Louvain Psychotherapy Research Group

NHS The Tavistock and Portman NHS Foundation Trust

Conditions for the effectiveness of psychoanalytic psychotherapy in the treatment of chronic depression: A comparative case study

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Psychoanalytic treatment of depression

- Psychoanalytic and psychodynamic therapy is superior to control conditions in improving depression*
- The central change mechanism is **gaining insight**

Change mechanisms are “changes occurring within the patient over the course of psychotherapy that are hypothesizes to have a causal relation with treatment outcome.”**

- Insight is gained by the use of interpretative interventions
  - Supportive interventions = questions, clarifications, reflections, support strategy,…
  - **Interpretative interventions = defense interpretations and transference interpretations**

*Barber, J. P., Muran, J. C., McCarthy, K. S., Keefe, J. R., & Zilcha-Mano, S. (2021). Research on dynamic therapies. In M. Barkham, W. Lutz, & L. G. Castonguay (eds.) *Bergin and Garfield’s handbook of psychotherapy and behavior change* (pp. 387-419). Wiley.

** Crits-Christoph P. & Connolly Gibbons, M. B. (2021). Psychotherapy Process-outcome research: Advances in understanding causal connections. In M. Barkham, W. Lutz, & L. G. Castonguay (eds.) *Bergin and Garfield’s handbook of psychotherapy and behavior change* (pp. 263-296). Wiley.

Research question and method

- *What are the conditions under which psychoanalytic therapy causes long-term improvement in depression?*
- Method: **comparative case study project**
  - Select two ‘comparable’ cases, one good outcome and one poor outcome
  - Same therapist
  - Systematic case studies
- The focus is on the poor outcome case study (because we learn more from failures!)

STEP 1 – Case selection

* Fonagy, P., et al. (2015). Pragmatic randomized controlled trial of long-term Psychoanalytic Psychotherapy for treatment-resistant depression. *World Psychiatry, 14*(3),312–321. https://doi/org/10.1002/wps.20267

Selection procedure

- Selection based on the following criteria:
  1) treatment completed;
  2) same therapist;
  3) good outcome = partial remission at end of treatment and during follow-up;
  4) poor outcome = not remitted at the end of treatment and during follow-up
  5) matched on demographic variables

*Tavistock Adult Depression Study**: pragmatic RCT of long-term psychoanalytic psychotherapy (LTPP) for treatment-resistant depression

