Review article

Recent history and current perspectives of outcome studies on long-term psychoanalytic psychotherapy

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INTRODUCTION

"(...) The great things of the past that we dot not consider particularly important can, at a time that is future for us, produce important effects in defined circumstances. From this point of view, the past is not something cold, petrified, but something alive that is constantly changing and developing itself." (Heussi apud Catarin[1])

The search for our still recent history in outcome research in psychoanalytic psychotherapy is crucial for further studies. Based on the research history, we will be able to understand why and how we have reached this moment in psychoanalytic investigations.

A historical rescue is relevant, since in the psychoanalytic circle itself, in Brazil[2-5] and in the international scenario,[6-10] there are controversies about possibilities and limitations of the research on psychoanalysis and psychoanalytic psychotherapy. The discussion between Wallerstein and Green is one of the most polemical and representative of the thoughts given to psychoanalytic research. Wallerstein[7] states that it is possible to produce empirical research in psychoanalysis, i.e., he points to the possibility of using methods from other sciences in psychoanalytic research. Green[6] considers the empirical research in psychoanalysis an illusion, as, according to his way of thinking about psychoanalysis, there is no compatibility between it and all the demands of the scientific method.

Apart from such controversies, assessing the effectiveness of psychoanalytic treatments started with Freud himself, through the study of a single case (still much used nowadays) in his *Studies on hysteria*.[11]

Wallerstein[12] describes the existence of four generations of outcome research in psychoanalysis and psychoanalytic psychotherapy, both regarding the time issue and the degree of conceptual and methodological sophistication and complexity. The first generation (from 1917 to the 1960's) is characterized by statistical calculations of outcomes in different patient categories. Second generation research (from 1950 to the 1980's) uses constructed measurements, scales for assessment before and after the treatment and predictors for outcomes. The third generation (from

1950 to the 1980's), contemporary to the second generation, adds the therapeutic process to outcome measurements and follow-up studies in the posttreatment stage. Still under development, the fourth generation (from 1980 to present time) involves new outcome measurements to assess psychological structure, structure change and therapeutic process. This research generation assures a new level of possibilities and more precise knowledge on the mechanisms of change in psychoanalytic therapies.

Our objective is to present a critical, non-exhaustive review, but representative of an attempt to identify significant outcome studies on long-term psychoanalytic psychotherapy for our practice, published from 1990 to January 2006. That period of time is based on the fact that it concentrates the publications of the so-called fourth-generation research, which involves instrumental and methodological enhancement and outcome and process studies. We also intend to describe a current overview of outcome research on long-term psychoanalytic psychotherapy.

In this study, the term "psychotherapy" refers to a systematic therapy, psychoanalytically based, towards the insight, commonly called psychoanalytic psychotherapy, but also called expressive psychotherapy, comprehensive psychotherapy, dynamic psychotherapy, psychoanalytic-oriented (or based) psychotherapy and insight-oriented psychotherapy,[13] conducted face to face (frequency of one and at the most three weekly sessions), without using a manual, but mostly supervised by experienced professionals. The terms "psychodynamic therapy," "psychodynamic psychotherapy" and "analytic-oriented psychotherapy" will also be used as equivalents to those mentioned above.

In discussions on psychotherapy, the terms "psychoanalytic" and "psychodynamic" have been increasingly used as synonyms.[14] According to Schestatsky et al.,[15] maintaining this variety of terms for analytic-oriented psychotherapy is justified due to the fact that it appears so in the specialized literature in general and because it expresses the conceptual, methodological, technical and objective imprecision, which is still present in so-called "analytic-oriented" psychotherapies.

Except when compared with treatments in psychoanalytic psychotherapy, we excluded articles that analyzed psychoanalysis treatments. Therefore, whenever we refer to this treatment modality, we will use the term "psychoanalysis" and, in only one study, "psychoanalytic therapy,"[16] using the term "psychotherapy" (psychoanalytic, analytic-oriented, psychodynamic or dynamic) to the treatment approach originated from it.

Gabbard[14] proposes, as long-term treatments, those performed with more than 24 sessions or more than 6 months. Leichsenring[17] refers that, in Germany, treatments with 25 to 50 sessions are not considered long. Efforts to define long-term treatments may be arbitrary,[14,17] but in this study we considered long-term all the treatments lasting 1 year or more, or those lasting more than 50 sessions.

Original articles are presented in two forms, in the text and in tables, as an attempt to facilitate the appraisal of collected data for readers. We chose to describe, in the text, research (some also shown in tables) carried out in Brazil and Latin America and those whose data would not be possible to be presented in tables due to their extension, complexity and because they presented more than one aspect of the research.

METHODOLOGY

To identify the most significant studies on this theme, we performed a search in the literature in databases using the keywords "psychoanalytic psychotherapy," "dynamic psychotherapy" and "psychodynamic psychotherapy." The material found was refined using the terms "research," "outcomes," "effectiveness" and "efficacy," one at a time.

