

## Psychoanalytic and Psychotherapy Research Findings

Psychoanalysis and psychoanalytic psychotherapy are now becoming more empirically validated. Current statistics on long-term psychoanalysis refute mistaken caricatures of analytic patients as the "worried well" in interminable treatment. Patients in psychoanalysis have suffered from a wide range of significant diagnosable disorders, 82% of which failed to respond to other forms of treatment (Doidge, N., et. al., American Journal of Psychiatry, 151:586, April 1994.) Traumatic separations, physical abuse, and sexual abuse before age 14 had each occurred in the childhoods of approximately 20-25% of the patient population. As to the effectiveness of psychoanalytic treatment, a survey of the literature on the outcomes of psychoanalysis shows that positive results are in the range of 60 to 90%, which is typical of outcomes of most mainstream medical treatments (Bachrach, H., et al., On the Efficacy of Psychoanalysis, Journal of the American Psychoanalytic Association, 39:871-916, 1991.) "Three common treatments for cardiovascular disease -- atherectomy, angioplasty, and antihypertensive medication -- show success rates of 40 to 50%" (Goodwin, F.K., Journal of the American Medical Association, 271:17-7, June 1, 1994.) In an effectiveness study of psychoanalytic psychotherapy, an adaptation of the Consumer Reports Survey, the psychoanalytic researchers found that there is a positive incremental effect up to 32 months of treatment and that increased session frequency has a specifiable and differential impact on perceived effectiveness of psychotherapy. With increased duration over the first three years, and with increased sessions per week, there were notable gains in the patients' perception of their psychological well-being. Here are some specific findings that support that psychoanalysis and psychoanalytic psychotherapy are indeed effective treatments:

- \* At the end of psychotherapy, the average treated patient is better off than 80% of untreated patients. (1)
- \* The magnitude of effect of psychotherapy is equivalent to a level that justifies the interruption of clinical trials on the grounds that it would be unethical to withhold such a highly effective treatment from patients. (2)
- \* Family therapy reduces the relapse rate in patients with schizophrenia to the same extent (50%) as antipsychotic medications. (3)
- \* For children with anxiety and depressive disorders and for those with severe or multiple pathologies, intensive psychoanalytic treatment at 4-5 times per week is more efficacious than 1-3 time per week therapy, and treatment length is positively correlated with better outcomes. (4, 5)
- \* A Consumer Reports survey of 2900 readers who received psychotherapy from mental health professionals showed that longer length of treatment was associated with better outcomes, and worse outcomes were linked to insurance or managed care plans that artificially limited the frequency and length of the psychotherapy. (6)
- \* Results of the NIMH Treatment of Depression Research Program showed that short-term treatments were inadequate for most patients. In particular, work-impaired and perfectionistic patients require a longer course of psychotherapy for recovery. (7, 8, 9)
- \* Patients with metastatic breast cancer and malignant melanoma have statistically significant -- movements in survival and morbidity when treated with group therapy. (10, 11)
- \* Dynamic therapy of opiate-dependent methadone maintenance patients allows them to maintain their gains at 6-month follow-up compared to standard drug counseling. (12)
- \* A review of the English-language literature between 1984 and 1994 found that in 88% of studies, psychotherapy contributes to cost savings when used for patients with severe psychiatric disorders and substance abuse by reducing hospitalizations, medical expenses, and work disability. (13)
- \* Twice-weekly psychotherapy over a 12-month period is highly cost effective with borderline personality disorder patients because it decreases use of psychiatric inpatient services, emergency room care, and appointments with other medical specialists. Work performance is also improved. Savings have been calculated at \$10,000 per patient per year. (13, 14, 15)
- \* Comparing Australia's mental health care delivery system with its unlimited coverage of psychotherapy, including psychoanalysis, to the limited coverage of psychotherapy in New Zealand, the cost of psychiatric care per capita in New Zealand is 44% higher because of greater use of psychiatric hospitalization. (16)
- \* The expansion of psychotherapy coverage (accompanied by utilization review) for the U.S. military dependents by CHAMPUS resulted in a net savings of \$200 million over 3 years through reductions in psychiatric hospitalization. For every \$1 spent on psychotherapy, \$4 was saved. (17)
- \* A recent German study of 666 dynamic psychotherapy and psychoanalytic patients found that treatment decreased medical visits by one-third, lost work days by two-fifths, and hospital days by two-third's. Successful outcomes were linked to longer duration treatment. (18)
- \* Even when psychiatric care is free, only 4.3% of the population uses outpatient psychotherapy, and the average length of treatment is 11 sessions. (19)
- \* Studies have documented that higher co-payments for outpatient therapy frequently puts treatment out of the reach of those in greatest need. (20, 21)