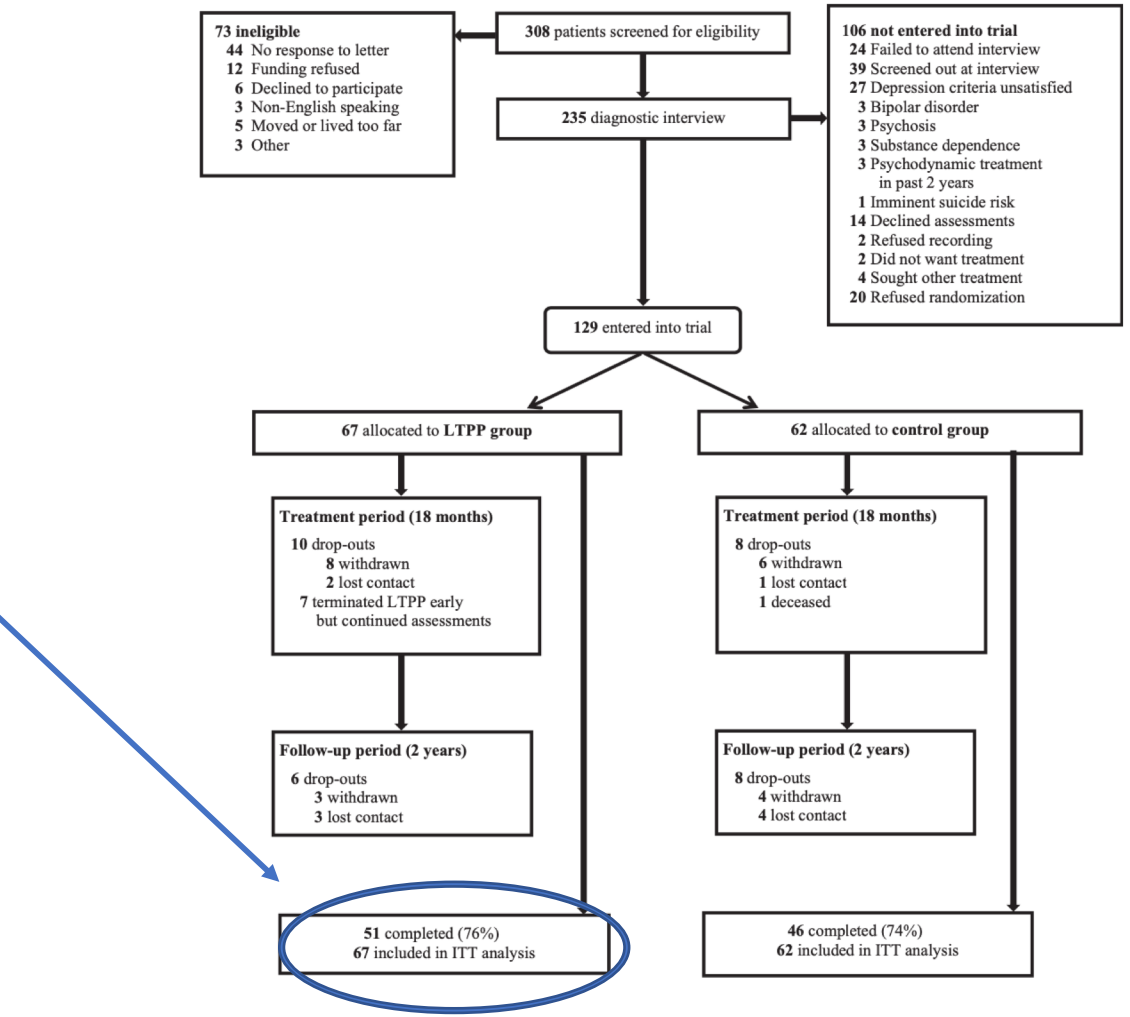


Figure 1 CONSORT diagram of patient flow through the study. LTPP – long-term psychoanalytic psychotherapy, ITT – intention to treat

Selected cases

Tara

- Non-white woman, 40 years old
- Hamilton Depression Rating Scale high (24) at start of treatment and still high (21) at end of follow-up
- Lives alone (divorced) with her teenager son who means the world to her
- Struggles to motivate herself to do anything; her house is a mess
- Attributes her difficulties to external factors such as work and family (“Why do they treat me this way?”)

Edith

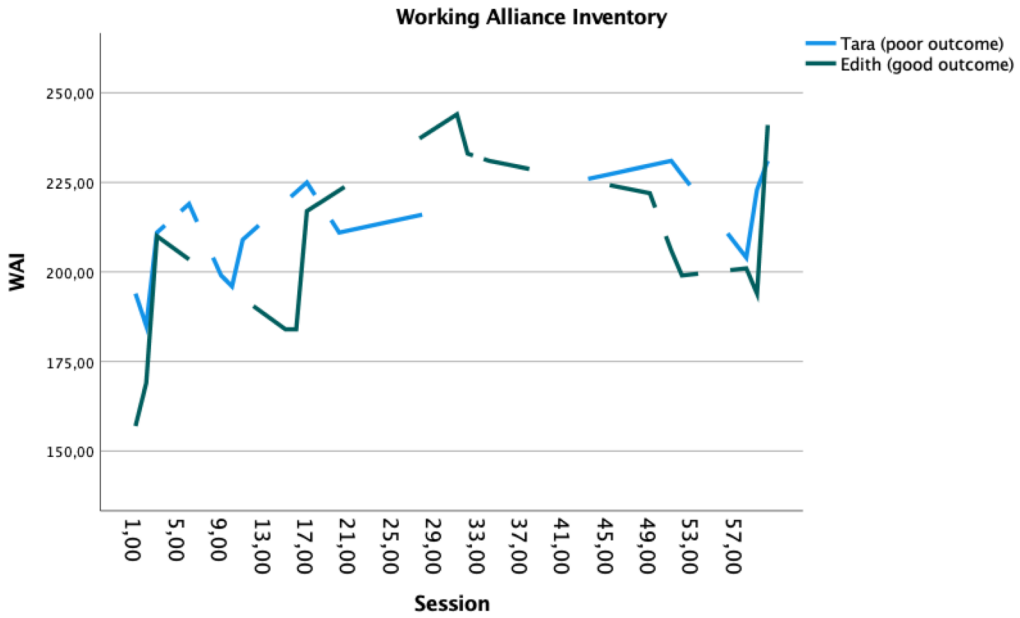
- White woman, 42 years old
- Hamilton Depression Rating Scale high (22) at start of treatment and low (5) at end of follow-up
- Lives together with male partner and his child from a previous relationship
- Excessive rumination about the past, feels stuck in life, wants to leave her partner
- Attributes her difficulties to internal factors (“Why can’t I stop thinking about the past?”)