Searches were performed in the following database: IndexPsi, LILACS, Psique and Banco de Teses Capes [Library of Theses], using keywords in Portuguese, without establishing a period of time; PubMed, in which the terms used were in English and including a period of time ((01/01/90 to 01/31/06); and PsycINFO, in which we used the keywords in English and limited the search from 1989 to 2006 Part A, due to the peculiarities of this database.

In table 1, we present the number of articles found according to database in each keyword. Beside this number and between brackets is the number of articles after refining. In the last column, there is the total number of articles according to database.

Table 1 - Search results

Database	**Psychoanalytic psychotherapy**	**Psychodynamic psychotherapy**	**Dynamic psychotherapy**	**Number of articles**
IndexPsi	123 (8)	17 (2)	18 (3)	13
LILACS	160 (33)	50 (22)	80 (14)	69
Psique	608 (38)	20 (0)	55 (5)	43
PsycINFO	1,643 (442)	1,197 (849)	693 (419)	1,710
PubMed	5,622 (1,419)	960 (765)	597 (430)	2,614
Capes	110 (0)	31 (0)	54 (0)	0

The significant number of articles found is due to the fact that, at this moment, we included studies of varied periods of treatment and those repeated in and between the surveyed databases, without setting a period of time in any of them.

We also contacted researchers on psychoanalytic psychotherapy via e-mail. Robert Wallerstein,[12] Tilman Grande,[16] Ricardo Bernardi,[19] Guillermo de La Parra,[20] J. Brockmann,[21] P. Cuevas, Falk Leichsenring,[22] David Maldavsky,[23] Andrés Roussos[24] and Denise Defey sent their studies or indicated articles.

Of the articles found, we selected those that assessed the outcomes of individual outpatient long-term analytic-oriented psychotherapy in adult patients published from 1990 to January 2006. We also selected research projects that simultaneously assessed short- and long-term treatments. We only included articles in Portuguese, Spanish and English, except for five articles in German.

Exclusion criteria were studies exclusively carried out in hospitalized patients and using group treatment; studies that predominantly assessed psychotic, active chemically dependent patients or those with mental retardation, since these conditions make the application of the method under investigation difficult; and studies that investigated interpersonal psychotherapy and self psychology, because they raise controversies as to inclusion in psychoanalytic psychotherapies.

This study includes 21 articles about outcome research on psychoanalytic psychotherapy, which met the inclusion and exclusion criteria mentioned above, and 42 articles whose focus was on this topic.

1990's

Since the 1990's, investigations that were previously characterized by searching factors that would explain the effectiveness or not of psychoanalytic psychotherapy started to include the study of the therapeutic relationship and descriptive studies as variables and resumed the discussion on the different therapeutic approaches and the similarity (or not) in effectiveness of those treatments.[5]

Studies published by Rudolf[25] and Rudolf et al.[26] in the "Berlin III Study – A and B," despite having started in the previous decade, are representative of this period. Berlin III Study A[25] was a multi-centered investigation that analyzed the process and the outcome of patients with multiple diagnoses, receiving outpatient care twice or three times a week in psychoanalysis, dynamic psychotherapy, focal therapy or group therapy, and hospitalized patients undergoing psychoanalytic treatment, which sometimes included group therapy, Gestalt therapy and nonverbal therapies.

The research objective was to investigate whether long-term and intensive psychoanalytic treatments (psychoanalysis and dynamic psychotherapy) in outpatients would have better outcomes, compared with the treatments of hospitalized patients. Instruments used were International Classification of Diseases - 8, PSKB (mental and social-communicative responses) to assess the patient's global change, FAPK (questionnaire for investigating psychosomatic aspects of the

patient's disturbances) and scales applied by therapists to assess prognosis. Both hospitalized patients and outpatients showed significant improvement in scales of psychic and body symptoms, narcissistic traits, interpersonal relationships and reality test; all were more markedly present in the outpatient group. A significant change in symptoms was found in 83% of outpatients, compared with 50% of hospitalized patients. Patients and therapists in the outpatient group classified the therapy success as being higher than in the group of hospitalized patients, especially regarding improvement in body symptoms, anxiety, reality test and ability of interpersonal relationship; 96% of outpatients had successful treatments, compared with 64% of hospitalized patients. During the follow-up, the outpatients who received long-term psychoanalytic treatment were those who presented the best results, as well as the best prognostic indexes, compared with all the other groups, including nontreated patients. On the other hand, Berlin III B had a naturalistic design and compared three groups: 44 patients undergoing psychoanalysis, 56 undergoing psychodynamic psychotherapy and 164 hospitalized patients undergoing psychodynamic psychotherapy. By using different outcome measurements, the research concluded that the patients in the group undergoing psychoanalysis had better results than the other groups. The index of global change assessed by therapists in the psychoanalysis (96%) and outpatient dynamic psychotherapy (90%) groups revealed more significant positive outcomes than those in the group of hospitalized patients (59%). Patients' satisfaction, after 3.5 years, was 96% in outpatients and 65% in hospitalized patients. All treatments were associated with a reduction in use of psychotropic drugs. Critiques to these studies are the nonuse of independent and randomized investigators and the difficulty in establishing comparisons between the treatment groups, since the patients generally differ in clinical and demographic terms.

