BPC Clinical Research and Evidence Base Advisory Group:

The Centrality of Research: A BPC Policy Document

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Work on the evidence base for psychoanalysis, psychoanalytic and psychodynamic psychotherapy, and Jungian analysis takes place, as is well known, in a rapidly changing context for health care. As the editors of a key collection, *Research on Psychoanalytic Psychotherapy with Adults*, noted ten years ago: 'In the present-day culture of evidence-based practice as a guiding principle for the delivery of public- and private-sector health services, the critical importance of collating empirical research findings related to psychoanalytic psychotherapy cannot be overstated' (Richardson et al., 2004, p. xvii). However, although the context is incontrovertible, the relationship that psychoanalytic and psychodynamic practice (and practitioners) should have to such research activity remains contested (cf. Richardson 2003, Fonagy 2004) and continues to be debated (cf. Jimenez 2007). The purpose of this document is firstly to note key areas in the contest around research in the analytic field generally; secondly to affirm the centrality of research (including research on the evidence base) to the development of effective clinical work; and thirdly to outline some general principles of such a process of enquiry.

1 Psychoanalysis and the question of research

Research in and on psychoanalysis is long established. However, there is probably little or no consensus about what the research priorities should be, and how valid or meaningful the various research activities are (Fonagy 2004; see also Milton et al 2004, 2011). A good index of the contested nature of the field, particularly in an era of evidence-based practice, is the debate between Otto Kernberg and Roger Perron in the *International Journal of Psychoanalysis* in 2006. Kernberg's opening paper, 'The pressing need to increase research in and on psychoanalysis', was followed by Perron's response, 'How to do research?', and closed with Kernberg's reply, 'Research anxiety: a

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response to Roger Perron's comments'. Their exchange provides us with a succinct point of entry to key aspects of the current debate on research and its purposes.

In a wide-ranging survey, Kernberg began by arguing that psychoanalysis had 'a social responsibility to reassure the public regarding the effectiveness of analytic work, and to demonstrate our ongoing efforts to increase the range and efficacy of these treatments. Without this we run the risk of being discarded by the mental health delivery systems'. Moving on from the argument of potential irrelevance, he acknowledged that empirical research could not capture 'the wealth of unconscious processes evolving in patient and analyst', and accepted that the analytic community had 'rightly criticised' the neglect (in quantitative studies on effectiveness) of the nature of the psychoanalytic process. However, he believed that the 'lack of concerted efforts by the psychoanalytic community' to develop systematic studies of objective evidence of the efficacy of psychoanalytic psychotherapies had 'left the field to the cognitive behavioural therapists'. He acknowledged that the main critique of empirical research (from within psychoanalysis) was that it had not 'helped psychoanalytic practice in the way that inspired theoretical and clinical work has done', but he believed that the 'cumulative effect of well-directed research programs moves in that direction'. Lastly, he advocated psychoanalytic linkage with university departments of neurobiology, the humanities and the social sciences in order to advance the understanding of human complexity.

In an impassioned response, Perron acknowledged the necessity for research, including research into effectiveness. However, he regarded the predominance of evidence-based medicine, and its research techniques, as problematic for psychoanalysis. This was because, he said, EBM 'requires that a homogeneous sample is identified, by means of "scientific" measures. There is a problem with the idea of a "measure" – it privileges the quantitative over the qualitative. It recognizes only quantitative variation, not qualitative.' Furthermore, the argument continued, 'What disappears is the idea of an indication of this or that type of treatment for this or that type of patient.' From this argument for individuality, intended to honour the intensely subjective nature of analytic work, he concluded that 'we must use methods that *do not kill their very object'* (emphasis added).

Responding to this forthright critique, in a piece aptly titled 'Research anxiety', Kernberg acknowledged that Perron 'represents an ambience of apprehension that is shared by many colleagues'. Kernberg argued that Perron had, however, failed to take into consideration the 'increasing sophistication of research in the psychoanalytic field, or the development of clinically anchored ratings scales', and the research on the 'specific characteristics of intrapsychic change versus simple symptom removal'. At the same time, the development of a research culture would require organizational change, the point on which Kernberg closed: 'To transform a deeply rooted

apprehension about research into…. an enthusiastic advance in the direction of scientific research will require significant changes in our educational institutions as well'.

