

Talk Therapy: Off the Couch and into the Lab

Researchers gather evidence that talk therapy works -- and keeps on working

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Therapy at work

LisaFX

A remarkably important event has just occurred in the world of psychology: A leading, peer-reviewed [journal](#) has published the strongest evidence yet that psychodynamic psychotherapy -- “talk therapy” -- works. In fact, it not only works, it keeps working long after the sessions stop.

Full disclosure: We report this not as disinterested observers, but as psychotherapists and researchers on the process and efficacy of therapy. Our [book](#), “Handbook of Evidence-Based Psychodynamic Psychotherapy,” summarized the body of research through last year and another will follow late this year. Still, we can state as fact: The movement to establish an evidence base for psychodynamic therapy has taken a giant new step forward.

This new academic [paper](#) reports positive findings about the form of therapy that began with Sigmund Freud and has historically been utilized more than any other psychotherapy treatment. What does modern psychodynamic psychotherapy look like? Its [distinctive features](#) include several basic building blocks: A focus on emotion and relationships; identification of recurring themes and patterns; discussion of past experiences; a focus on the therapy relationship; exploration of attempts to avoid distressing thoughts and feelings; and exploration of fantasy life.

Overall, the paper found, psychodynamic psychotherapy demonstrates efficacy at least equivalent to other psychotherapy treatments commonly labeled as “empirically supported” and “evidence based.” And in fact, it notes, psychodynamic therapy’s “active ingredients” are shared by many other forms of therapy as well.

The paper heralds a turnaround thirty years in the making: Practitioners of psychoanalysis and psychodynamic psychotherapy were notoriously late to the research enterprise. Through the late 20th century, they eschewed the need to enter the rigorous academic world of process and outcome research, claiming that gathering observable data from psychotherapy sessions could not apprehend the essence of treatment that is based on unconscious meaning.

That stance made it ever harder for psychodynamic psychotherapists to convince insurance companies to pay for their services, especially long-term treatments. It also made psychodynamic psychotherapy look somewhat backward compared to schools of therapy that actively did gather efficacy data, such as cognitive-behavioral therapy, a treatment which focuses on patients’ irrational beliefs.

In recent years, however, for reasons of self-interest and consumer interest, those attitudes have changed, and psychodynamic clinicians and researchers have engaged in research with growing force. They are measuring treatment variables such as empathy and the therapeutic alliance, the compact between patient and therapist about goals and methods of the therapy. They are also studying physiological markers such as galvanic skin response: they measure skin conductance on the patient and the therapist during sessions, and the greater the concordance between the two, the higher the level of empathy.

Additionally, research from neuroscience is beginning to offer implicit support to the mechanisms of action of psychodynamic psychotherapy. Initial findings, for example, suggest that as patients learn to regulate their emotions, that change is reflected in the prefrontal cortex, the seat of executive function.

The new paper by [Jonathan Shedler](#), an associate professor of psychiatry at the University of Colorado School of Medicine, appeared in the journal *American Psychologist*. It carefully analyzes the results of randomly controlled trials -- the gold-standard for scientific studies -- of psychodynamic psychotherapy treatments for a wide range of psychological disorders.