorders, interpersonal problems, and motivation and alliance issues, which characterize groups with eating disorders“ (p. 68). So insisting on a broader treatment perspective might well bring out the advantages of a psychodynamic approach.

In a certain sense borderline pathology and its treatment has majored the arena of competitive, comparative treatment research. By now at fair number of treatments has entered the contest of being truly evidence-based; these are Dialectical-Behavior Therapy, Schema-Focused Therapy, Mentalisation Based Treatment, Interpersonal Reconstructive Therapy and Transference focused Psychotherapy. Levy et al. (this volume, chap. 5) argue for a broader definition of evidence and recommend “searching for evidence-based explanations of treatment, rather than credentialed, trademarked, brand- name, or evidence treatment packages“ (p. 94). Reviewing succintly the merits (and shortcomings) of the Menninger study, as well as the rather surprising findings of an Australian naturalistic study based on Kohut´s principles, they mention too concisely the Mentalization-Based Therapy of Bateman

and Fonagy which so far is unique in completing an eight year follow-up. Levy et al. criticize that „the most important tests remaining for Mentalisation-Based Treatment are to examine ist putative mechanisms of change. Bateman and Fonagy hypothesize that changes in Reflective Functioning underlie the improvements seen in Mentalisation-Based-Treatment; however, to date findings have not been published regarding changes in the level of reflective functioning in Mentalisation-Based-Treatment-treated Borderline Personality Disorder patients“ (p. 98). Describing the Transference-Focused-Psychotherapy approach at some length the authors give hints of how Transference-Focused-Psychotherapy is different from Dialectical-Behavior Therapy and from other psychodynamic forms of treatment. „Key to te change process is the development of introspection or self-reflection; the patient´s self-reflection is hypothesized to be an essential mechanism of change“ (p. 102). So we are prepared to expect evidence from the data how far this goal is achieved. The careful description of prior effectiveness studies that paved the way for the New York Randomized-Controlled Trial already hints at the clinical usefulness of Transference-Focused-Psychotherapy; the results of the final efficacy study show that all three groups had significant improvement in both global and social functioning, and significant decreases and depression and anxiety. Interesting and clinical significant are the differential effects: Both Transference-Focused-Psychotherapy and Dialectical-Behavior Therapy -treated groups, but not the Supportive Psychotherapy group, showed significant improvement in suicidality and anger; however „only the Transference-Focused-Psychotherapy -treated group demonstrated significant improvements in verbal assault, direct assault, and irritability“ (p.107). The strongest findings of the Transference-Focused-Psychotherapy

study in tune with the putative mechanisms resides in the demonstration that after twelve months of treatment it found a significant increase in the number of patients classified as secure with respect to attachment state of mind, that could not be demonstrated for the two other treatments. However it would be interesting to learn more about those patients that did not change their attachment status after one year of treatment; would further, lengthier treatment have been necessary? Alas, here the Transference-Focused-Psychotherapy project will not be able to provide the answer as funding for longer observational study was not available.

Most informative for understanding the pitfalls of research methodology is the final discussion of this chapter why in another comparative trial performed in Amsterdam, Young´s Schema-focused Therapy appeared more efficacious than Transference-Focused-Psychotherapy.
Discussions of limitations of research too often escaping the detailed understanding of clinicians and as the volulme tries to bridge this is a valuable contribution. It is by now well known that instances of superiority for one bona fide treatment over another are likely to be strongly related to researcher allegiance. Luborsky et al. (1999)[3] found a correlation between rated allegiance and psychotherapy outcomes of .85! Mind that this would work in both directions.
Defense mechanisms are one of the original and the most durable theoretical contributions of psychoanalysis to dynamic psychology.This statement would be endorsed by the British experimental psychologist

[3] LUBORSKY, L., DIGUER, L., SELIGMAN, D. A., ROSENTHAL, R., KRAUSE, E. D., JOHNSON, S., HALPERIN, G., BISHOP, M., BERMAN, J. S. & SCHWEITZER, E. (1999). The researcher´s own therapy allegiances: A "wild card" in comparisons of treatment efficacy. *Clinical Psychology: Science and practice*, 6:95-106.

Kline (2004)[4] in a recent monograph devoted solely to the field of defense. Studying change in defensive functioning in psychotherapy using the Defense Mechanism Rating Scales should rely foremost on sophisticated single case approach as Perry et al (this volume, chap. 6) illustrate. Each case demonstrates how different aspect of defensive functioning change over different time periods and states. The four cases especially neatly illustrate that we should be more specific in our reasoning how structural change comes about. I might be a function of the kind of disorder and or of the kind of treatment. The four cases reprorted about in great details suggest further related hypotheses, which include potential interaxtions between moderators and mediators of defensive change.

