Comment

Contents

DOI: 10.1037/a0021195

Methods and Mechanisms in the Efficacy of Psychodynamic Psychotherapy

Dean McKay
Fordham University

Shedler (February–March 2010) summarized a large body of research that shows psychodynamic therapy to have a substantial effect size, comparable to that for many empirically supported treatments. This is an important finding, in part refuting the concerns raised by Bornstein (2001, 2002) regarding the future of psychodynamic approaches had there been no substantial changes in how practitioners and researchers approached the science to demonstrate efficacy. Further, Shedler showed that the efficacy of psychoanalytic psychotherapy is due to therapeutic methods commonly employed in cognitive behavior therapy (CBT), one of the most frequently cited empirically supported approaches for a wide range of psychological conditions.

From a methodological perspective, there are some important limitations to the claim of psychodynamic psychotherapy's comparable efficacy to other empirically supported approaches. First, the meta-analyses that Shedler (2010) examined as supportive of psychoanalytic approaches did not restrict the analyses to specific diagnoses. This problem was cited as a limitation in many early psychotherapy meta-analyses, whereby specific procedures used in treatment for individual disorders were grouped together into heterogeneous clusters, making the possibility of specific conclusions for certain disorders impossible (Strube, Gardner, & Hartmann, 1985). A second important limitation involves the methods of assessment for outcome. Questions regarding the reliability and validity of many measures based on psychodynamic constructs have been raised, most notably in the case of the Rorschach (Wood, Nezworski, & Stejskal, 1996). This problem in measurement is an important one, as it calls into question what is actually changing in the course of treatment and whether it meaningfully relates to functioning outside of the clinical setting. Shedler (2010) recommended the use of a systematic observation method for future research, but this does not diminish the fact that there are strong claims being offered regarding efficacy with the existing measures. Third, even in the case of outcome measures with established reliability and validity, the claims of efficacy, which encompass both positive outcome and efficiency of treatment delivery, may be overstated. The best illustration comes from the meta-analysis by Leichsenring and Rabung (2008). This study was an examination of the outcome for long-term psychodynamic psychotherapy. Yet the effect sizes reported for major domains of functioning were not significantly larger than those obtained with shorter term and symptom-focused empirically supported treatments. This corresponds to the inefficiency problem noted by Bornstein (2001) as a problem facing psychodynamic approaches generally. Finally, in reviewing a series of meta-analyses, there is a high likelihood that the same studies contribute to more than one quantitative review. Indeed, it is virtually guaranteed in this instance. Consider, for example, two that were cited by Shedler (2010): Leichsenring and Rabung (2008) and Abbass, Hancock, Henderson, and Kisely (2006). Each of these studies involved randomized controlled trials covering the same target conditions for overlapping time periods of publication. This creates an unfair basis for effect size reporting in the context of a larger synthesis aimed at promoting the efficacy of psychodynamic psychotherapy.

The application of any psychotherapeutic approach is reliant on established relations between specific mechanisms and the maintaining factors of the disorder. In this regard there is another major issue related to the conclusions drawn by Shedler (2010). The numerous empirically supported approaches to treatment, in general, are based on specific models of psychopathology for specified disorders. The treatments are then developed in a manner to directly address these specific mechanisms. Bornstein (2001) referred to this as a problem of indeterminacy and suggested it was yet another major impediment to the advancement of psychodynamic approaches. At the present time, there are empirically supported treatment approaches for the majority of major psychiatric disorders, and the level of sophistication of these treatments is such that they have now turned to methods for addressing complications that might limit therapeutic outcome (i.e., McKay, Abramowitz, & Taylor, 2010; McKay & Storch, 2009). On the other hand, Shedler highlighted several common factors to psychotherapy (such as emotional expression and interpersonal relatedness) as functionally important components of therapeutic benefit. This simultaneously oversimplifies treatment by suggesting that this small subset of domains is sufficient for positive outcome and complicates matters by leaving clinicians without clear guidance should reliance on treatment in these areas fail to produce beneficial outcome.

Although there are remarkably few specific mechanisms in psychodynamic conceptualizations (noted in Bornstein, 2001), a fundamental axiom according to psychodynamic approaches is that direct treatment of presenting symptoms leads to symptom substitution. This axiom arises from assumed lingering unconscious conflicts (discussed in both psychodynamic and behavioral perspectives by Wachtel, 1997) and continues to be the most compelling explanation for long-term psychotherapeutic interventions. While this component of psychodynamic conceptual-

Vol. 66, No. 2, 147–158

izations has become part of mainstream psychological thinking, the empirical support for it is virtually nonexistent (Tryon, 2008). Until psychodynamic researchers identify mechanisms associated with psychopathology on the basis of the specific theory guiding treatment, the ability to approach treatment will continue to be less a scientific enterprise and more an art form.

Shedler (2010) decried the lack of informed scientific knowledge among practicing psychodynamic therapists and theorists when he noted that many are unfamiliar with the research cited in his article. On the other hand, Westen (1998) described a wide range of ways that basic science in unconscious processes had advanced since Freud's original theorizing. Many of these areas likewise are unknown to practitioners and theorists; otherwise there would be a marked shift in research emphasis to reliance on these updated constructs in treatment outcome. As a further indicator of the degree to which other researchers who are like-minded to Shedler view overgeneralization in meta-analysis and the absence of mechanisms in empirically supported treatments as problems to be reckoned with, Westen, Novotny, and Thompson-Brenner (2004) suggested that both approaches have significant limitations, and they urged practitioners to move to empirically informed practice. Shedler appears to be advocating, in its current form, the most general form of psychotherapy, with emphasis given to common approaches, such as emotional expression and developmental events, over scientifically informed approaches to practice.