In 1996, as part of a prospective naturalistic study by Heidelberg,[27] the study "Long-term outcomes of psychoanalysis and psychoanalytic psychotherapies in outpatients" presented the investigation of 53 follow-up interviews. Out of 33 patients treated with psychoanalytic psychotherapy and 33 patients undergoing psychoanalysis, it was possible to contact 91% of them

after 2 years; of these, 77% participated in the study. The outcomes were assessed through follow-up interviews, using a methodology of content analysis, and the responses to ITG questions (scale of individual therapy objectives). The data indicated that 55% of the sample presented good or very good improvement in self-image and that 73% of patients undergoing psychoanalysis and 55.6% of those undergoing psychoanalytic psychotherapy reported good or very good improvement. The further innovation in that study was the development of an integrated outcome measurement, based in content analysis, culminating in a total change score. Although a control group was not used, that study was prospective and carefully planned and implemented.[9]

A second report of this study[28] included a sample of 208 patients in different approaches: psychoanalytic psychotherapy and psychoanalysis (outpatients), group therapy, individual treatment and group therapy associated with individual treatment (hospitalized patients). With regard to symptoms, individual treatment objectives, psychological assessment and treatment satisfaction, all patients in different groups obtained good and some very good results. Comparing psychoanalytic psychotherapy and psychoanalysis groups (start and end of therapy), there was a high success rate in half of the patients undergoing psychoanalysis and in 1/3 of those undergoing psychotherapy. In the follow-up, this superiority of psychoanalysis reduced considerably.

In the meeting of the American Psychological Association in 1998, research outcomes on the effectiveness of psychoanalytic psychotherapy were presented, developed at the Institute for Psychoanalytic Training and Research (IPTAR) in New York.[29] The study was based on the patients' perception about their mental status during and after the psychoanalytic psychotherapy. The instrument used was the Effectiveness Questionnaire, adapted from the questionnaire developed by Seligman[30] in the Consumer Report Study. This same research was simultaneously carried out in Brazil[31] (published in 2001) using a sample of patients from the Instituto da Sociedade Psicanalítica de Porto Alegre and Department of Psychiatry and Forensic Medicine at Faculdade de Medicina da Universidade Federal do Rio Grande do Sul (UFRGS). The outcomes of IPTAR and UFRGS are presented in table 2. The outcome differing in both samples is due to the

fact that there is no positive correlation between frequency and effectiveness in patients from Porto Alegre (Brazil). The justification for this outcome refers to the sample composition (medium low socioeconomic level patients and those who live in distant places) and to the peculiarities of the psychotherapeutic treatment received (second- and third-year resident psychotherapists also instructed in other approaches). The critiques to this study are the retrospective data collection, self-selection of the sample and use of a single measurement. In the UFRGS sample, the therapists' inexperience and the conflict in therapeutic conflict are certainly the main limitations of the study.

Table 2 - Research on long-term treatments in the 1990's

Author (year)	Groups (n)	Study characteristics	Outcomes found in the study
Freedman et al.[29]	Psychoanalytic psychotherapy IPTAR Clinical Center (99)	Design: cross-sectional Population: varied Treatment: 1, 2 or 3 weekly sessions for 1 to 24 months Losses: 141 did not answer the questionnaire Therapists: being trained or graduated and supervised	Increase in effectiveness gains in 24 months, compared with 6 months of treatment; increased in gains with increase in frequency of sessions, from 1 to 2 sessions a week; improvement in effectiveness associated with a positive experience in therapeutic relationship.
Freedman et al.[31]	Psychoanalytic psychotherapy (UFRGS) (66)	Design: cross-sectional Population: varied Treatment: 1 or 2 weekly sessions Losses: no losses Therapists: being trained and supervised	There was no positive correlation between frequency and effectiveness; the correlation between treatment duration, despite being positive, was not statistically significant; improvement in effectiveness associated with a positive experience in therapeutic relationship.

IPTAR = Institute for Psychoanalytic Training and Research; UFRGS = Universidade Federal do Rio Grande do Sul; n = number of patients effectively treated and assessed.

Two studies in Germany investigating the patients' opinion and the therapy cost (individual and group) with members of the German Society for Psychoanalysis, Psychotherapy, Psychosomatics and Depth Psychology and German Society for Individual Psychology-Adlerians[32,33] also deserve to be stressed.

In table 2, we present the most relevant data of two studies by Freedman et al.,[29,31] previously mentioned.