STEP 2 – Quantitative comparison treatment process

* Banon, E., et al. (2013). Therapist interventions using the Psychodynamic Inventory Rating Scale (PIRS) in dynamic therapy, psychoanalysis and CBT. *Psychotherapy Research, 23*(2), 121–136. http://dx.doi.org/10.1080/10503307.2012.745955

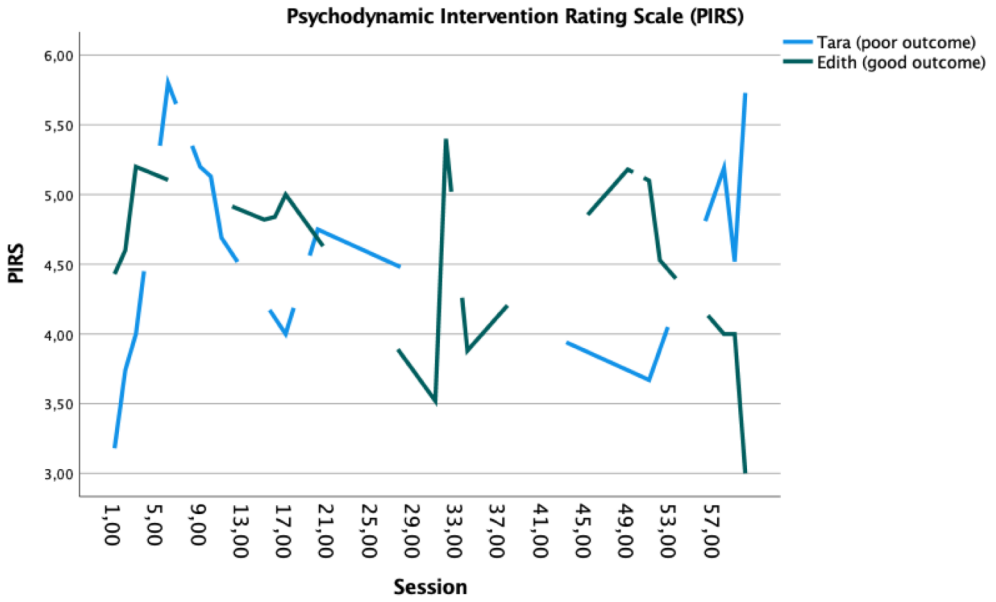
Treatment process

THERAPEUTIC RELATION



No difference

THERAPIST INTERVENTIONS



Ratio interpretative/supportive interventions high in both patients (in comparison to norms for psychodynamic/psychoanalytic therapy*)

STEP 3 – Qualitative comparison treatment process

Case formulation

By senior psychoanalyst, blind to outcome, based on intake session + therapy session 1 & 2

