Letter to the editor

Serious concerns about "Concerns over the process and outcomes of the review by the Royal Australian and New Zealand College of Psychiatrists into long-term psychodynamic psychotherapy"

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In press: Australian and New Zealand Journal of Psychiatry

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Number of words: 733

Number of refs: 3

Key words: psychodynamic therapy, depression, mood disorders, personality

We thank Kisely and Malhi (Kisely and Malhi, 2024) for their response to our review of the effectiveness of long-term psychodynamic psychotherapy (LTPP) for depression, commissioned by the Royal Australian and New Zealand College of Psychiatrists (RANZCP). While we strongly support critical discussions about psychotherapy effectiveness, including LTPP, their editorial unfortunately misrepresents our findings and our interpretation of them. Kisely and Malhi raise six criticisms, each of which is straightforward to rebut:

1. Kisely and Malhi (p.5) claim our review is characterized by an "over-emphasis on before and after designs," which they argue are prone to overestimating effects due to regression to the mean. They also allege this represents a "significant deviation from the pre-registered protocol." (p.6). However, these claims are inaccurate. Within-group analyses were included only to illustrate absolute effects of LTPP and complemented the primary focus on relative comparisons with other treatments. Our primary models adhered to the pre-registered protocol, and the limitations of within-study designs—including their susceptibility to regression to the mean, natural remission, and lack of controlled conditions—were explicitly acknowledged in our review. Furthermore, all recommendations and evidence gradings, based on GRADE criteria, were derived exclusively from between-group effects. Kisely and Malhi's omission of these between-group effects is misleading and reflects further selective reporting.
2. Kisely and Malhi (p.6) argue the samples included in our review were "highly heterogeneous," noting that 10 of 16 studies involved individuals with a primary diagnosis of borderline personality disorder (BPD). They even suggest our review is "not a review of mood disorders." (p.6). This criticism demonstrates a limited understanding of depression's complexity. High levels of comorbidity were explicitly acknowledged in the clinical practice guideline (CPG), which they are here denying.

Chronic depression often co-occurs with severe and enduring personality and relational issues, meaning many individuals with depression meet criteria for personality disorders, including BPD. These individuals frequently also have a history of unsuccessful or partially successful brief treatments for depression and anxiety. Importantly, despite the apparent heterogeneity in diagnoses, our meta-analysis found low statistical heterogeneity in effect size estimates, nullifying this criticism empirically.

3. Kisely and Malhi contend that treatments included in our review were also heterogeneous, but heterogeneity is common in psychotherapy research. For instance, a recent review found 15 types of brief psychotherapies to be equally effective for depression, despite their differing approaches (Cuijpers et al., 2020)(2). Depression is a multifaceted condition with diverse aetiological factors, and different treatments appear to target distinct aspects of the disorder. Traditional psychodynamic treatments often address intrapsychic factors, whereas contemporary approaches, such as mentalisation-based therapy (MBT), focus on relational dynamics. Kisely and Malhi even argue in this context that "MBT is based on attachment theory, not psychodynamic theory" (p.6) in an effort to invalidate our meta-analytic findings. Yet, MBT was developed by two leading psychoanalysts who have extensively written about its psychodynamic foundations (Fonagy and Bateman, 2010).
4. Kisely and Malhi criticise the heterogeneity of control conditions in our review, alleging we combined all active treatments with treatment-as-usual (TAU) in a single analysis. This is incorrect. Results were reported separately for active treatments and active controls. By conflating this distinction, their critique again misrepresents our approach and findings.
5. They argue that our review lacks information on adverse effects of therapy. While we agree that future research should systematically address adverse effects, our review

did include discussions of potential adverse and iatrogenic effects. Both quantitative and qualitative studies highlighted that long-term treatments, including LTPP, can be challenging for patients, particularly in early phases. Kisely and Malhi's omission of these discussions is yet again misleading.

6. Finally, Kisely and Malhi allege bias in our qualitative study of Australian and New Zealand LTPP patients, as participants were recruited via flyers on the RANZCP website. However, they neglect to mention that we also conducted a meta-synthesis of qualitative studies on LTPP. This synthesis and our own qualitative study acknowledged potential selection bias and the need to address both potential harmful effects and limitations in the existing qualitative research.

In conclusion, Kisely and Malhi present an incomplete and biased account of our review's process and nuanced conclusions. Given that a significant proportion of patients in routine care present with "complex" depression, as also evidenced by the limited effects of brief psychotherapies for this population (Cuijpers et al., 2020), it is crucial to focus on developing and evaluating effective treatments, such as LTPP, irrespective of historical diagnostic labels.

References

Cuijpers P, Karyotaki E, de Wit L, et al. (2020) The effects of fifteen evidence-supported therapies for adult depression: A meta-analytic review. *Psychotherapy Research* 30(3): 279-293.

Fonagy P and Bateman A (2010) A brief history of mentalization-based treatment and its roots in psychoanalytic theory and practice. In: Heller MB and Pollet S (eds) *The work of psychoanalysts in the public health sector.* New York, NY, US: Routledge/Taylor & Francis Group, pp.156-176.

Kisely S and Malhi G (2024) Concerns over the process and outcomes of the review by the Royal Australian and New Zealand College of Psychiatrists into long-term psychodynamic psychotherapy. *Australian & New Zealand Journal of Psychiatry* 59(1): 5-7.

Competing interests

All authors have been involved in the development, evaluation and implementation of psychodynamic treatments.

Funding

No funding was received for this study.