2000's

"Investigating represents an ethical imperative: is it really efficacious what we are proposing when we indicate psychotherapy?" (De la Parra et al.)[20]

Since 2000, the tendency, incipient in the previous decade, of an increasing interest in research on psychoanalytic psychotherapies has been confirmed. Significant reports by studies that assessed outcomes in psychoanalytic psychotherapy have been published. The investigation of the psychotherapeutic process, along with treatment outcomes, has been incremented.

In Latin America, the naturalistic study by López Moreno et al.[24] is an example of this type of study. The investigation analyzes the indicators of psychic change in the psychotherapeutic process of 14 patients undergoing a 2-year treatment. Six patients completed the treatment, and the outcomes of one case were published.[24] The patient presented consistent and positive changes in relation to behavioral expressions, ego synthetic ability, sexual inhibition, interpersonal relationships, affection, feelings of critique and loss, feelings of invasion and misunderstanding. The authors are optimistic about the use of clinical (meetings between therapists and researchers), empirical and instrumental techniques (Core Conflictual Relationship Theme, Symptom Checklist-90-R, Differential Elements for a Psychodynamic Diagnostic) in the study, since they offer a clear overview of the change process.

In México, Ráscon et al.[34] published the outcomes of a preliminary investigation, whose main objective was to investigate the potential of Leuzinger-Bohleber et al.'s[35] methodology –

developed in a study at the German Psychoanalytic Association (DVP) – as an instrument to assess the quality of psychoanalytic treatments. DVP,[35] described in table 3, is one of the most significant studies nowadays. Its greatest merit is the successful combination of qualitative methodology with extra-clinical, clinical and quantitative methods (health insurance data, psychological tests, discussion groups, psychoanalytic interviews recorded in audio, clinical evaluation with questionnaires), assessed by patients, analysts, non-psychoanalytic and independent psychoanalytic professionals. In a replication of this study by the Mexican Psychoanalytic Association and Monterrey,[34] three male psychoanalysts and six patients with personality disorder were selected: three undergoing psychoanalysis (three or more weekly sessions for 3-6 years) and three undergoing psychotherapy (one or two weekly sessions for an average of 7.4 years, ranging between 3 and 25 years). One patient undergoing psychoanalysis did not complete the treatment. Of the other five patients, four reported great satisfaction with treatment outcome, and one patient reported considerable disappointment. Outcome indexes, for psychoanalysts and patients, were favorable. There was no tendency, as in the German study, of psychoanalysts assessing outcomes more judiciously. The tendency to social mobility, successful use and academic performance of the analyzed patients corroborates the findings of the German study. The DVP methodology is considered an effective instrument to assess long-term psychoanalytic treatments.

In 2005, the first outcomes of the Göttingen Study of Effectiveness of Psychoanalytic and Psychodynamic Therapy[42] were published, i.e., the data of patients undergoing psychoanalysis. The research design involves naturalistic study combined with controlled study: it does not use a control group, but compares its data with the expected mean change index (effect size) in a control group, developed by Leichsenring & Rabung,[22] based on 26 randomized, controlled studies on psychoanalysis and psychoanalytic psychotherapy (mean = 0.12; standard deviation = 0.19). Of the sample including 36 patients who underwent treatment, 23 had been assessed until the publication of the report (pretreatment data, during and 1 year after its conclusion). The outcomes show significant improvement (effect size between 1.28 and 2.48) in symptoms, interpersonal problems,

quality of life, well being and patient's initial complaint. The effect size found in the study exceeds the expected mean change index in the control group, and this difference at the end of the treatment and in the follow-up period is considerably significant. It is a promising study, whose inclusion in the sample on psychodynamic psychotherapy will bring major contributions to the understanding of treatment effectiveness.

It is also relevant to stress the Multi-Center Project (ongoing), to compare psychoanalytic treatments with varied weekly frequency, developed by different psychoanalytic societies in Latin America and the University of Ulm (Germany) and coordinated in Uruguay by Bernardi.[19]

Table 3 presents the summary of nine outcome studies over this period (one was mentioned earlier).

Table 3 - Research on long-term treatments in the 2000's

Author (year)	Groups (n)	Study characteristics	Outcomes found in the study
Sandell et al.[36]	Psychoanalysis (74) Psychoanalytic psychotherapy (331) Therapists (209) Control (554)	Design: naturalistic Population: varied Treatment: Psychoanalysis: 3 to 5 weekly sessions; M = 54 m (SD = 23) and M = 642 sessions (SD = 324) Psychotherapy: 1 to 3 weekly sessions; M = 46 m (SD = 24) and M = 233 sessions (SD = 151) Losses: 351 patients and 107 therapists Therapists: graduated and licensed	Progressive improvement in symptom scales and global functioning in both groups (psychoanalysis and psychotherapy), assessed across 3 years and being more marked in patients undergoing psychoanalysis; weak improvement in measurements of social relationships in both treatment groups; treatment duration and frequency were partially responsible for differences in treatment outcomes.
Huber et al.[37]	Psychoanalysis (21) Psychodynamic psychotherapy (21)	Design: randomized clinical trial Population: recurrent depressive disorder and major depressive episode Treatment: Psychoanalysis: 3	Preliminary results of 42 patients out of 60: there were no significant differences (after 6 months of treatment) as to satisfaction with the therapeutic relationship, treatment success and the 18 variables of Periodica Process Rating Scale