Studying the process in many details had been an early topic of research as the 1953 compilation by Mowrer[5] documented as well the chapter by Marsden (1971)[6] in the first edition of the „Handbook of Psychotherapy and Behavior Change". Although all succeeding editions of the Handbook reported extensively on process variables the impression that efficacy research dominated the field since the eighties, now a kind of ‚back to the roots' movement is setting in. Now as the eviqualence paradox of psychotherapies is well established (Dodo bird effect), many talk about the new, third phase in research (f.e. Wallerstein 2001)[7]. Process studies are back on the stage. Not only now, but since long are

[4] KLINE, P. (2004). A critical perspective on defense mechanisms. In *Defense mechanisms. Theoretical, research and clinical perspectives*, ed. U. Henschel, G. Smith, W. Ehlers & J. Draguns. Amsterdam: Elsevier, 2004, pp. 43-54.

[5] MOWRER, O. H., Editor (1953). *Psychotherapy: Theory and Research*. New York: Ronald Press.

[6] MARSDEN, G. (1971). Content analysis studies of psychotherapies. In *Handbook of Psychotherapy and Behavior Change*, ed. A. E. Bergin & S. L. Garfield. New York: Wiley, 1971, pp. 345-407.

[7] WALLERSTEIN, R. S. (2001). The generations of psychotherapy research. An overview. In *Outcomes psychoanalytic treatment: perspectives for therapists and researchers*, ed. M. Leuzinger-Bohleber & M. Target. London: Whurr, 2001, pp. 30-60.

researchers fosusing on specific therapeutic factors, intervention, and patient-therapist interactions. Siefert et al. (this volume, chap. 7) report on a number of more recent coding systems among which the Jones Psychotherapy Q-Set – due to the authors allegiance – takes a prominent place. This chapter is quite helpful in sorting out the technicalities involved and gives a fair amount of information what and when to use which coding system. Although one might not totally agree with their conclusion that „the empirical study of psychodynamic psychotherapy represents one of the most exciting advances with the field of psychology“ (p. 175), it is fair to say that the move to sophisticated, painstaking descriptive research is a sound one as a lot of clinical theorizing has little support in recorded data. This pertains especially to psychoanalytic theorizing so that prominent authors (f.e. Fonagy 2003)[8] recommend to develop clinical theories that stay close to what really happens in the consulting room. Studying process entails tape recording and this is where the field has to move to (Kächele et al 2009)[9].

Although many facets of psychodynamic treatment theory have been well covered by methodological inventions empirical studies of countertransference are limited. The few analogue studies that are available are „based solely on the therapist´s unresolved conflict and as a result, have operationalized countertransference in terms of a therapist´s avoidant behaviors“ (p. 181). As demonstrated in an early

[8] FONAGY, P. (2003). Some complexities in the relationship of psychoanalytic theory to technique. *The Psychoanalytic Quarterly*, 72:13-47.

[9] KÄCHELE, H., SCHACHTER, J. & THOMÄ, H. (2009). Chap. 1 Psychoanalytic Process Research. In *From Psychoanalytic Narrative to Empirical Single Case Research. Implications for Psychoanalytic Practice*, ed. H. Kächele, J. Schachter & H. Thomä. New York: Routledge, 2009.

study by Dahl et al (1978)[10] linguistic analyses can catch the subtleties of therapist´s in situ speech, but little work of this kind has been done. Betan & Westen (this volume, chap. 8) present as an off-line measure a Countertransference Questionaire as an empirically valid and reliable measure of countertransference illustrating its usefulness by clinical illustrations. They hope to identify a variety of countertransference constellations to help clinicians anticipate potential countertransference challenges especially inherent in working with multiple forms of personality disturbance. Indeed, they convincingly state, „such research would help to refine our understanding of our concept of average expectable countertransference responses and may be enhancing our understanding of the variables that impact patient-therapist match“ (p. 195).

Therapeutic alliance is probably the most intensively studied phenomen in psychotherapy. It has been consistently shown to be a robust predictor of positive outcome (in short therapies, I should add) as Safran et al. (this volume, chap. 9) point out. A concise summary of the concept leads the authors of the chapter to the rich fruits of its measurement. Obviously the more research is available the more complex the picture gets. Clinically important is that alliance may be stable or not within certain phases of treatment. On a conceptual level „the concept of alliance ruptures overlaps to a certain degree with constructs such as resistance, empathic failure, and transference tests“ (p. 210). Only fairly recently ruptures in therapeutic alliance and their resolution have become object of systematic studies which are neatly summarized in the chapter and clinically illustrated.

[10] DAHL, H., TELLER, V., MOSS, D. & TRUJILLO, M. (1978). Countertransference examples of the syntactic expression of warded-off contents. *The Psychoanalytic Quarterly*, 47:339-363.