REFERENCES

Abbass, A. A., Hancock, J. T., Henderson, J., & Kisely, S. (2006). Short-term psychodynamic psychotherapies for common mental disorders. *Cochrane Database of Systematic Reviews 2006,* Issue 4, Article No. CD004687. doi:10.1002/14651858.CD004687

Bornstein, R. F. (2001). The impending death of psychoanalysis. *Psychoanalytic Psychology, 18,* 3–20. doi:10.1037/0736-9735.18.1.2

Bornstein, R. F. (2002). The impending death of psychoanalysis: From destructive obfuscation to constructive dialogue. *Psychoanalytic Psychology, 19,* 580–590. doi:10.1037/0736-9735.19.3.580

Leichsenring, F., & Rabung, S. (2008). Effectiveness of long-term psychodynamic psychotherapy: A meta-analysis. *Journal of the American Medical Association, 300,* 1551–1565. doi:10.1001/jama.300.13.1551

McKay, D., Abramowitz, J. S., & Taylor, S. (2010). *Cognitive-behavioral therapy for refractory cases: Turning failure into success.* Washington, DC: American Psychological Association. doi:10.1037/12070-000

McKay, D., & Storch, E. (Eds.). (2009). *Cognitive behavior therapy for children: Treating complex and refractory cases.* New York, NY: Springer.

Shedler, J. (2010). The efficacy of psychodynamic psychotherapy. *American Psychologist, 65,* 98–109. doi:10.1037/a0018378

Strube, M. J., Gardner, W., & Hartmann, D. P. (1985). Limitations, liabilities, and obstacles in reviews of the literature: The current status of meta-analysis. *Clinical Psychology Review, 5,* 63–78. doi:10.1016/0272-7358(85)90030-3

Tryon, W. W. (2008). Whatever happened to symptom substitution? *Clinical Psychology Review, 28,* 963–968. doi:10.1016/j.cpr.2008.02.003

Wachtel, P. L. (1997). *Psychoanalysis, behavior therapy, and the relational world.* Washington, DC: American Psychological Association. doi:10.1037/10383-000

Westen, D. (1998). The scientific legacy of Sigmund Freud: Toward a psychodynamically informed psychological science. *Psychological Bulletin, 124,* 333–371. doi:10.1037/0033-2909.124.3.333

Westen, D., Novotny, C. M., & Thompson-Brenner, H. (2004). The empirical status of empirically supported psychotherapies: Assumptions, findings, and reporting in clinical trials. *Psychological Bulletin, 130,* 631–663. doi:10.1037/0033-2909.130.4.631

Wood, J. M., Nezworski, M. T., & Stejskal, W. J. (1996). The comprehensive system for the Rorschach: A critical examination. *Psychological Science, 7,* 3–10. doi:10.1111/j.1467-9280.1996.tb00658.x

Correspondence concerning this comment should be addressed to Dean McKay, Department of Psychology, Fordham University, Bronx, NY 10458. E-mail: mckay@fordham.edu

DOI: 10.1037/a0021248

Is There Room for Criticism of Studies of Psychodynamic Psychotherapy?

Brett D. Thombs, Lisa R. Jewett, and Marielle Bassel

McGill University and Jewish General Hospital

Shedler (February–March 2010) declared unequivocally that "empirical evidence supports the efficacy of psychodynamic therapy" (p. 98). He did not mention any specific criticisms that have been made of evidence on psychodynamic psychotherapies or address possible distinctions between evidence for short-term versus long-term psychodynamic psychotherapies. Instead, he attributed dissenting views to biases in evidence dissemination and review, which he suggested are rooted in a "lingering distaste in the mental health professions for past psychoanalytic arrogance and authority" related to a "hierarchical medical establishment that denied training to non-MDs and adopted a dismissive stance toward research" (Shedler, 2010, p. 98).

Table 1
Pre–Post Effect Sizes From Five Imaginary Studies

Study	Treatment pre–post effect size	Control pre–post effect size
1	1.00	0.90
2	1.00	0.90
3	1.00	0.90
4	1.00	0.90
5	1.00	0.91

Note. Standardized effect size = 34.6 based on methods described by Leichsenring and Rabung (2008).

Shedler (2010) justified his blanket dismissal of criticisms of evidence supporting psychodynamic psychotherapy on the basis of several published meta-analyses. The validity of conclusions from meta-analyses depends on the quality of the evidence synthesized, the nature of the studies included, and the rigor of the statistical analyses employed. Many meta-analyses, however, are not performed rigorously, which can result in treatment efficacy estimates that obscure important intertrial differences and that are unlikely to be replicated in clinical practice.

Shedler's (2010) only hint of possible methodological issues in any of the meta-analyses he described was a footnote indicating that effect sizes from a meta-analysis by Leichsenring and Rabung (2008) were based on an "atypical method" that "may provide an inflated estimate of efficacy" (Shedler, 2010, p. 101). Rather than simply an "atypical" method, however, this was a gross miscalculation that rendered reported effect sizes meaningless (Thombs, Bassel, & Jewett, 2009). Leichsenring and Rabung (2008) departed from standard methods and erroneously calculated separate *within-group* pre–post effect sizes for long-term psychodynamic psychotherapy (LTPP) and comparison groups followed by a point biserial correlation of group (LTPP vs. comparison) and *within-group* effect sizes. As shown in the set of hypothetical studies in Table 1, this method can produce large, but meaningless, effect sizes. In this example, it produces an implausible standardized mean effect size of 34.6, even though differences between