		weekly sessions (240 h) Psychotherapy: 1 weekly session (80-120 h) Losses: no losses so far Therapists: graduated and experienced	between groups, except for the variable *affective tone transference*, clearly more negative in the psychoanalysis group; patients undergoing psychoanalysis, however, did not present negative indexes of therapeutic alliance.
Brockmann et al.[21]	Behavioral psychotherapy (31) Psychoanalysis (26) Psychodynamic psychotherapy (5)	Design: naturalistic Population: depressive or anxiety disorder Treatment: Behavioral: M = 63 h Psychotherapy or psychoanalysis: M = 183 h Losses: there are no data Therapists: licensed by Psychotherapeutic Guidelines (German Law)	Significant changes in symptoms and interpersonal problems in all treatments; anxiety disorders treated by psychoanalysis and psychodynamic psychotherapy had larger gains across time than those treated by behavioral psychotherapy; depressive disorders improves more quickly with behavioral psychotherapy than with other psychotherapies.
Leuzinger-Bohleber et al.[35]	Psychoanalysis or psychoanalytic psychotherapy (401)	Design: historical cohort Population: varied	70 to 80% reached good and stable psychic changes, which were measured 6.5 years after the

	Analysts (154)	Treatment: Psychoanalysis: 3 or more weekly sessions Psychotherapy: 1 to 2 weekly sessions (Both for an average of 4 years) Losses: 25% of patients and 8% of analysts Therapists: experienced (M = 13 years) and licensed	treatment in average; reduction in costs measured by lower number of days (sick leave) during and after the treatment; tendency to social mobility; there were no consistent differences between both treatments (initial disease compared with well being in the follow up).
Bond & Perry[38]	Psychodynamic psychotherapy (29)	Design: naturalistic Population: depressive, anxiety or personality disorder Treatment: 3 years Losses: 24 Therapists: experienced (M = 13.1 years)	Those with high initial scores in maladaptive defense mechanisms and self-sacrifice improved (effect size of 0.80 and 0.67); improvement also in global defensive mechanism (effect size of 0,43); the effect size of change in the Global Assessment of Functioning Scale was 0.82; significant improvement in depressive symptoms and suffering.
Wilczek et al.[39]	Psychoanalytic psychotherapy (36)	Design: naturalistic	In the group undergoing treatment, there was

	Nontreatment group (10)	Population: varied Treatment: 1 or 2 weekly sessions (M = 3 years) Losses: psychoanalytic psychotherapy (19); nontreatment group (3) Therapists: experienced (M = 14.6 years)	substantial reduction in symptom scales and disease and character levels (6 months after the treatment); in general, this was not found in the nontreated group, 3 years after the first interview; the effect size in the treatment group was very high and highly significant when compared with the nontreated group; compared measures: psychodynamic profile and personality scales Karolinska, global functioning scale and Self-Rating Scale for Affective Syndromes.
Gerber et al.[40]	Psychoanalysis (14) Psychodynamic psychotherapy (11)	Design: naturalistic (nearly experimental) Population: depressive, anxiety and personality disorder Treatment: Psychoanalysis: 5 weekly sessions for 1 to 8 years Psychotherapy: 1 weekly session for 2 months to 3.5 years Losses: 8 (unanalyzable)	Out of 19 patients, 12 presented significant improvement (regarding diagnosis and anxiety and depression symptoms); out of 12 treatments that presented improvement, 10 were in the psychoanalysis group, suggesting that this treatment is the most effective in this population, although this is limited by treatment duration and intensity.

		Therapists: experienced and supervised	
Bond & Perry[41]	Dynamic psychotherapy + medication (18) Dynamic psychotherapy without medication (17) Medication (5) Without therapy (7)	Design: naturalistic Population: personality, depression and/or anxiety disorder Treatment: up to 3 years; M = 3.32; SD = 2.41 (CI 95%, 2.64-4 years); M = 110 sessions (CI 95%, 52-141) Losses: not reported Therapists: 22 experienced (mean 13.1 years)	Patients undergoing combined therapy demonstrated significant improvement in functioning and suffering; those receiving only psychotherapy showed significant improvement in depression and suffering; any patient receiving only psychotherapy showed significant improvement in functioning, but psychotherapy was associated with better improvement in symptoms and functioning of the sample as a whole; patients taking medication showed improvement in functioning, but not in depression.
Grande et al.[16]	Psychodynamic therapy (27) Psychoanalytic therapy (32)	Design: prospective naturalistic (nearly experimental) Population: varied Treatment: Psychodynamic therapy: 1 weekly	The results measured (end of treatment and after 1 year) through the general severity index, list of symptoms (SCL-90-R) and IIP showed, in both treatment groups, significant improvement in symptom scales, severity and interpersonal

	session; M = 71.1 sessions (SD = 25.5) Psychoanalytic therapy: 3 or more weekly session; M = 310 (SD = 102.9) Losses: 17 Therapists: experienced (M = 20 years)	problems; more efficiency of psychoanalytic therapy comparing pre and posttreatment changes in terms of outcome, only in total IIP.

