

# The outcome of psychoanalysis

# The hope of a future

*At first we hope too much, later on, not enough.* (Joseph Roux, *Meditations of a Parish Priest*, 1886)

**I**N 1903, in his contribution to Loewenfeld's book on obsessional phenomena, Freud wrote:

*...the number of persons suitable for psycho-analytic treatment is extraordinarily large and the extension which has come to our therapeutic powers from this method is...very considerable.* (Freud, 1904/1961a, p.254)

Earlier, in a series of three lectures on hysteria in October 1905, he had asserted:

*And I may say that the analytic method of psychotherapy is one that penetrates most deeply and carries farthest, the one by means of which the most effective transformations can be effected in patients.* (Freud, 1905/1961b, p.260)

Freud's therapeutic optimism persisted for at least two decades. In 1917 he wrote:

*Through the overcoming of these resistances the patient's mental life is*



**PETER FONAGY** assesses evidence for the effectiveness of psychoanalytic treatment.

*permanently changed, is raised to a higher level of development and remains protected against a fresh possibility of falling ill.* (Freud, 1916–17/1961c, p.451)

Fifteen years later, however, his optimism apparently wilted and he claimed 'never [to have] been a therapeutic enthusiast' (Freud, 1933/1961d, p.151). In one of his last strictly psychoanalytic writings, Freud (1937/1961e) decisively repudiated earlier statements on the prophylactic aspects of analysis. By this time perhaps he was 'hoping for too little', and he devastatingly added:

*One has the impression that one ought not to be surprised if it should turn out in the end that the difference between a person who has not been analysed and the behaviour of a person after he has been analysed is not so thorough-going*

*as we aim at making it and as we expect and maintain it to be.* (p.228)

Recognising the limited benefit that analysts are likely to observe following years of treatment, he adds that 'it almost looks as if analysis were the third of those "impossible" professions in which one can be sure beforehand of achieving unsatisfying results' (p.248). (The other two endeavours deserving of similar empathy are, of course, education and government.)

This was the state of affairs half a century ago. We live in an era of empirically validated treatments (Lonigan *et al.*, 1998) that prizes brief structured interventions. What hope is there for a therapeutic approach that defines itself by freedom from constraint and preconception (Bion, 1967), and counts treatment length not in terms of number of sessions but in terms of years?

Can psychoanalysis ever demonstrate its effectiveness, let alone cost-effectiveness? After all, is psychoanalysis not a qualitatively different form of therapy, which must surely require a qualitatively different kind of metric to reflect variations in its outcome? Symptom change as a sole indicator of therapeutic benefit must indeed be considered crude in relation to the complex interpersonal processes that evolve over the many hundreds of sessions of the average three to five times weekly psychoanalytic treatment. There is a good case to be made for therapists, clients and clients' families all contributing to the assessment of benefit. Little wonder then that most psychoanalysts are sceptical about outcome investigations.

What surprises one, given this unpropitious backdrop, is that there is in fact some suggestive evidence for the

effectiveness of psychoanalysis as a treatment for psychological disorder. Before reviewing this evidence, let us briefly outline the generally agreed hierarchy of research design that tends to be applied to outcome studies in psychotherapy (Roth & Fonagy, 1996).

Broadly, at the bottom of this hierarchy are case reports and case series studies, which at best establish an expectable timeframe for change. Slightly above sit prospective studies comparing pre- and post-treatment, which can document the nature and extent of change. To be preferred are comparison studies where the effects of an intervention are contrasted with no treatment or treatment as usual (sadly too often not very different). The gold standard is randomised controlled trials (RCTs) comparing the index treatment with another treatment of known effectiveness or a good placebo control. Most evidence for psychoanalysis is at the case study level. There are, however, exceptions.

### Evidence base of psychoanalytic treatment

Psychoanalysts have been encouraged by the body of research supporting brief dynamic psychotherapy. A meta-analysis of 26 such studies has yielded effect sizes comparable to other approaches (Anderson & Lambert, 1995). It may even be slightly superior to some other therapies, if long-term follow-up is included in the design. One of the best designed RCTs, the Sheffield Psychotherapy Project (Shapiro *et al.*, 1995), found evidence for the effectiveness of a 16-session psychodynamic treatment (based on Hobson's (1985) model) in the treatment of major depression.

There is evidence for the effectiveness of psychodynamic therapy as an adjunct to drug dependence programmes (Woody *et al.*, 1995). There is ongoing work on a brief psychodynamic treatment for panic disorder (Milrod *et al.*, 1997), and there is evidence for the use of brief psychodynamic approaches in work with older people (Thompson *et al.*, 1987).

