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 Quarterly79 (1) 255-264*

Handbook of Evidence-Based Psychodynamic Psychotherapy: Bridging the Gap between Science and Practice. Edited by Raymond A. Levy and J. Stuart Ablon. Totowa, NJ: Humana Press, 2009, 399 pp.

This book is dedicated to memories of the life and legacy of a psychodynamic treatment researcher, the late Enrico Jones. This dedication is paradigmatic since the volume focuses on the interface between empirical science and the practice of psychodynamic psychotherapy. The editors remind their readers that “psychodynamic treatment remains, scientifically speaking, the poor cousin to other treatments” (p. xxv).

This statement is immediately counteracted by Falk Leichsenring’s elegant opening chapter, a review of efficacy and effectiveness studies of psychodynamic therapy. Placing this author at the start of the book helps correct the introductory statement about the status of psychodynamic treatment, as Leichsenring is the most prominent German researcher in the meta-analysis of psychodynamic treatment studies. He has produced an impressive collection of such evaluative work---the most recent being a hotly debated (even in the *New York Times*) study that he coauthored on the efficacy and effectiveness of long-term psychodynamic psychotherapy (Leichsenring and Rabung 2008[1]).

Why is it often the impression of the general public and of the psychiatric scientific community that the psychodynamic view has outlived its usefulness? Does the sheer number of cognitive-behavioral treatment

[1] Leichsenring, F. & Rabung, S. (2008). Effectiveness of long-term psychodynamic psychotherapy: a meta-analysis. *J. Amer. Med. Assn.,* 300(13):1551-1565.

studies account for the negative press, or are there other factors at work?

Ever since the *Handbook of Psychotherapy and Behavior Change*[2] became a primary source for up-to-date information on the state of the art, psychodynamic research has held a prominent position in this arena; even the fifth edition of this handbook reiterates the same message (Lambert 2004).[3] So, most likely, other factors may also be responsible for the deplorable state that calls for an increased effort to communicate the findings of the psychodynamic research field to other mental health care professionals and the public.

The chapters that follow this book's initial meta-analytic tour de force summarize recent studies demonstrating that it is possible to conduct formal research in psychodynamic psychotherapy while fulfilling the usual investigative criteria. In chapter 2, Frederic N. Busch and Barbara Milrod explain that research in the psychodynamic treatment of panic disorder is a good example of this. Although commonly practiced, such treatment had not been subjected to a formal efficacy study until one was conducted by Milrod et al. It is to be hoped that further such studies will be carried out that may corroborate these findings.

Chapter 3, authored by Tai Katzenstein, J. Stuart Ablon, and Raymond A. Levy, adds interesting insights to assumed mechanisms of change that are informative for clinicians. The Psychotherapy Q-Set-method, developed by Enrico Jones, turns out to be useful in differentiating three forms of intervention, highlighting psychodynamic clinicians' use of

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[2] A. E. Bergin, A. E. & Garfield, S. L., eds. (1971). *Handbook of Psychotherapy and Behavior Change.* New York: Wiley, pp. 345-407.
[3] Lambert, M. J., ed. (2004). *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change*. New York/Chichester, UK: Wiley.

diverse techniques, including cognitive-behavioral, interpersonal, and others. The authors make the strong point that the study of naturally occurring treatment process might help redirect the focus of research projects; such study also permits investigators to learn from the wisdom of practitioners. Conversely, a simplistic method of carrying out tests under standardized conditions before applying them in the field could yield misleading results.

Empirical support for the efficacy of psychodynamic psychotherapy in treating eating disorders is provided by Heather Thompson-Brenner, Jolie Weingeroff, and Drew Westen in chapter 4. In considering the prevailing use of cognitive-behavioral therapy with such patients, the authors point out that 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. Furthermore, the authors note that there has been "more extensive research [in the use of dynamic therapy] for related conditions, such as personality disorders, interpersonal problems, and motivation and alliance issues, which characterize groups with eating disorders" (p. 68).