SD = standard deviation; h = hours; CI = confidence interval; m = months; M = mean; n = number of patients effectively treated and assessed; T = total; IIP = inventory of interpersonal problems.

Current perspectives

"In the early 21st century, the world of science – including the world of psychoanalysis and all types of psychotherapy research – is determined by a global network." (Leuzinger-Bohleber & Bürgin)[43]

A globalized world brings us unquestionable benefits, such as democratization of knowledge and the possibility of exchanging ideas with researchers all over the world in "our own office." However, it also brings a policy towards uniformity, through which local peculiarities, culture and tradition are given less value, and may even disappear.

Research on psychoanalytic psychotherapy is inserted in this context. For Leuzinger-Bohleber & Bürgin,[43] a similar danger may exist in the attempt of unifying the psychoanalytic research community.

Wallerstein[44] indicates a current tendency in transcending the theoretical pluralism shared by psychoanalysis – which we could extend to psychoanalytic psychotherapy and the different research methodologies – towards convergence and points in common.

On the other hand, Bernardi[19] believes that we cannot intend to have the type of consensus scientific disciplines reach through their replicable methodology. What can be achieved is the consensus of artists, who may reach an agreement that something is a work of art, even if each one performed it differently. However, in his opinion, the attempt of unification demands care, as the polemic between different investigation approaches seems to be just starting.

In contrast with the idea of unification, what has been presented so far about outcome research on psychoanalytic psychotherapy – despite the prevalence of naturalistic designs – shows diversity in methodological techniques and use of instruments of outcome measurement, in different societies and cultures, bringing the idea of pluralism.

Wallerstein[45] stresses that the investigations of treatment processes and outcomes have two main focuses. The first one is an attempt of converging outcome studies, previously described, with

studies of analytic process. The second one is a more clinical concern over values, characterized by investigations that more directly result in the practice performed in offices.

Therefore, as mentioned above, the so-called fourth-generation studies promise not only to integrate several studies on psychoanalytic processes carried out by many research groups, but also to integrate process and outcome studies.[12]

With regard to lines of research, the debate between researchers who study specific factors and those who investigate common factors to psychotherapy is still present.[5,46,47] The former[48] were concerned to answer questions such as: which effects are produced by psychotherapy, what is the best and most effective treatment for a given psychopathology and which interventions are more adequate for the patient, considering the current moment of life and the culture they are inserted; that is, they defend the use of different techniques and therapeutic treatments for different diseases. Those in the second group (common factors)[49] believe that treatment outcome does not depend on the approach, but on factors shared by all psychotherapies: therapeutic alliance, empathy, more or less directive interventions and the patient's investment and own abilities.

Many studies have demonstrated, for example, that the therapeutic alliance is a relevant predictor in treatment outcomes, independent of the type of psychotherapy.[47,50-52] Different psychotherapeutic approaches have common elements, present even in interpersonal relationships.[47] The studies on the variable therapist on psychotherapeutic outcomes, with their individual characteristics and in the inter-relationship with the patient,[53] may serve to confirm those considerations. However, it has been argued that the explanation of therapeutic change through the nonspecific treatment elements may also emerge from the lack of systematic studies, with adequate methodologies, which are able to show different outcomes in different forms of treatment.[47,54]

It is pertinent to think about two different methods of outcome assessment in psychotherapy: the efficacy method, which uses a randomized clinical trial (RCT), and the effectiveness method, which is characterized by naturalistic studies, whose conditions under investigation are those of clinical practice.[30]

Efficacy studies, according to Seligman,[30] are limited regarding psychotherapies, considering that, in clinical practice, treatment intensity and duration are extremely variable and that self-correction may be used, i.e., when one way of intervening has no effect, another can be used. Osório et al.[55] cite some aspects that are problems of external and internal validity in this type of methodology: therapists/researchers usually have a special interest in the problem under investigation; difficulties in recruiting patients for RCT, which eliminates the patient's preference for a given treatment, and may cause nonadherence to the protocol; most patients are not representative of the clinical population; most studies are carried out in "Rolls Royce" services, which do not correspond to the real situation of treatments found in our country.