These closing comments about a change in our educational institutions bring us to the present moment in the life of the BPC and its member institutions. A recent and influential article by Jean Knox (2013) argued, likewise, for the necessity of research understanding in clinical trainings in our field, in order to ground analytic practice on a firm empirical base. This was a thought-provoking, almost uncomfortable application of one of the most influential ideas in recent clinical theorization. Steiner's concept of the psychic retreat was applied to the situation of training organizations that defensively restrict their curriculum to an established analytic literature without reference to the knowledge base of other disciplines that bear on mental health ('the analytic institute as a psychic retreat'). Knox was addressing not only the question of effectiveness of treatment, but the nature of our analytic conceptualizations.

2 The evidence for psychotherapy and general research principles

The BPC website has been providing links to current and recent research studies, and new data on the effectiveness of psychodynamic psychotherapy, for some years (http://www.bpc.org.uk/about-psychotherapy/evidence). The present document aims to provide a context for these studies by providing some background information about research principles. A glossary of key research terms appears at the end of the document.

Definitions of research almost always include the idea of a 'systematic' process of enquiry, proceeding along specified lines, whether quantitative or qualitative. In the broadest sense, qualitative and quantitative research approaches make different philosophical assumptions about the nature of reality, epistemology (the theory of knowledge), values and methodology (the philosophical and ideological stance of the researcher) (Cresswell 2003), and will 'have a different view of the role of the researcher, and place different emphasis on the need for objectivity, validity and reliability' (Tarling and Crofts, 1988, p.68). It is sometimes argued that a qualitative approach is more congruent with a psychoanalytic or psychodynamic research approach – that there would be more of a meeting over questions of subjectivity – but the Research and Evidence Base Advisory Group does not take this view. While remaining mindful of the importance, identified by Perron (2006), of not using methods 'that kill their very object', we recognize the value of robust, well-designed sources of quantitative data in strengthening the evidence base for analytic work. The following is an indicative guide to some key research principles, including the mixed-methods approach which combines elements of both traditions.

A standard definition: 'Research is a systematic process of investigation, the general purpose of which is to contribute to the body of knowledge that shapes and guides academic and/or practice disciplines.' (eds Tarling and Crofts 1998)

Qualitative research: a cover term for a variety of research traditions originating in philosophy, anthropology, psychology and sociology. It is concerned with how people know the world in which they live (eds Tarling and Crofts 1998). A qualitative approach typically:

- Collects participant meaning
- Focuses on a single concept or phenomenon
- Brings personal values into the study
- Studies the context or setting of participants
- Validates the accuracy of findings
- Makes interpretations of the data
- Creates an agenda for change or reform
- Collaborates with the participants (Cresswell 2003)

Quantitative research: a cover term for empirical research traditions of the traditional sciences concerned with precise measurement, replicability, prediction and control. It includes techniques and procedures such as standardised tests, random sampling and tests of statistical significance (eds Tarling and Crofts 1998). A quantitative approach typically:

- Tests or verifies theories or explanations
- Identifies variables to study
- Relates variables in questions or hypotheses
- Uses standards of validity [accuracy of measurement] and reliability [consistency of measurement]
- Observes and measures information numerically
- Uses unbiased approaches
- Employs statistical procedures (Cresswell 2003)

In the last thirty years or so, an increasing number of studies have made use of elements of both approaches. As Cresswell observes, of ***mixed-methods research***: 'The situation today is less quantitative versus qualitative and more how research practices lie somewhere on a continuum between the two..... mixed methods research has come of age. To include only quantitative or qualitative methods falls short of the major approaches being used today in the social and human sciences.' (Cresswell 2003)

An important example of such a mixed-methods approach is the Tavistock Adult Depression Study (TADS), which was started in 2002. Described on the Tavistock and Portman Trust website as a 'pragmatic, randomised controlled trial, comparing a group who receive 18 months of once-weekly psychoanalytic psychotherapy with a control group, who receive treatment as usual from their primary care providers', TADS includes 'clinical research and qualitative research methodology' in order to 'match the complexity of both the condition and the treatment model under investigation'. So while it is generally acknowledged that the randomised controlled trial (RCT) is best equipped to answer a question about whether a specific intervention works – that is, whether there is a causal

relationship between an intervention and an outcome (cf Banerjee 2003, Richardson 2003, p.55) – this quantitative design can be complemented by a qualitative approach.