In a certain sense, borderline pathology and its treatment have dominated the arena of comparative treatment research. A fair number of treatments have been developed that are truly evidence-based, including: Dialectical-Behavior Therapy, Schema-Focused Therapy, Mentalization-Based Treatment, Interpersonal Reconstructive Therapy, and Transference-Focused Psychotherapy. In chapter 5 of this book, Kenneth N. Levy, Rachel H. Wasserman, Lori N. Scott, and Frank E. Yeomans argue for a broader definition of *evidence.* They recommend "searching for evidence-based

explanations of treatment, rather than credentialed, trademarked, brand-name, or evidence treatment packages" (p. 94). In addition to succinctly reviewing the merits (and shortcomings) of the Menninger study and the rather surprising findings of an Australian naturalistic study based on Kohut's principles, the authors also mention the Mentalization-Based Therapy of Bateman and Fonagy, which so far is unique in its completion of an eight-year follow-up. K. N. Levy et al. note that

> The most important tests remaining for Mentalisation-Based Treatment are to examine its 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 . . . Borderline Personality Disorder patients [who were seen in Mentalization-Based Treatment]. [p. 98]

In describing the Transference-Focused-Psychotherapy approach at some length, the authors note that this technique is different from Dialectical-Behavior Therapy and other psychodynamic forms of treatment. "Key to the 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). Thus, we expect to see evidence of the degree to which this goal is achieved. The authors' 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 patients treated by all three methods had significant improvement in both global and social functioning, as well as significant decreases in

depression and anxiety.

Interesting and clinically significant are the differential effects: both the Transference-Focused Psychotherapy group of patients and the Dialectical-Behavior Therapy group showed significant improvement in suicidality and anger, but the Supportive Psychotherapy patients did not. In addition, "only the Transference-Focused-Psychotherapy-treated group demonstrated significant improvements in verbal assault, direct assault, and irritability" (p. 107).

The strongest finding of the Transference-Focused-Psychotherapy study, in line with the putative mechanisms of action, is the demonstration that, after twelve months of treatment, there was a significant increase in the number of patients classified as secure with respect to their attachment state of mind, while this could not be demonstrated for the other two treatments. However, it would be interesting to learn more about those patients whose attachment status did not change after one year of treatment; for example, would further, lengthier treatment have been helpful? Alas, it will not be possible to answer such questions because the project did not have funding for longer observational study.

Most informative for understanding the pitfalls of research methodology is chapter 5's discussion of why Schema-Focused Therapy appeared more efficacious than Transference-Focused Psychotherapy in another comparative trial, performed in Amsterdam. Discussions of the limitations of research too often escape clinicians' full understanding, and this volume tries to remedy that situation is a valuable contribution. It is by now well known that instances of proven superiority of one bona fide treatment over another are likely to be strongly correlated with researcher

allegiance. Luborsky et al. (1999)[4] found a correlation of 0.85 between the researcher's allegiance and psychotherapy outcome! (Mind that this works in the opposite direction as well.)

The concept of defense mechanisms is one of the original and most durable theoretical contributions of psychoanalysis to dynamic psychology. This statement is endorsed by the British experimental psychologist Kline in a monograph devoted solely to the area of defenses.[5] Studies of changes in defensive functioning in psychotherapy, conducted with the use of Defense Mechanism Rating Scales, should rely on a sophisticated, single-case approach, as J. Christopher Perry, Stephen M. Beck, Prometheas Constantinides, and J. Elizabeth Foley illustrate in chapter 6. Each case demonstrates how different aspects of defensive functioning change over different time periods and psychic states. The four cases illustrate especially well that we should be more specific in our reasoning about how structural change comes about; it may relate to a particular kind of disorder, and/or to the kind of treatment. The four cases reported in considerable detail suggest further hypotheses related to factors of structural change, which include potential interactions between moderators and mediators of defensive change.

Studying the process in its myriad details was an early topic of

[4] 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. *Clin. Psychol.: Sci. & Practice*, 6:95-106.

[5] 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, the Netherlands: Elsevier, 2004, pp. 43-54.

research, as documented in the 1953 compilation by Mowrer,[6] as well as in the chapter by Marsden (1971)[7] in the first edition of the *Handbook of Psychotherapy and Behavior Change*. Although all succeeding editions of that *Handbook* reported extensively on process variables, and there has been a widespread impression that efficacy research has dominated the field since the 1980s, now a kind of "back-to-basics" movement is setting in. Today, since the equalizing paradox of psychotherapies is well established (the dodo bird effect: since all therapies are equally effective, "all must have prizes"), many talk about a new, third phase in research (e.g., Wallerstein 2001).[8] Process studies are back on stage.