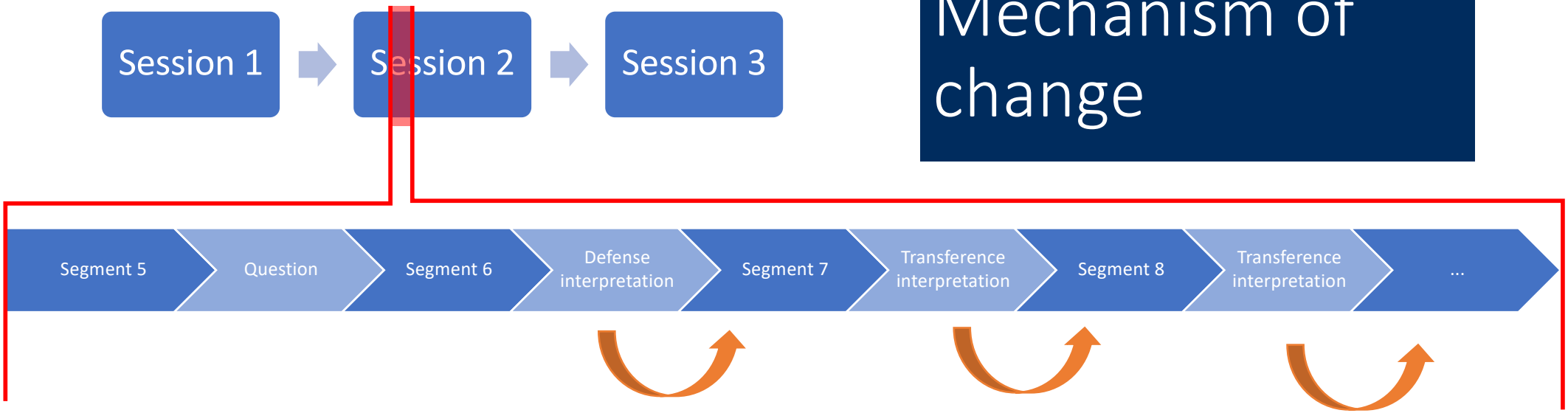
Tara

- Mother left the household when patient was 2 or 3 years old; nobody in the family (not even her father) ever talked about this event
- She **identifies with an abandoning maternal object** who does not want to know about her helplessness and pain of loss but prefers to leave to an ideal existence elsewhere.

Edith

- Long history of periodic destructive behaviour including outbursts of rage and sabotaging relationships
- The patient feels threatened by making contact with pain of loss. She defends herself by **devaluing her objects as well as her needy side**

