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Patient Experiences of Long-Term Psychodynamic Psychotherapy for Mood and Personality Disorders: A Systematic Review and Meta-Aggregation of Qualitative Studies

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Understanding patients' experiences of psychotherapy is critical for enhancing treatments for mental health disorders. Despite increasing interest in patients' lived experience of long-term psychodynamic psychotherapy, this current literature has not been comprehensively synthesized. The purpose of this systematic review and meta-aggregation is to integrate and evaluate qualitative research on adults' experiences of long-term psychodynamic psychotherapy for complex mood disorders, with the aim of guiding clinical practice and future research. A systematic review and meta-aggregation of 10 qualitative studies was conducted. Participants were adults with complex mood disorders. Sixty-four findings were organized into five themes: (a) initial challenges in starting therapy, (b) nonlinear processes of change, (c) unique dynamics in group mentalization-based treatment, (d) the subjective value of gaining new perspectives, and (e) ambivalent emotions surrounding termination of therapy. Analyses drew on psychodynamic theory and process–outcome research, emphasizing mechanisms such as mentalizing, the therapeutic alliance, and insight-driven change. Patients described early engagement difficulties, gradual and unpredictable progress, pivotal group interactions in mentalization-based treatment, transformative self-insights, and mixed feelings at the end of therapy. More targeted qualitative and mixed methods research is needed to explore the subjective role of these mechanisms, as well as the potential role of intersession experiences and group processes in explaining treatment outcome in long-term psychodynamic psychotherapy. Limitations (e.g., limited studies, overrepresentation of mentalization-based treatment) point to the need for more diverse and comparative research. Overall, these findings underscore the value of mentalizing, alliance building, and fostering insight in treatment.

Public Significance Statement

This systematic review synthesizes patient experiences of long-term psychodynamic psychotherapy for mood and personality disorders. The findings highlight how patients navigate initial challenges, the importance of trust in therapeutic relationships, and the transformative role of mentalizing and group dynamics. These insights can inform more patient-centered approaches to psychodynamic treatments.

Keywords: long-term psychodynamic psychotherapy, qualitative review, lived experience, mentalizing

Supplemental materials: https://doi.org/10.1037/cou0000844.supp

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The data used in this study were derived from previously published qualitative research studies. These data were systematically extracted and synthesized as part of this meta-aggregation. No new primary data were collected for this research, and the work has not been previously published elsewhere. The synthesized findings described in this article informed a chapter of a report commissioned for the Royal Australia and New Zealand College of Psychiatrists, titled Mood Disorders Psychodynamic Psychotherapy Evidence Review, which is not publicly available at the time of writing. Additionally, a brief summary of this article was presented by three of the authors at the Royal Australia and New Zealand College of Psychiatrists annual congress in May 2025. The authors have no known conflicts of interest to disclose. This research was funded by the Royal Australian and New Zealand College of Psychiatrists awarded to Angela Barrett.

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Angela Barrett played a lead role in data curation and visualization, a supporting role in conceptualization, and an equal role in formal analysis, investigation, methodology, validation, writing–original draft, and writing–review and editing. Chloe Campbell played a lead role in supervision, a supporting role in methodology, and an equal role in data curation, formal analysis, investigation, project administration, validation, writing–original draft,

continued

Since the first controlled psychotherapy study in the 1950s and increasingly since the late 1970s, the randomized controlled trial (RCT) has dominated applied psychotherapy research (see Rogers & Dymond, 1954; Rush et al., 1977; and, for a historical perspective, Lilienfeld & Basterfield, 2020). Through random assignment, RCTs minimize group differences, control for confounders, and enable causal inference. Standardized outcomes from RCTs have therefore become the primary metric for evaluating psychotherapy treatments and are often regarded as the "gold standard" in effectiveness research (Hariton & Locascio, 2018). However, clinical researchers have highlighted significant methodological limitations of RCTs, including challenges to external validity, randomization adequacy, blinding, allegiance effects, and an overemphasis on symptomatic outcomes (Cuijpers et al., 2010; Kennedy-Martin et al., 2015; Munder et al., 2013; Shean, 2014). Further, many RCTs lack the design rigor necessary to elucidate mechanisms of change and moderators, which remain poorly understood in psychotherapy research (Carey & Stiles, 2016).