Researchers have long been focusing on specific therapeutic factors, intervention, and patient--therapist interactions. In chapter 7, Caleb J. Siefert, Jared A. Defife, and Matthew R. Baity 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 about when to use which coding system. Although one might not totally agree with the authors' conclusion that "the empirical study of psychodynamic psychotherapy represents one of the most exciting advances within the field of psychology" (p. 175), it is fair to say that the move to sophisticated, painstaking, descriptive research is a sound one,

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[6] Mowrer, O. H., ed. (1953). *Psychotherapy: Theory and Research*. New York: Ronald Press.

[7] 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.

[8] Wallerstein, R. S. (2001). The generations of psychotherapy research: an overview. In *Outcomes of Psychoanalytic Treatment: Perspectives for Therapists and Researchers*, ed. M. Leuzinger-Bohleber & M. Target. London: Whurr, 2001, pp. 30-60.

since much of clinical theorizing has little support in recorded data. This pertains especially to psychoanalytic theorizing, so that prominent authors (e.g., Fonagy[9]) recommend developing clinical theories that stay close to what really happens in the consulting room. Studying process entails the use of tape recording, and this is the direction in which the field must move (Kächele, Schachter, and Thomä[10]).

Although many facets of psychodynamic treatment theory have been investigated 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 a relatively early study,[11] linguistic analyses can catch the subtleties of a therapist's in situ speech, but little work of this kind has been done. In chapter 8, Ephi Betan and Drew Westen present a countertransference questionnaire as an instrument with which to empirically measure countertransference, illustrating its usefulness with clinical material. Betan and Westen hope to identify a variety of countertransference constellations in order to help clinicians anticipate potential countertransference challenges that are especially inherent in working with many forms of personality disturbance. Indeed, the authors convincingly state, "such research would help to refine our understanding of our concept of average expectable countertransference responses and may

[9] Fonagy, P. (2003). Some complexities in the relationship of psychoanalytic theory to technique. *Psychoanal. Q.*, 72:13-47.
[10] Kächele, H., Schachter, J. & Thomä, H. (2009). Psychoanalytic process research. In *From Psychoanalytic Narrative to Empirical Single Case Research: Implications for Psychoanalytic Practice*. New York: Routledge, 2009.
[11] Dahl, H., Teller, V., Moss, D. & Trujillo, M. (1978). Countertransference examples of the syntactic expression of warded-off contents. *Psychoanal. Q.*, 47:339-363.

be enhancing our understanding of the variables that impact patient--therapist match" (p. 195).

The therapeutic alliance is probably the most intensively studied phenomenon in psychotherapy. It has consistently proven to be a reliable predictor of positive outcome (in short therapies, I should add), as Jeremy D. Safran, J. Christopher Muran, and Bella Proskurov point out in chapter 9. A concise summary of the concept of therapeutic alliance leads the authors to the rich fruits of its measurement. Obviously, the more research data that is available, the more complex the picture gets. Clinically important is whether or not the alliance remains stable during certain phases of treatment. "The concept of alliance ruptures overlaps to a certain degree with constructs such as resistance, empathic failure, and transference tests" (p. 210), the authors observe. Only fairly recently have ruptures in therapeutic alliance and their resolution become objects of systematic studies, which are neatly summarized and clinically illustrated in this chapter.

The issue of *affect* was prominent in Freud's early work; now it seems to be making a comeback, judging by the next two chapters in this volume. Here affect-focused techniques are quasi-rehabilitated. Research summarized by Marc J. Diener and Mark J. Hilsenroth in chapter 10 suggests that psychodynamic therapists should increase their patients' emotional awareness, should deepen their patients' in-session affective experience, and should facilitate patients' emotional expression. Obviously, the mere act of writing about emotional experiences has therapeutic power,

as Pennebaker demonstrated.[12] So what is new here? The answer is that the practical implications of the use of affect are being explored; no longer is it the interpretation of past experiences, but rather it is exposure to warded-off thoughts and feelings that should unlock the unconscious. Alexander and Fromm's recommendations are validated if one considers this body of evidence.