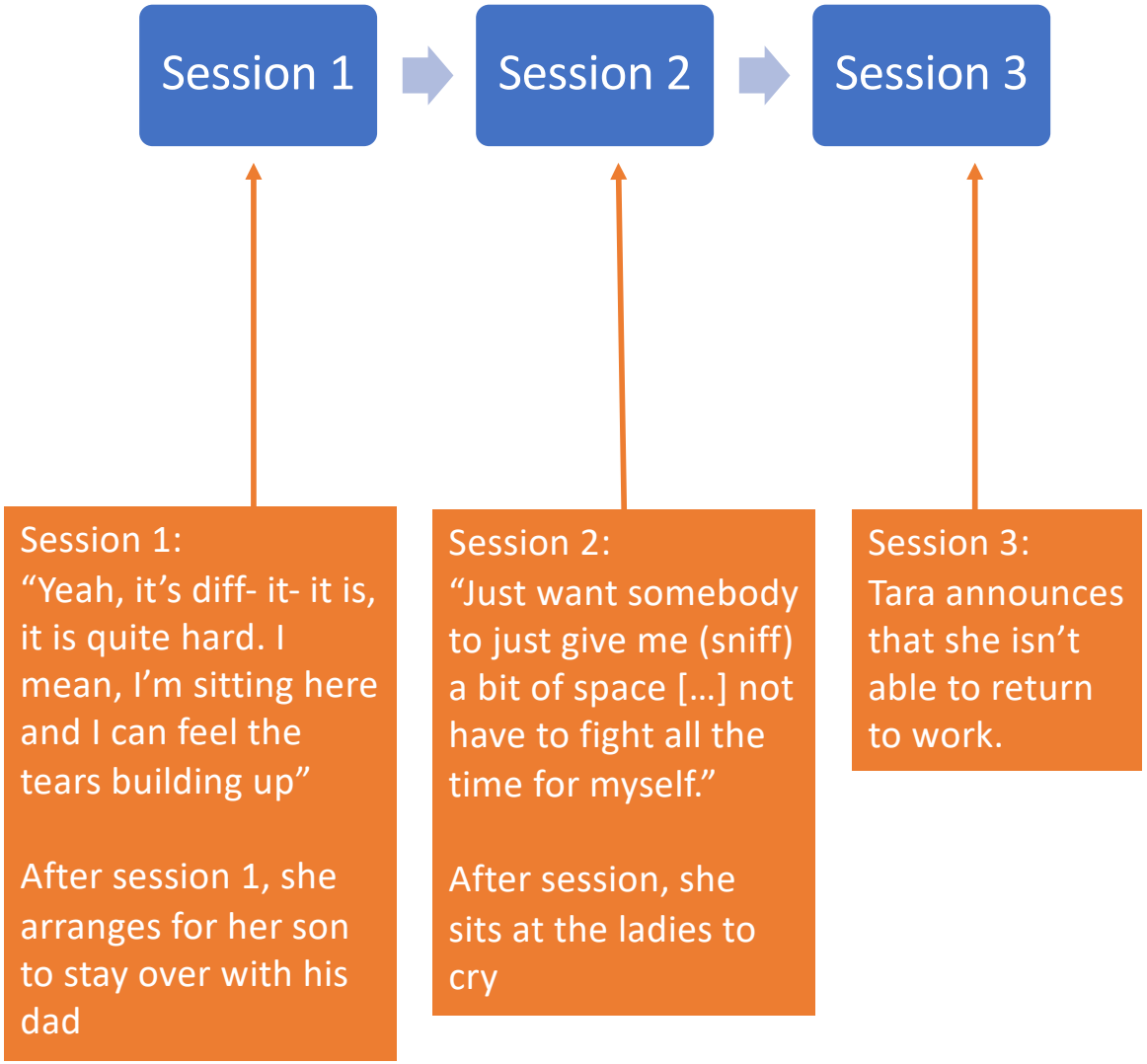
Mechanism of change



Change mechanism of gaining insight

Tara engages with the interpretations, but has difficulties to reflect on everything that happens within the therapeutic relation
→ Limited increase in insight

Edith engages with the interpretations and is able to reflect on the therapeutic relation
→ Gains insight



Engagement in the process (Tara)

- Delayed appearances, frequent cancellations and no-shows
- Being in therapy is very hard for Tara
- Traumatic re-enactment of abandonment

Findings Consensual Case Study Research

Starting point	
➢ Tara attributes her difficulties to external factors such as work and family	➢ Edith attributes her difficulties to internal factors
Change mechanism	
➢ Tara has difficulties to reflect on everything that happens within the therapeutic relation	➢ Edith is able to reflect on the therapeutic relation
Traumatic re-enactment	
➢ Tara's traumatic re-enactment at start of treatment	➢ No traumatic re-enactment by Edith

Conclusion:

- *What are the conditions under which psychoanalytic therapy causes long-term improvement in depression?*
- Importance of reflective capacity in the patient
  - At the starting point
  - In relation to interpretative interventions
- The risk of traumatic re-enactment during early phase of treatment

> "The patient cannot remember the whole of what is repressed in him, and what he cannot remember may be precisely the essential part of it. … He is obliged to repeat the repressed material as a contemporary experience instead of remembering it as something in the past." (Freud, 1920, Beyond the pleasure principle)

Thank you for you attention!

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https://www.louvain-psychotherapy-research-group.com/