European Psychiatry 29 (2014) 265–274

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Original article

Therapists' professional and personal characteristics as predictors of outcome in long-term psychodynamic psychotherapy and psychoanalysis

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ARTICLE INFO

Article history:
Received 21 March 2013
Received in revised form 14 July 2013
Accepted 22 July 2013
Available online 21 September 2013

Keywords:
Unipolar depression
Anxiety disorders
Psychodynamic therapy
Other psychotherapy
Education in psychiatry

ABSTRACT

Background: Whether long-term psychodynamic therapy (LPP) and psychoanalysis (PA) differ from each other and require different therapist qualities has been debated extensively, but rarely investigated empirically.
Methods: In a quasi-experimental design, LPP was provided for 128 and PA for 41 outpatients, aged 20–46 years and suffering from mood or anxiety disorder, with a 5-year follow-up from start of treatment. Therapies were provided by 58 experienced therapists. Therapist characteristics, measured pre-treatment, were assessed with the Development of Psychotherapists Common Core Questionnaire (DPCCQ). General psychiatric symptoms were assessed as the main outcome measure at baseline and yearly after start of treatment with the Symptom Check List, Global Severity Index (SCL-90-GSI).
Results: Professionally less affirming and personally more forceful and less aloof therapists predicted less symptoms in PA than in LPP at the end of the follow-up. A faster symptom reduction in LPP was predicted by a more moderate relational style and work experiences of both skillfulness and difficulties, indicating differences between PA and LPP in the therapy process.
Conclusions: Results challenge the benefit of a classically "neutral" psychoanalyst in PA. They also indicate closer examinations of therapy processes within and between the two treatments, which may benefit training and supervision of therapists.

1. Introduction

An ambivalent relationship has existed between mainstream, systematic empirical psychotherapy outcome research, and the theory and practice of psychoanalysis and psychoanalytical long-term therapy [14,15,27,61,68,70]. More specifically, the "gold standards" of large-scale outcome clinical research (e.g., randomized designs, manualized treatments, standardized measures) have been recognized as difficult to apply to long-term treatments which necessitate therapist's flexibility and patient's long-term commitment and may involve highly individual outcomes [9,11,26,52,62]. Nevertheless, recently evidence has accumulated from several research projects evaluating the effectiveness of long-term psychodynamic therapy and psychoanalysis showing their similar, if not greater, effectiveness across various problems and outcome domains in comparison to other treatments [10,11,34,37].

Alongside demonstrating effectiveness, however, such investigations may also shed further light on the therapeutic and analytic process and its moderators and mediators [30,49,51]. One such longstanding [2,3,18,19,45,64,67] as well as recently debated question, involving conceptual, clinical, educational and political implications, is whether and how psychoanalysis "proper" differs from psychoanalytically informed long-term therapies [8,31,35,71]. While the two treatments can be categorically distinguished based on extrinsic criteria, such as frequency of sessions, use of couch, and a fully trained psychoanalyst [18,35], differentiation based on the intrinsic treatment process is more difficult [65]. Some have argued psychoanalysis and psychotherapy to differ in their goals or the strategies and techniques that practitioners employ to reach them [8,17–19,31]; others have argued that these differences are insignificant in view of, e.g., the diversity of patient needs, concrete resources and constraints on practice, and cross-cultural clinical variations, and have instead advocated viewing psychoanalytic treatment as one wide-ranging "family of treatments" [35,66].

Empirical investigations of the issue have thus far yielded inconsistent results. A meticulous U.S. study found psychoanalysis to differ from long-term psychoanalytic therapy, showing that in

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http://dx.doi.org/10.1016/j.eurpsy.2013.07.002

psychoanalysis the practitioners adhered more to the ideal prototypic analytic process, distinguished in terms of therapist techniques (e.g., pointing out defensive maneuvers, drawing connections between therapeutic and other relationships), therapist manner (e.g., therapist neutrality), and session focus (e.g., discussing dreams and fantasies) [1]. Yet, a German study aiming at replication and focusing specifically on techniques found little distinction between therapist techniques in the two treatments, with the differing findings from the two studies tentatively ascribed to cultural differences [57]. These studies have nevertheless emphasized scrutinizing the treatment providers; they also suggest further inquiries on whether other practitioner qualities may influence differentially the process and outcome in these treatments [31,35]. This is important not only for theoretical, but also practical reasons: outcome meta-analyses, encompassing diverse psychotherapies, suggest that therapist effects may often exceed treatment effects [69].