In chapter 11, therapist-researchers Leigh McCullough and Molly Magill are not afraid to speak of "systematic desensitization of the underlying affect phobia" (p. ___). One might say that the more treatment is focused on affect, the better the therapeutic outcome. In discussing the historical roots of the concept *affect phobia,* McCullough and Magill underscore the integrative nature of affect and their consequent treatment recommendations. However, research has become more reserved in relation to anxiety-provoking techniques; such methods were used "too strongly, too often, and too soon" (p. 259), according to the authors. The current recommendation to the clinician comes as no surprise: a spoonful of sugar helps the confrontational medicine go down. Detailed case illustrations help the clinical reader appreciate the enormous work that McCullough and her group have invested in developing these short-term models. Salient is their conclusion: "Research has been the architect as well as the demolition squad of the affect phobia treatment model" (McCullough and Magill, p. 274).

More recent and more blatant questions are raised about the medical disease model and its focus on manifest behavioral symptoms. Time and

[12] Pennebaker, J. (1997). Writing about emotional experiences as a therapeutic process. *Psychol. Sci.*, 8:162-166.

again, psychodynamic researchers have argued that, instead of a focus on symptoms, basic vulnerabilities should be targeted. A showpiece for this argument is the detailed reanalysis of the NIMH Treatment of Depression Collaborative Research Program, conducted by Sidney J. Blatt, David C. Zuroff, and Lance Hawley in chapter 12. This chapter showcases a complete data set. Using two major types of experience that result in depression---anaclitic and introjective---a host of finely detailed analyses are shown to support the conclusion that introjective patients do not fare well in short-term treatments. Also interesting is the diversity of data sets that have been used to power this conclusion: a Belgian study providing nine months of inpatient psychotherapy, the Menninger data set, and other studies on long-term, intensive treatments---all of which concur that "symptom reduction during treatment is significantly mediated by a reduction in these personality characteristics of vulnerability" (p. 293).

New methodologies raise new issues; with the availability of ever more sophisticated neuroscientific technology, new ways of questioning become feasible. Therefore, a remarkable synergy between the fields of psychotherapy and neuroscience has begun to emerge. In chapter 13, Joshua L. Roffman and Andrew J. Gerber describe how the new technological understanding of brain functioning may impact our understanding of psychodynamic constructs and therapy. It could also---as a welcome side-effect---powerfully influence the perception of psychotherapy among our potential customers.

Still, there is long way to go, and this chapter familiarizes readers with some technical details that influence the interpretation 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 wonderful if therapeutic outcome could be predicted by identifying baseline patterns or neurobiological activity in response to specific tasks. However, the overwhelming evidence from psychotherapy research indicates that pre-treatment measurements are unlikely to contribute greatly in examinations of outcome variance.

Long before brain imaging became feasible, psychophysiological measurements began to play a role in psychodynamic research over half a century ago, as discussed by Carl D. Marci and Helen Riess in chapter 14. Still, one cannot escape the impression that the impact of psychological studies on psychotherapy as practiced has remained marginal. The research reviewed in this chapter confirms "the existence of a measurable, biologically based influence that emerges from the physiological responses between patient and therapist during psychotherapy" (p. 353). However, many questions are still unanswered; the step from laboratory investigation of discrete events (such as an outburst of laughter or a sudden negative emotion) to the complexity of therapeutic processes is a big one. Although psychophysiology has the potential to help generate empirically testable hypotheses on the mutual influence between patient and therapist, it seems less clear that it can help "bridge the gap between research and clinical practice" (p. 354).

A collection of open letters by researchers in psychodynamic psychotherapy rounds off the volume. This final section makes one aware that the capacity to reflect on one's own involvement is necessary in order to find one's position in the balance between the poles of practice and

research.

Is this volume delivering its promise to “bridge the gap between science and practice”? For some clinicians, some of its chapters will seem quite technical, yet they provide informative material on recent developments and achievements. To balance these, other chapters include detailed clinical material likely to gratify the therapist reader. The take-home message of this volume might be that there is no need to be ashamed of psychodynamic therapy; there is more empirical evidence of its efficacy and unique suitability to certain disorders than most clinicians are aware of.

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