There are psychotherapy process studies that offer qualified support for the psychoanalytic case. For example, psychoanalytic interpretations given to clients that are judged to be accurate are reported to be associated with relatively good outcome (Crits-Christoph *et al.*, 1988; Joyce & Piper, 1993). There is even tentative evidence from the reanalysis of therapy tapes from the National Institute of

MARY EVANS/SIGMUND FREUD COPYRIGHTS

### Freud with his two chows in Potzleinsdorf (1931)

Mental Health's Treatment of Depression Collaborative Research Program that the more features the process of a brief therapy (e.g. cognitive behaviour therapy, interpersonal therapy) shares with that of a psychodynamic approach, the more likely it is to be effective (Ablon & Jones, 1999).

Evidence is therefore available to support therapeutic interventions that are clear derivatives of psychoanalysis. However, most analysts would consider that the aims and methods of short-term, once-a-week psychotherapy are not comparable to 'full analysis'. What do we know about the value of intensive and long-term psychodynamic treatment? Here the evidence base becomes somewhat patchy.

The Boston Psychotherapy Study (Stanton *et al.*, 1984) compared long-term psychoanalytic therapy (two or more times a week) with supportive psychotherapy for clients with schizophrenia in a randomised controlled design. There were some treatment-specific outcomes, but on the whole clients who received psychoanalytic therapy fared no better than those who received supportive treatment.

In a more recent randomised controlled study (Bateman & Fonagy, 1999) individuals with a diagnosis of borderline personality disorder were assigned to a psychoanalytically oriented day hospital treatment or to treatment as usual. The

psychoanalytic arm of the treatment included therapy groups three times a week as well as individual therapy once or twice a week over an 18-month period. There were considerable gains in this group relative to the controls. These differences were not only maintained in the 18 months following discharge but increased, even though the day hospital group received less treatment than the control group (Bateman & Fonagy, in press).

Moran *et al.* (1991) undertook a further controlled trial of intensive psychoanalytic treatment of children who were unable to maintain the diabetic regimen (diet, injections and exercise) and who consequently suffered from chronically poorly controlled diabetes. Significant gains in diabetic control in the treated group were reported, which were maintained at one-year follow-up. Experimental single-case studies carried out with the same population supported the causal relationship between interpretive work and improvement in diabetic control and physical growth (Fonagy & Moran, 1991). Treatment of children with specific learning difficulties also suggests that four or five times weekly sessions may generate more marked improvements than a less intensive psychoanalytic intervention (Heinicke & Ramsey-Klee, 1986).

One of the most interesting studies to

emerge recently was the Stockholm Outcome of Psychotherapy and Psychoanalysis Project (Sandell, 1999). The study followed 756 persons who received national insurance funded treatment for up to three years in psychoanalysis (four or five treatment sessions a week) or in psychoanalytic psychotherapy (one or two treatment sessions a week). The groups were matched on many clinical variables. Four or five times weekly analysis had similar outcomes at termination when compared with one to two sessions per week psychotherapy.

However, in measurements of symptomatic outcome using the Symptom Checklist 90, improvement on a three-year follow-up was substantially greater for individuals who received psychoanalysis than for those in psychoanalytic psychotherapy. In fact, during the follow-up period the psychotherapy group did not change, but those who had had psychoanalysis continued to improve,

almost to a point where their scores were indistinguishable from others obtained from a non-clinical Swedish sample.

Another large pre-post study of psychoanalytic treatments has examined the clinical records of 763 children who were evaluated and treated at the Anna Freud Centre, under the close supervision of Freud's daughter (Fonagy & Target, 1996). Children with certain disorders (e.g. depression, autism, conduct disorder) appeared to benefit only marginally from psychoanalysis or psychoanalytic psychotherapy.

Interestingly, children with severe emotional disorders (three or more psychiatric diagnoses) did surprisingly well in psychoanalysis, although they did poorly in once or twice a week psychoanalytic psychotherapy. Younger children derived greatest benefit from intensive treatment. Adolescents appeared not to benefit from the increased frequency of sessions, perhaps because their developmental concerns with independence were

incompatible with benefiting from a dependent relationship. The importance of the study is perhaps less in demonstrating that psychoanalysis is effective, although some of the effects on very severely disturbed children were quite remarkable, but more in identifying groups for whom the additional effort involved in intensive treatment appeared not to be warranted.

The Research Committee of the International Psychoanalytical Association has recently prepared a comprehensive review of North American and European outcome studies of psychoanalytic treatment (Fonagy *et al.*, 1999). The committee concluded that existing studies failed to demonstrate unequivocally that psychoanalysis is efficacious relative to either an alternative treatment or an active placebo. They identified a range of methodological and design problems in the 50 or so studies described in the report. Nevertheless, the report is encouraging to psychoanalysts.