Choosing the effectiveness study may seem like an attempt to bring the investigation as close as possible to what occurs in offices where psychoanalytic psychotherapy is practiced. The difficulty in this methodology is the fact that the people being studied are subject to a much larger number of potential biases than in experimental studies, since they live freely and not under the researchers' control.[56]

In fact, both models present advantages and disadvantages. In summary: the first model (efficacy) is characterized by researching the ideal, i.e., what should occur in treatments; and the second one (effectiveness) investigates what really occurs in the daily practice of offices. Is this not resuming the controversy between unity and pluralism?

Most studies presented in this review have a naturalistic design (effectiveness model), but there is a great concern to improve the methodology and use randomized controlled trial (efficacy model), considering the gold standard in research.

Leichsenring[17] proposes, for the effectiveness model, the use of prospective studies nearly experimental, with a high clinical representativeness, such as the gold standard of naturalistic studies. This type of study has been increasingly used and is characterized by the following aspects: nonrandomized sample, group comparison or stratification, clear and precise description of the treatment, patients and their selection, use of outcome measurements and valid and reliable

diagnostic procedures, use of additional elements to the study design (such as detailed preliminary study and additional comparison groups), report on losses, pre and postevaluation, follow-up study and report of relevant statistical data.

Added to efficacy and effectiveness, patient-centered research is the third paradigm of psychotherapy assessment.[57] Therefore, one of the current trends are case studies and patient-centered research, but using a more judicious and refined methodology, such as the qualitative investigation by Maldavski[23] in Argentine.

Naturalistic and randomized controlled studies and investigations called “microanalytic” characterize the current scenario of research on psychoanalytic psychotherapy.

Another trend is the development of prospective studies, whose main advantage is having different measurement points (*in loco*) before, during and after the treatment,[35] producing more precise results than the reconstruction of past data.[59] However, it brings disadvantages such as high cost, long duration and the influence of research on the psychoanalytic process. The retrospective research has the advantage of not having influence on the psychotherapeutic process and demanding lower financial resources and time dedicated to the research. The disadvantages include retrospective assessment of patients;[35] and limited control by the researcher on how to design the population sampling strategy and over the existing data, which cannot include relevant and accurate information for the research.[59]

To conclude the analysis of current perspectives in research, we stress that the investigation in the “so-called psychoanalytic psychotherapies” has gained space nowadays, especially in graduation courses at universities, presenting a fertile path of study. Nevertheless, the reduced number of outcome studies on long-term psychoanalytic psychotherapy in Latin America has drawn our attention. Of the 21 studies analyzed or mentioned in this article, two were developed, and two are in progress in Latin American countries, and only one in Brazil.

DISCUSSION

"Each great established theory creates its investigation procedure – in some cases, as ours, which also performs interventions – in which, so to speak, the theory is totally embedded." (Herrmann)[60]

An evolution in research methodology used in the investigations of the studies presented here could be observed. There is a tendency to a detailed and judicious care of investigation with prospective studies, use of independent investigators and therapists with clinical experience. The concern about placing the psychoanalytical investigation in association with scientific principles, without disregarding the subjectivity characteristic of this approach, is remarkable.

Each research group has developed their own assessment techniques, based on their specific objectives, which leads to great difficulty when trying to perform outcome comparisons or meta-analysis. This causes – as previously discussed regarding unity versus plurality – some researchers to defend the use of at least some universal instruments. However, the use of different procedures does not prevent us from demonstrating the efficacy, effectiveness and efficiency of psychoanalytic psychotherapy.[19]

The main critiques regarding outcome research on psychoanalytic psychotherapy are absence of standardized diagnosis, inappropriate information on treatment procedures, lack of control group and randomization, losses during the treatment and in follow up, heterogeneity of patient groups, lack of statistical power and use of inappropriate statistics, absence of independent outcome assessment, inexistence of standardization and questionable validity of some outcomes measures. Those aspects impose limitations to the applicability of many research findings. Nevertheless, methodological care is increasingly more judicious. Therefore, the limitations presented by a study serve as subsidy to plan further investigations.

By analyzing the methodology of 18 original studies presented here (except for the three previously mentioned), there was marked prevalence of naturalistic designs, with pre and posttreatment measurements, in which subjects represent their own controls. The studies carried out by Leuzinger-Bohleber et al.[35] and Ráscon et al.,[34] which are also naturalistic, are retrospective

cohorts. A controlled clinical trial[37] and two cross-sectional studies[29,31] were also found. Independent of the study design, each research has its own singularity, especially as to sample and measurement instruments.

There were no references to calculations of sample size. Most comparison groups, when present, were not described as the most adequate for comparisons. However, in the study by Grande et al.,[16] despite the heterogeneity of groups under investigation in diagnostic terms, there was concern over sample pairing, and Wilczek et al.[39] performed statistical tests evaluating the comparability of assessed groups. Experienced therapists were usually selected to conduct the treatment, except for the study by Freedman et al.[31] at Hospital de Clínicas de Porto Alegre (Brazil), in which the therapists were psychiatrists receiving training.

