

## **Will Psychodynamic Psychotherapy Work for My Patient?**

### **Recent reviews – the bottom-line for the practitioner.**

This paper summarises two recent reviews of the evidence-base for psychodynamic psychotherapy by answering the above question with a **Yes, No, Possibly, Doubtful, or Uncertain**, depending on the mental disorder identified and the quality of the evidence available.

The two papers are: **(1) Fonagy, P., (2015). The effectiveness of psychodynamic psychotherapies: an update, *World Psychiatry*, 14, 137-150;** and **(2) Leichsenring, F., Klein, S., (2014). Evidence for Psychodynamic psychotherapy in specific mental disorders: a systematic review, *Psychoanalytic Psychotherapy*, 28, 4-32.** For convenience, the two papers will be referred to below respectively as “Fonagy” and “Leichsenring”. Psychodynamic Psychotherapy will be referred to as “PDT”.

To summarise inevitably risks sacrificing precision, sophistication and nuance: the practitioner whose curiosity is stimulated by this shorthand-guide is referred to the papers themselves for their authors’ detailed exposition of their respective positions.

#### **Depression: Yes.**

The effects of PDT are maintained in the short and long term; PDT adds to the effectiveness of medication; long-term PDT “may have value, particularly with more complex and chronic cases of depression” (Fonagy, 140).

**Anxiety: Yes** for social anxiety, generalized anxiety disorder and panic disorder; **Possibly** for PTSD; **No** for OCD.

There is “considerable potential for further sound research aiming to identify the anxiety conditions for which PDT may be particularly helpful” (Fonagy, 141). There is evidence that long-term psychodynamic psychotherapy is effective in the longer term for patients with anxiety disorders (Leichsenring, 16). Presently, there is only one RCT of PDT in PTSD available: “we urgently need further studies showing that PDT is effective in complex PTSDs, i.e., in patients suffering from childhood abuse.” (Leichsenring, 17 and 24).

**Eating Disorders: Yes** for anorexia nervosa; **Uncertain** for bulimia nervosa.

Longer-term follow-up studies are necessary to evaluate the efficacy of PDT in bulimia nervosa (Leichsenring, 18).

**Somatic Disorders: Yes.**

**Drug Dependence: Doubtful.**

**Psychosis: Possibly.**

However, “benefits are not sustained in the longer term” (Fonagy, 143).

**Personality Disorders: Yes.**

No RCTs exist for PDT or CBT treatment of Cluster A personality disorders (e.g., paranoid, schizoid) or for some relevant Cluster B personality disorders (e.g., narcissistic) (Leichsenring, 24).