A number of studies testing

## References

- Ablon, J. S., & Jones, E. E. (1999). Psychotherapy process in the National Institute of Mental Health Treatment of Depression Collaborative Research Program. *Journal of Consulting and Clinical Psychology, 67*, 64–75.
- Anderson, E. M., & Lambert, M. J. (1995). Short-term dynamically oriented psychotherapy: A review and meta-analysis. *Clinical Psychology Review, 15*, 503–514.
- Bateman, A., & Fonagy, P. (1999). The effectiveness of partial hospitalization in the treatment of borderline personality disorder — A randomized controlled trial. *American Journal of Psychiatry, 156*, 1563–1569.
- Bateman, A., & Fonagy, P. (in press). Follow-up of psychoanalytically oriented partial hospitalisation treatment of borderline personality disorder. *American Journal of Psychiatry*.
- Bion, W. R. (1967). Notes on memory and desire. *Psychoanalytic Forum, 2*, 272–273, 279–280.
- Bruner, J. (1990). *Acts of meaning*. Cambridge: Harvard University Press.
- Crits-Christoph, P., Cooper, A., & Luborsky, L. (1988). The accuracy of therapists' interpretations and the outcome of dynamic psychotherapy. *Journal of Consulting and Clinical Psychology, 56*, 490–495.
- Fonagy, P. (1999). Achieving evidence-based psychotherapy practice: A psychodynamic perspective on the general acceptance of treatment manuals. *Clinical Psychology: Science and Practice, 6*, 442–444.
- Fonagy, P., Kachele, H., Krause, R., Jones, E., Perron, R., & Lopez, L. (1999). *An open door review of outcome studies in psychoanalysis*. London: International Psychoanalytical Association.
- Fonagy, P., & Moran, G. S. (1991). Studies of the efficacy of child psychoanalysis. *Journal of Consulting and Clinical Psychology, 58*, 684–695.
- Fonagy, P., & Target, M. (1996). Predictors of outcome in child psychoanalysis: A retrospective study of 763 cases at the Anna Freud Centre. *Journal of the American Psychoanalytic Association, 44*, 27–77.
- Freud, S. (1961a). Freud's psycho-analytic procedure. In J. Strachey (Ed.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 7, pp. 247–254). London: Hogarth Press. (Original work published 1904)
- Freud, S. (1961b). On psychotherapy. In J. Strachey (Ed.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 7, pp. 255–268). London: Hogarth Press. (Original work published 1905)
- Freud, S. (1961c). Analytic therapy. Lecture XXVIII in introductory lectures on psycho-analysis. In J. Strachey (Ed.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 17, pp. 448–463). London: Hogarth. (Original work published 1916–17)
- Freud, S. (1961d). New introductory lectures on psychoanalysis. In J. Strachey (Ed.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 22, pp. 1–182). London: Hogarth Press. (Original work published 1933)
- Freud, S. (1961e). Analysis terminable and interminable. In J. Strachey (Ed.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 23, pp. 209–253). London: Hogarth Press. (Original work published 1937)
- Heinicke, C. M., & Ramsey-Klee, D. M. (1986). Outcome of child psychotherapy as a function of frequency of sessions. *Journal of the American Academy of Child Psychiatry, 25*, 247–253.
- Hobson, R. F. (1985). *Forms of feeling: The heart of psychotherapy*. New York: Basic Books.
- Joyce, A. S., & Piper, W. E. (1993). The immediate impact of transference interpretation in short-term individual psychotherapy. *American Journal of Psychotherapy, 47*, 508–526.
- Lonigan, C. J., Elbert, J. C., & Johnson, S. B. (1998). Empirically supported psychosocial interventions for children: An overview. *Journal of Clinical Child Psychology, 27*, 138–145.
- Milrod, B., Busch, F., Cooper, A., & Shapiro, T. (1997). *Manual for panic-focused psychodynamic psychotherapy*. Washington, DC: American Psychiatric Press.
- Moran, G., Fonagy, P., Kurtz, A., Bolton, A., & Brook, C. (1991). A controlled study of the psychoanalytic treatment of brittle diabetes. *Journal of the American Academy of Child and Adolescent Psychiatry, 30*, 926–935.
- Roth, A., & Fonagy, P. (1996). *What works for whom? A critical review of psychotherapy research*. New York: Guilford Press.
- Sandell, R. (1999). Long-term findings of the Stockholm Outcome of Psychotherapy and Psychoanalysis Project (STOPPP). Paper presented at the 'Psychoanalytic Long-Term Treatments: A Challenge for Clinical and Empirical Research in Psychoanalysis' meeting, Hamburg, Germany.
- Shapiro, D. A., Rees, A., Barkham, M., Hardy, G., Reynolds, S., & Startup, M. (1995). Effects of treatment duration and severity of depression on the maintenance of gains after cognitive-behavioral and psychodynamic-interpersonal psychotherapy. *Journal of Consulting and Clinical Psychology, 63*, 378–387.
- Stanton, A. H., Gunderson, J. G., Knapp, P. H., Vancelli, M. L., Schnitzer, R., & Rosenthal, R. (1984). Effects of psychotherapy in schizophrenia: I. Design and implementation of a controlled study. *Schizophrenia Bulletin, 10*, 520–563.
- Thomä, H., & Kächele, H. (1987). *Psychoanalytic practice. I: Principles*. New York: Springer-Verlag.
- Thompson, L. W., Gallagher, D., & Breckenridge, J. S. (1987). Comparative effectiveness of psychotherapies for depressed elders. *Journal of Consulting and Clinical Psychology, 55*, 385–390.
- Whittle, P. (in press). Experimental psychology and psychoanalysis: What we can learn from a century of misunderstanding. *Neuro-psychoanalysis*.
- Woody, G. E., McLellan, A. T., Luborsky, L., & O'Brien, C. P. (1995). Psychotherapy in community methadone programs: A validation study. *American Journal of Psychiatry, 152*, 1302–1308.