With regard to assessed treatments, we did not find detailed descriptions of treatments used, except in the studies by Leichsenring et al.[36], Huber et al.[42] and Grande et al.[16] This is certainly one of the factors limiting the reach of our conclusions in this study, but not disregarding them.

Research outcomes were mostly measured using objective scales, applied and compared before and after the treatments; few studies added clinical interviews and qualitative measurements. Follow-up assessments were performed after the treatment in six completed studies, with mean time ranging from 6 months to 3.5 years. Losses, described in most studies, were considerable. As to psychoanalytic psychotherapy dropout, they ranged between 12 and 45% of the patient sample. Considering the studies that sent questionnaires by mail, the nonresponse index or incomplete responses varied from 47 to 66%, and the largest number was found in the therapist sample in the study by Sandell et al.[37]

In relation to global outcomes of the studies on psychoanalytic psychotherapy, we can say that the benefits of this approach were demonstrated with all research designs and their peculiarities. Naturalistic, prospective and retrospective studies, in which subjects are their own controls, using measurements before and after the treatment, describe a statistically significant improvement in people who underwent the treatment. In cross-sectional studies, improvement was

demonstrated by the patients' satisfactory opinion. The only controlled clinical trial in our review[42] also shows improvement in subjects, comparing pre and postintervention measurements. When compared with other treatment modalities, such as behavioral therapy[21] and pharmacological treatment,[41] psychoanalytic psychotherapy presents positive results. However, due to the reduced number and methodological limitations of these studies, there is no significant evidence that psychoanalytic psychotherapy presents better results than other forms of treatment.

In the studies comparing psychotherapy and psychoanalysis, two results are presented: one showing inexistence of consistent differences between the treatments, confirming that, when well indicated, psychoanalysis and psychoanalytic psychotherapy bring great therapeutic benefits;[16,35,37] and another study showing the superiority of psychoanalysis.[26,27,36,41] In two of those studies,[36,41] the authors believe that such superiority is limited by the issue of treatment duration and intensity.

In the studies under investigation, there is evidence of good outcomes of analytic-oriented psychotherapy in specific disorders, such as anxiety, depressive and personality disorders. In investigations in which the sample represents varied diagnoses, such as the one found in our offices, psychoanalytic psychotherapy showed evidence of significant improvement in global functioning, interpersonal relationships, quality of life and patients' well being treated with that method.

We could also consider that long-term treatments tend to present better results;[25,29,31] that the positive relationship with the therapist is associated with good outcomes;[29,31] that there is a tendency to social mobility in treated patients;[34,35] and that psychotherapy may reduce the use of health services and work losses.[35]

FINAL CONSIDERATIONS

"Regardless of the investigation method, (…) what matters is that the psychoanalytic knowledge is able to be developed combining creativity in the formulation of hypotheses with strict scientific criteria in its foundation." (Bernardi[61])

Investigation directly coincides with the theory and practice of psychoanalytic psychotherapy; it confirms the presuppositions of the theoretical background and the efficacy/effectiveness of our work; it also allows refutation and modification in the theory, optimizing the psychotherapeutic technique and method. This is undoubtedly the greatest importance of investigation.

It is not about denying that the characteristics of the psychoanalytic process and its intersubjectivity compromise the objectivity of scientific research, but understanding this aspect as an impossibility means to close our eyes to scientific advancements and be "comfortably protected" behind fantasy and resistance to research.[62] The current knowledge status and the amount of studies previously carried out or in progress suggest that the discussion on the possibility of research on psychoanalysis or analytic-oriented psychotherapy may be overcome and replaced by a discussion on findings and by the acknowledgement that available forms of research should not be neglected. This could result in maintaining a view that no longer represents the richness of outcomes and the wide horizons that current studies allow us to visualize.[63] More then ever, as Freud used to suggest, investigation and treatment must progress hand in hand.

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ABSTRACT

This article shows the recent history (from the 1990's to January 2006) and current perspectives of outcome studies on long-term psychoanalytic psychotherapy in adult outpatients. Twenty-one inquiries are cited and analyzed, of which four were developed in Latin America and only one in Brazil. This shows that research is still scarce in Latin-American countries, despite the advances on outcome psychoanalytical investigations. The effectiveness of psychoanalytic psychotherapy was evidenced in a significant manner by several different research outlines. An evolution in research methodology used over the past years could be observed. The concern about placing the psychoanalytical investigation in association with scientific principles, without disregarding the subjectivity characteristic of this approach, is remarkable. The importance of psychoanalytical investigation to confirm the presupposed theory, the treatment efficacy/effectiveness and the possibility of refutation and modification of the psychoanalytical theory stand out.

Keywords: *Psychotherapy/trends, psychotherapy/history, psychoanalytic therapy, outcome and process assessment (health care)/history, research.*

Title: *Recent history and current perspectives of outcome studies on long-term psychoanalytic psychotherapy*

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