The issue of affect was prominent in Freud´s early work; now it seems it is returning reading the next two chapters in this volume. Affect-focused techniques are quasi rehabilitated. Research summarized by Diener & Hilsenroth (this volume, chap.10) suggests that also psychodynamic therapists should increase their patients´emotional awareness, should deepen patients´ in-session affective experience and should facilitate patients´ emotional expression. Obviously even just writing about about emotional experiences has therapeutic power as Pennebaker (1997)[11] has demonstrated. So what is new? New are the practical implications. No longer interpretation of past experiences, but exposure to warded-off thoughts and feelings should unlock the unconscious. Alexander & Fromm´s recommendation are rehabilitated if one consumes the body of evidence. These therapists –researchers are not afraid to speak of „systematic desensitation of the underlying affect phobia“ (McCullough, this volume, chap. 11). One might say that the more focussed on affect, the better the outcome. Discussing the historical roots of the concept ‚affect phobia' McCullough et al. underscore the integrative nature of the concept and the ensuing treatment recommendations. However, research meanwhile has become more reserved towards anxiety-provoking techniques; they were used „too strongly, too often, and too soon“ (p. 259). The recommendation now for the clinician comes as no surprise: a spoonful of sugar helps the confrontative medicine go down. Detailed case illustration help the clinical reader to appreciate the enormous work that McCullough and her group have invested in developing these short time models. Salient is their conclusion:

[11] PENNEBAKER, J. (1997). Writing about emotional experiences as a therapeutic process. *Psychological Science*, 8:162-166.

„Research has been the architect as well as the demolition squad of the affect phobia treatment model“ (p. 274).

More recent and more visible questions are raised about the medical disease model and its focus on manifest behavioral symptoms. Time and again especially psychodynamic researchers have been argueing that instead of focusing on symptoms basic vulnerabilities should be targeted. A showpiece for this argument is the detailed re-analysis of the NIMH Treatment of Depression Collaborative Research Program that Blatt et. al (this volume, chap. 12) perform. It is also a showcase for making available to the scientific community a complete data set. Using two major types of experience that result in depression – anaclitic and introjective – a host of fine grained analyses support the conclusion that introjective patients fare not well in short term treatments. Interesting is the diversity of data sets that additionally have been used to power this conclusion: A Belgium study providing nine months of inpatient psychotherapy, the Menninger data set and other studies on long term intensive treatments - all concur that „symptom reduction during treatment is significantly mediated by a reduction in these personality characteristics of vulnerability“ (p. 293).

New methodology raise new issues; with the availability of neuroscientific technology new ways of questioning are feasible. Therefore a remarkable synergy between the fields of psychotherapy and neuroscience has begun to emerge. Roffman & Gerber (this volume, chap. 13) describe how the new technology in understanding brain function may impact on our understanding of psychodynamic constructs and therapy. It also - as a welcome side-effect - could powerfully influence the perception of psychotherapy of potential customers. Still there is long way to go and this chapter familiarizes readers with some

technical details that influence the reading of findings. „Though it is somewhat distant, it is not difficult to imagine some of the useful consequences of a successful program of neurobiological research into psychodynamic theories and treatments“ (p. 331). Indeed it would be great if by identifying baseline patterns or neurobiological activity in response to specific tasks psychotherapy outcome could be predicted. However re-reading the overwhelming evidence from psychotherapy research since long, pre-treatment measurement are very unlikely to contribute large proportions of outcome variance.

Long before imaging became feasible, psychophysiological measurements have infused psychodynamic research for over half a century (Marci & Riess, this volume, chap. 14). Still, one could not espace the impression that the impact of psychopsychological studies on psychotherapy as practice remained marginal. The research reviewed in this chapter confirms „the existence of a measurable, biologically based influence that emerges from the physioloical responses between patient and therapist during psychotherapy“ (p. 353). However many questions still are unanswered; the step from laboratory investigation of discrete events like laughter or negaive emotions to the complexity of therapeutic processes is a big one. One can agree that psychophysiology has the potential to aid in generating empirically testable hypotheses on the mutual influence between patient and therapist; it seems less clear how it can help „to bridge the gap between research and clinical practice“ (p. 354).

Open letters by researcher in psychodynamic psychotherapy round off the volume; serious but funny. This final part makes one aware that the capacity to reflect on ones own involvement is a necessity to balance between the poles of practice and research, to find one´s own position.

Is the volume delivering its promise to bridge „the gap between science and practice“? For some clinicians some of the chapters are quite technical yet providing informative materials on recent developments and achievements. To counteract these some of the chapter include detailed clinical materials that make the reading gratifying. The take home message of this volume might be that there is no need to be ashamed of psychodynamic therapy; there is more evidence than most clinicians are aware of.

Horst Kächele (Ulm)