TADS describes itself as a project whose findings will 'contribute to the development of evidence-based medicine in respect of the most common mental disorder'. Not all analytic practitioners with a research orientation would give the same priority to development of an evidence base, or indeed to the RCT model itself. Some, such as Hinshelwood (2013), while acknowledging that research into the effectiveness of analytic work is ethically desirable and justified, want to see a return to a more traditional psychoanalytic endeavour: conceptual research. Hinshelwood locates his clinical research in a classically Freudian tradition, noting (wryly) that Freud's most celebrated case histories were in no sense examples of successful treatment and, if measured, probably represented a 20% success rate. They did, however, advance psychoanalytic understanding and psychoanalytic theorization immeasurably.

Perhaps there is no need to operate a false dichotomy. Research can be both outward-facing and inward-facing. An outward-facing approach is exemplified in TADS, which aims to 'help the National Institute of health and Clinical Excellence (NICE) as it further develops its recommendations for the treatment of depression'; see also the work on outcomes and research considerations in Roth and Fonagy 2005, Leuzinger Bohleber and Target 2002, PDM Task Force 2006, Lemma et al 2011, Brown and Tracy 2014, Yakeley 2014. An inward-facing approach is exemplified in the tradition of conceptual research initiated by Freud (Hinshelwood 2013) and developed by contemporary scholars (Tuckett 1994, Dreher 2000, Leuzinger Bohleber and Fischmann 2006, Tuckett et al 2008). As Hinshelwood (2013) says, 'We study an immaterial substance … inner perceptions of our experiential world have no spatial extension we can measure….. psychoanalysis generates specific kinds of data which demand that psychoanalytic research develops uniquely in order to accommodate that kind of data'. Thus there may always be a tension between mainstream research methods and the demands that psychoanalysis makes on a research agenda. What an evidence-based approach can do is to engage with the conversation that takes place outside the analytic community, while remaining inward with, and loyal to, the conceptual foundations of analytic practice.

3 A Glossary of Research Terms*

Term	Definition
Case study	An in-depth, detailed analysis of a person, group or event. Case studies are often criticised for not being generalisable.
Cohort study	A long-term observational study, which involves selecting particular individuals, based on specific criteria such as birthdates, historical experiences or illness profiles. For example a population cohort study might follow a large group of individuals over many years to try to establish various factors that could be linked to developing depression.
Confounder	An extraneous quantifiable factor that has a potential relationship with the variables being tested in a study and may therefore interfere with the result of an experiment and distort an apparent treatment effect. For example drug use, age and education status are confounders that might influence a study outcome of the effect of an intervention in treating depression: good studies try to statistically account for confounders.
Confidence interval	Any statistical analysis is open to error: the confidence interval (CI) is a range of values around a measurement that conveys how precise a measurement estimate is. The most commonly utilised confidence interval (CI) is 95%.
Control group	A group of people who do not receive the treatment being tested. They may receive a placebo, or not treatment at all.
Effect size	A measure of the strength of a phenomenon, which emphasises the size of the difference between two groups. It is a simple way of quantifying the effectiveness of an intervention, whereby 0.8, for example, represents a large effect size and 0.2 represents a small effect size.
Meta-analysis	A statistical method of comparing and contrasting results from different studies that are comparing related hypotheses, with an aim to identify patterns, differences or other interesting relationships among study results.
Naturalistic study	A study in which the researcher carefully observes and records subjects or phenomenon in their natural setting, with no attempts from the researcher to intervene.
Randomised controlled trial	A specific type of scientific experiment, used to test a particular intervention within a patient population. Subjects are randomly allocated to receive one or other of alternative interventions being studied, after which point the only differences between the care subjects receive should be those intrinsic to the interventions being compared, for example a drug or therapy. 'RCTs' are considered to be the 'gold standard' for a clinical trial. A RCT is said to be 'single blind' if the participant does not know which group they are allocated to, and 'double blind' if neither the participant nor the observing researcher know.
Statistical significance	An estimate of how reliably the results of a study can be generalised to the population, from which the sample was originally drawn. A measure of whether the results of the study are likely to be true.
Systematic review	A literature review whereby the researcher finds, evaluates and synthesises the results of related studies to sum up the available evidence regarding a specific research question. The search strategy must be explicit, with clear inclusion and exclusion criteria for study selection to allow others to replicate the work. Unlike a meta-analysis no statistical comparison is made.

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