In response, qualitative and mixed methods studies have been used to capture the complexity of subjective psychotherapy experiences. These approaches provide unique insights into factors often overlooked by quantitative methods, such as internal change processes, cultural and contextual influences, potential iatrogenic effects, nonlinear improvement trajectories, and treatment barriers. This methodological pluralism is particularly valuable for identifying approach-specific factors in psychotherapeutic processes that cannot be fully understood through outcome data alone. Additionally, qualitative findings help broaden and refine theoretical models of psychotherapy, offering a means to corroborate or challenge quantitative evidence (Levitt et al., 2022).

Recently, several qualitative studies have investigated patients' experiences of long-term psychodynamic psychotherapy (LTPP), a range of therapeutic approaches focused on intrapsychic and interpersonal dynamics—such as interpersonal patterns, dysfunctional attitudes, defenses, resistances, and cognitive–affective schemas—that contribute to psychopathology (Leichsenring et al., 2015). LTPP has demonstrated empirical support, with meta-analyses of RCTs indicating its effectiveness is comparable to that of other specialized therapies (e.g., cognitive-behavioral therapy and dialectical behavior therapy) for complex mental health disorders, mostly for chronic and treatment-resistant depression and personality disorder (Leichsenring & Rabung, 2011; Woll & Schönbrodt, 2020). LTPP typically has a duration beyond 6 months and often exceeds 1 year, making it particularly suitable for individuals with severe, entrenched mental health issues complicated by disruptions in self-organization (e.g., emotion regulation, mentalizing, self-coherence). Consequently, LTPP may be especially indicated for individuals with personality disorders, particularly borderline personality disorder (BPD), and complex or treatment-resistant depression where comorbid personality pathology is prevalent (Leichsenring et al., 2021; Luyten & Fonagy, in press; Rost et al., 2024).

Reflecting the growth of qualitative studies in psychotherapy research, systematic reviews employing metasynthetic methodologies have synthesized findings across studies (Finazzi & MacBeth, 2022; McPherson et al., 2020); one such metasynthesis explores children's and adolescents' experiences in psychoanalytic psychotherapy (Fiorini et al., 2024). Like meta-analysis, which aggregates quantitative data across studies, qualitative metasynthesis systematically integrates findings on a particular phenomenon or research question. Unlike meta-analysis, which relies on statistical aggregation, qualitative metasynthesis is interpretive, enhancing the generalizability and applicability of qualitative insights for practical use (Saini & Shlonsky, 2012; Sandelowski, 1997).

Despite growing qualitative research in psychotherapy, no comprehensive qualitative synthesis has been conducted to examine adult patients' lived experiences of LTPP. Addressing this gap is critical because existing quantitative studies inadequately capture subjective therapeutic experiences integral to psychodynamic theory, such as relational dynamics and insight. Synthesized qualitative data enable us to test the fidelity of current models of how psychotherapy works, facilitating opportunities for the falsification of long-held theoretical assumptions and opening up empirically driven opportunities for theory refinement and modifications to practice. This is particularly salient for long-term therapies, which extend well beyond the duration of brief interventions yet are often assumed to operate through the same mechanisms of change, despite limited empirical examination of how therapeutic processes unfold over extended timeframes.

Evidence from existing qualitative psychotherapy research suggests an incongruity between the outcomes prioritized by researchers and those that clients find most salient. A recent meta-analysis of client-identified outcomes, which identified 10 thematic domains extending beyond symptom relief—including relational functioning, cognitive flexibility, and broader life engagement (Ladmanová et al., 2025)—is particularly relevant in this context. This divergence between idiographic accounts of therapeutic change and standardized outcome frameworks underscores the need to prioritize patient-defined indicators of effective change. Notably, qualitative studies also offer critical insights into aspects of the therapeutic experience that are perceived as unhelpful or even iatrogenic—an area that remains underexamined in psychotherapy research. Greater empirical focus on patient-identified challenges and barriers may inform efforts to improve treatment accessibility and cultural responsivity and mitigate the risk of harm.

Finally, current qualitative studies of LTPP vary widely in their methodological quality and therapeutic orientation, limiting their broader applicability. A systematic qualitative synthesis is therefore essential to integrate diverse findings, provide higher order interpretive insights, and navigate methodological and conceptual variations effectively. Such a comprehensive approach will refine theoretical models of psychodynamic change, guide clinical practice more responsively, and enhance training by emphasizing core experiential themes and addressing common therapeutic challenges.