### Freud in London, aged 83

psychoanalysis with 'state of the art' methodology are ongoing and are likely to produce more compelling evidence over the next years. Despite the limitations of the completed studies, evidence across a significant number of pre-post investigations suggests that psychoanalysis appears to be consistently helpful to patients with milder (neurotic) disorders and somewhat less consistently so for more severe groups.

Across a range of uncontrolled or poorly controlled cohort studies, mostly carried out in Europe, longer intensive treatments tended to have better outcomes than shorter, non-intensive treatments. The impact of psychoanalysis was apparent beyond symptomatology, in measures of work functioning and reductions in healthcare costs.

### The hope of a future

There can be no excuse for the thin evidence base of psychoanalytic treatment. In the same breath that psychoanalysts often claim to be at the intellectual origin of other talking cures (e.g. systemic therapy, cognitive behaviour therapy), they also seek shelter behind the relative immaturity of the discipline to explain the absence of evidence for its efficacy. Yet the evidence base of these 'derivatives' of psychoanalytic therapy has been far more firmly established than evidence for psychoanalysis itself.

Of course, there are reasons given for this — reasons such as the long-term nature of the therapy, the complexity of its procedures, the elusiveness of its self-declared outcome goals, and the incompatibility of direct observation with the need for absolute confidentiality. None of these reasons stands up to careful

scrutiny, however. For example, recording the analytic process appears to be possible without the total destruction of the client's trust (Thomä & Kächele, 1987).

Further, systematic observation lends rigour to the entire enterprise, a rigour that may be a crucial common factor underlying many effective treatments (Fonagy, 1999). In any case, audiotaping is far from being a prerequisite of data gathering in this area. A more likely reason for the absence of psychoanalytic outcome research lies in the fundamental incompatibilities in the world view espoused by psychoanalysis and most of current social science.

In a recent paper Paul Whittle (in press) describes a 'chasm' between psychoanalysis and psychology. While the method of psychoanalysis was developed to fill gaps in self-narrative and self-awareness, inevitable because of the limitations of our conscious reflection, psychology has a minimalist theory-building tradition, which Whittle elegantly describes as 'cognitive asceticism'. The kind of narrative making that psychoanalysis entails is so core to human function, so central to the experience of personal meaning (Bruner, 1990), that a discipline that has the systematic elaboration of such narratives at its core will probably remain for ever vital to the study of the nature of humankind.

So can we think of psychoanalysis as offering an alternative epistemology to the one we habitually use in psychological research? I believe that such an attitude implicitly consigns psychoanalysis to its current inadequate mode of functioning. And seeing psychology and psychoanalysis as at opposite ends of an epistemological continuum runs the risk of shielding the discipline from appropriate criticisms concerning its profound limitations.

Psychoanalysis needs to change. Gathering further evidence for psychoanalysis through outcome studies is important, not simply to improve support for existing practices, but far more to generate a change of attitudes in psychoanalytic practitioners. This is essential to ensure a future for psychoanalysis and psychoanalytic therapies.

■ *Peter Fonagy is Freud Professor of Psychoanalysis at the Sub-Department of Clinical Health Psychology, University College London, Gower Street, London, WC1E 6BT. Tel: 020 7391 1791; e-mail: p.fonagy@ucl.ac.uk.*