Although research is scarce regarding the differential effect of therapist qualities in long-term psychodynamic therapy versus psychoanalysis, investigations in Sweden of over 400 patients and 200 therapists in these treatments have shown the potential and relevance of such studies [20,49]. Assessing by self-report a variety of therapist qualities, such as professional manner and attitudes, the studies showed that therapists with classically psychoanalytic attitudes – notably, being low on kindness, self-disclosure, and supportiveness – were ineffective when conducting long-term psychodynamic therapy. The authors hypothesized that "the classically psychoanalytic stance, with less emphasis on support, coping strategies, warmth and openness, may be functional with analysands but much less so with patients in psychotherapy" [49]. Besides practitioners' professional manner or attitudes, however, more personal qualities stemming from private life may also matter, as Blatt and Shahar [5] note, referring to findings that therapists' attachment styles may influence their professional relational manner and consequently the treatment process and effectiveness [13,48,59].

In sum, both the personal and the professional qualities of practitioners should be explored as potential determinants of process and outcome in long-term psychodynamic therapy and psychoanalysis. The Development of Psychotherapists Common Core Questionnaire (DPCCQ) [44] is a recently developed self-report measure that investigates a broad range of such professional qualities–such as therapists' skills, encountered difficulties, coping methods, and relational manner–as well as personal characteristics–such as how therapists' experience their manner in close personal relationships–which have also been linked to therapists' attachment patterns [56]. While a recent study found these characteristics to predict differentially the outcomes in long-term psychodynamic therapy versus short-term therapies of psychodynamic and solution-focused form [24] as well as the outcomes of mainly psychodynamic but "rather eclectic" open-ended therapies [42], the DPCCQ's prediction on psychoanalysis has not yet been investigated. To complement the earlier STOPPP project findings [20,49], the present study investigates whether therapists' professional and personal pre-treatment characteristics, assessed by the DPCCQ, predict differently the process and outcomes of psychoanalysis versus long-term psychodynamic therapy in the treatment of depressive and anxiety disorders during a 5-year follow-up.

2. Subjects and methods

2.1. Patients and settings

A total of 506 eligible outpatients were recruited to the Helsinki Psychotherapy Study (HPS) from psychiatric services in the Helsinki region from June 1994 to June 2000 [32]. Eligible patients were 20–45 years of age and had a long-standing disorder causing work dysfunction. They had to meet DSM-IV criteria [4] for anxiety or mood disorders. Patients with psychotic disorder, severe personality disorder (DSM-IV cluster A personality disorder and/or lower level borderline personality organization), adjustment disorder, substance abuse or organic disorder were excluded, as were individuals who had undergone psychotherapy within the previous 2 years, psychiatric health employees, and persons known to the research team.

Of the 506 patients referred to the HPS, 139 refused to participate. Of the remaining 367 patients, 128 were randomized to long-term psychodynamic psychotherapy (LPP) as part of a clinical trial comparing short- and long-term therapies, and 41 were self-selected to psychoanalysis (PA) [34]. After assignment to a treatment group, participation was refused by 26 patients assigned to LPP, and one assigned to PA. Of the 142 patients starting the assigned therapy, a total of 21 patients in LPP and 5 in PA discontinued the treatment prematurely, but were retained for secondary analyses. The mean length of therapy was 31.3 (SD = 11.9) and 56.3 (SD = 21.3) months in the two treatment groups, respectively. The patients were to be monitored for 10 years following the start of the treatment.

Written informed consent was obtained from the patients after giving them a complete description of the study. The HPS follows the Helsinki Declaration and was approved by the ethics council of the Helsinki University Central Hospital.

2.2. Treatments

Details of the treatments have been published [32,34]. Briefly, LPP is an open-ended, intensive, transference-based therapeutic approach which helps patients by exploring and working through a broad range of intrapsychic and interpersonal conflicts. Therapy includes both expressive and supportive elements, depending on the patient's needs. The orientation followed the clinical principles of LPP [16]. The frequency of sessions in LPP was 2–3 times a week for approximately 3 years. PA is an open-ended, highly intensive, transference-based psychodynamic therapeutic approach, which helps patients by analyzing and working through a broad area of intrapsychic and interpersonal conflicts. The therapeutic setting and technique are characterized by facilitating maximum development of transference by the use of a couch and free association for exploring unconscious conflicts, developmental deficits, and distortions of intrapsychic structures [21]. The frequency of sessions in PA was four times a week for approximately 5 years.

2.3. Therapists

Psychotherapeutic societies representing the treatments of interest were informed of the HPS, leading to a total of 112 eligible therapists volunteering for the study. Eligible therapists were required to have at least 2 years of experience in relevant therapy after completion of their training. A total of 41 therapists who did not have room for new patients or for some other reason could not attend to clients at the beginning of the study were excluded, as were six therapists who provided only solution-focused therapy and six who provided only short-term psychodynamic therapy as part of the original HPS design. If the patient was treated by more than one therapist, only the therapist information from the therapist who treated him or her the longest was used in the analysis. Therefore, one more therapist who provided LPP, and whose only patient changed to another therapist early in the treatment, was excluded from the present study. The final therapist population in this study thus comprised 58 therapists of whom 28 provided LPP, 18 PA, and 12 both LPP and PA. The