This systematic review aimed to address this gap by synthesizing findings from qualitative studies of LTPP in adult popu-

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lations. We focused on adult studies for two primary reasons. First, a recent qualitative synthesis by Fiorini et al. (2024) has already reviewed children's and adolescents' experiences of psychoanalytic psychotherapy. Second, our review centers on LTPP for complex mood disorders, including personality disorders, as these conditions demonstrate the strongest evidence base for LTPP. Moreover, the extended duration and depth characteristic of long-term psychodynamic work is more typically available to, and tolerated by, adult patients, reflecting developmental considerations and service delivery patterns.

This review sought to (a) integrate and interpret findings from existing research using meta-aggregation methodology to craft an integrative description transcending individual study findings (Jensen & Allen, 1996; Paterson et al., 1998), (b) evaluate the methodological integrity of qualitative studies in this area, and (c) contextualize findings within the broader psychotherapy literature.

Method

Study Design

This qualitative metasynthesis used the JBI (formerly known as the Joanna Briggs Institute) meta-aggregation approach (Lockwood et al., 2015, 2024). This methodology involves extracting findings from studies, accompanied by illustrations, and grouping them into categories based on similarity. These categories are then synthesized into overarching findings, presented as indicative statements to inform policy and practice recommendations in health care. The process ensures rigorous and transparent synthesis of qualitative data, preserving the integrity of original interpretations while generating actionable insights. This systematic review adheres to Preferred Reporting Items for Systematic reviews and Meta-Analyses guidelines (Page et al., 2021) and was prospectively registered on the International Prospective Register of Systematic Reviews (CRD42024512213).

Eligibility Criteria

Studies were eligible if they were peer-reviewed journal articles written in English, reporting qualitative research that employed recognized methodologies. Eligible studies focused on treatments with adults (≥18 years) in which the index treatment was LTPP and participants met diagnostic criteria for a complex mood disorder. We defined complex mood disorders as recurrent and chronic depression, acute depression, and depression comorbid with other mental illnesses or neurodevelopmental conditions. Given the high rates of comorbidity between BPD and depression (Shah & Zanarini, 2018) and consistent evidence that patients entering LTPP trials for BPD present with clinically severe depressive symptoms (Bateman & Fonagy, 2009; Jørgensen et al., 2013; Laurenssen et al., 2018), studies of BPD were also included. Eligible studies further required that LTPP be defined as a psychodynamic treatment with a minimum duration of 6 months, consistent with Gabbard's (2004) definition.

Studies were excluded if the primary focus was not treatment (e.g., reflections on the disorder itself), if they consisted of in-depth case reports emphasizing clinical interpretation and strategies rather than the lived experiences of patients or therapists, or if they reported on multiple treatments without distinguishing findings specific to LTPP.

Search Strategy

We systematically searched the Embase (Ovid), MEDLINE (Ovid), and APA PsycInfo (Ovid) databases using targeted keywords such as "long-term psychodynamic," "psychoanalytic," "thematic," "perspective," and "experience" (see Supplemental Table 1 for the full search strategy). To expand the search, we conducted snowball citation tracking of included studies and manually reviewed the top 10 journals most frequently cited in these studies. We also consulted specialists in psychodynamic psychotherapy to identify unpublished results or inaccessible data. Search results were independently screened by two authors (AB and CC), and discrepancies were resolved by a third author (MM), using the systematic review platform Rayyan to facilitate blind screening and subsequent conflict resolution between reviewers (Ouzzani et al., 2016).

Data Extraction

AB extracted data on treatment type, clinical condition, participant characteristics, location, methodology, and phenomena of interest (see Table 1). Following JBI meta-aggregation guidance (Lockwood et al., 2015), three authors (AB, MM, and CC) independently extracted findings—defined as verbatim extracts of the authors' analytical interpretations representing key ideas—with no restriction to predefined themes. Each finding was supported by participant quotations or narrative descriptions and rated for plausibility as unequivocal, equivocal, or unsupported (Lockwood et al., 2015). Only unequivocal and equivocal findings were included in the synthesis. A full list of findings, with their original themes or subthemes, is provided in the Supplemental Materials.

Data Synthesis

Following independent extraction, the three coding sets were reviewed collaboratively and iteratively during several audit meetings until consensus was reached that a final selection of 64 findings was representative of the studies. Inclusion was based on shared agreement that each finding captured a meaningful dimension of patient experience. Findings were assigned concise labels and organized into categories based on their relatedness, facilitated by using the NVivo software package (Lumivero, 2023). Some findings were placed in multiple categories where relevant. Categories were then used to develop overarching synthesized findings, presented as indicative statements summarizing the meaning of the constituent categories. AB, a researcher with no prior affiliation to psychodynamic psychotherapy, led the development of categories and synthesized findings. These were reviewed and refined with input from the other authors (CC, MM, PF, and PL), with only minor revisions being made.

