Relevance for contemporary clinical practice

Pioneered talking therapy

- Freud developed psychoanalysis, which is a talking based therapy aiming to resolve problems by increasing awareness as well as to resolve emotional and relationship problems by exploring the unconscious mind and its influence on thoughts and behaviours.
- A meta-analysis published by the Cochrane Library, which examined 23 RCTs of a total of 1,431 patients (Abbass, Hancock, Henderson et al, 2006). The RCTs compared patients with a range of common mental disorders who received short-term psychoanalytic psychotherapy with controls who received minimal treatment and non-treatment interventions, yielding an overall effect size of 0.97 for general symptom improvement. This effect size increased to 1.51 when the patients were assessed 9 months after treatment. The meta-analysis also reported an effect size of 0.81 for change in somatic symptoms, increasing to 2.21 at longterm follow up; an effect size of 1.08 for change in anxiety ratings, increasing to 1.35 at follow up; and an effect size of 0.59 for change in depressive symptoms, which increased to 0.98 at follow-up.
- Studies examining transcripts or recordings of therapy sessions suggest that psychoanalytic techniques and processes are commonly used by non-psychoanalytic therapists (Goldfried and Wolfe, 1996; Kazdin, 2007, 2008)
- National Institute for Health Care and Excellence guidelines for depression, anxiety and eating disorders recommend talking therapies as the gold standard treatment.
- Talking therapies are effective in treating depression: Mufson (1999) – found that in a 12 week RCT study of 48 clinic referred adolescents meeting criteria for MDD, in either weekly IPT-A or clinical monitoring, were seen bi-weekly, with a researcher to evaluate their symptoms. Those in IPT-A reported a notable greater decrease in depressive symptoms and increase in social functioning. 75% of IPT-A met criteria for recovery compared to 46% control – Hamilton Rating Scale for Depression.

Influenced a new school of psychodynamic thinkers

- Klein – expanded on Freud’s theories, developed play therapy, developed object-relation theory
- Bowlby & attachment theory
  Attachment difficulties are characteristic of virtually all personality disorders (PDs) and are often a central feature of personality pathology (Levy, 2005)
  Attachment’s role in PDs is best illustrated with borderline personality disorder. Those with borderline personality disorder (BPD) struggle with feelings of aloneness, are preoccupied by fears of abandonment and the dissolution of close bonds, and experience intense and stormy relationships (Levy, 2005).
  Mentalization-based treatment was designed for individuals with BPD, who suffer from insecure attachment and as a result failed to develop a mentalization capacity (interpretation of the actions of oneself and others as meaningful on the basis of intentional mental state) (Bateman & Fonagy, 2004).
  At an 8 year follow up, the mentalization-based treatment group continued to show clinical and statistical superiority to treatment as usual on suicidality, diagnostic status, service use, global functioning, and vocational status (Bateman & Fonagy, 2014).

Importance of childhood