Positionality Statement

As an interpretive methodology, metasynthesis is influenced by researchers' positionality, which can shape the generation of knowledge in qualitative research (Levitt et al., 2022; Muhammad et al., 2015). Reflexive practices are therefore essential for ensuring quality and transparency in qualitative research (Finlay, 2002; Lazard & McAvoy, 2020).

Table 1
Characteristics of the Included Studies

Study	Treatment	Diagnosis	Participant	Location
Barnicot et al. (2022)	MBT—group and individual	PD	56 females, 17 males, M_{age} 30.0 years (*SD* 12.6)	United Kingdom
Duarte et al. (2019)	LTPP	BPD	Patient: one female, zero males, age 29 years; therapist: one female, age 45 years	Chile
Dyson and Brown (2016)	MBT—group and individual	BPD	Six females, zero males, M_{age} 31.7 years (*SD* 8.3)	United Kingdom
Gardner et al. (2020)	MBT—group	BPD	Eight females, zero males, M_{age} 41.9 years (*SD* 15.0)	United Kingdom
Haskayne et al. (2014)	LTPP	Depression	Patients: four, therapists: four; overall six females, two males; age range 20–50 years	United Kingdom
Johnson et al. (2016)	MBT—group and individual	BPD	Lived experience researchers: three females, zero males	United Kingdom
Lonargáin et al. (2017)	MBT—group and individual	BPD	Five females, two males, M_{age} 39.9 years (*SD* 8.2)	United Kingdom
Morken et al. (2019)	MBT—group and individual	PD with comorbid substance use disorder[a]	13 females, zero males, M_{age} 28 years (*SD* 6.52)	Norway
Tercelli et al. (2024)	Psychodynamic couple therapy	Depression	Three females, two males, M_{age} 45.6 years (*SD* 9.6)	United Kingdom
Valkonen et al. (2011)	LTPP	Depression	Four females, three males (LTPP arm of study only)	Finland

Note. MBT = mentalization-based treatment; PD = personality disorder; LTPP = long-term psychodynamic psychotherapy; BPD = borderline personality disorder.
[a] Of the 13 participants, 10 met diagnostic criteria for BPD, and all displayed maladaptive traits associated with BPD.

The research team comprised five members with diverse expertise in psychodynamic psychotherapy, including three men and two women, all White. Four members (PF, PL, MM, and CC) had published extensively on psychodynamic psychotherapy, with PF and PL being recognized as international experts. To mitigate potential bias, AB, who has a biology background and no clinical affiliation with psychodynamic psychotherapy, led the data extraction and synthesis. This approach was particularly critical given the prominence of studies on mentalization-based treatment (MBT), a modality developed by PF and PL with others. Regular team discussions and reflexive practices enriched the analysis by incorporating diverse perspectives and enhancing the credibility and depth of the findings.

Transparency and Openness

This systematic review adheres to Preferred Reporting Items for Systematic reviews and Meta-Analyses guidelines (Page et al., 2021) and was prospectively registered on the International Prospective Register of Systematic Reviews (CRD42024512213). Our full search strategy is reported in Supplemental Table 1 and on the Open Science Framework platform (Moser & Barrett, 2025). Search results were independently screened by two authors, and discrepancies were resolved by a third author using the systematic review platform Rayyan to facilitate blind screening and conflict resolution.

Our qualitative metasynthesis used the JBI meta-aggregation approach (Lockwood et al., 2015, 2024). NVivo was used to facilitate the synthesis of findings, which was carried out collaboratively and iteratively. All data and research materials are reported in the Supplemental Materials.

Results

Database searches initially yielded 637 references. After removing duplicates, two reviewers (AB and CC) independently screened the titles and abstracts of 413 references for relevance and inclusion criteria. Of these, 374 were excluded, leaving 39 reports for full-text examination. Independent full-text review led to the exclusion of 31 reports, resulting in eight eligible studies for qualitative synthesis. An additional 32 reports were identified through snowball searching, hand searching, and expert consultation. Of these, 30 underwent full-text screening, and four met the inclusion criteria. Any uncertainties that arose during full-text review were resolved through team discussion, with all included studies confirmed by a third reviewer (MM). This process identified a total of 12 studies.

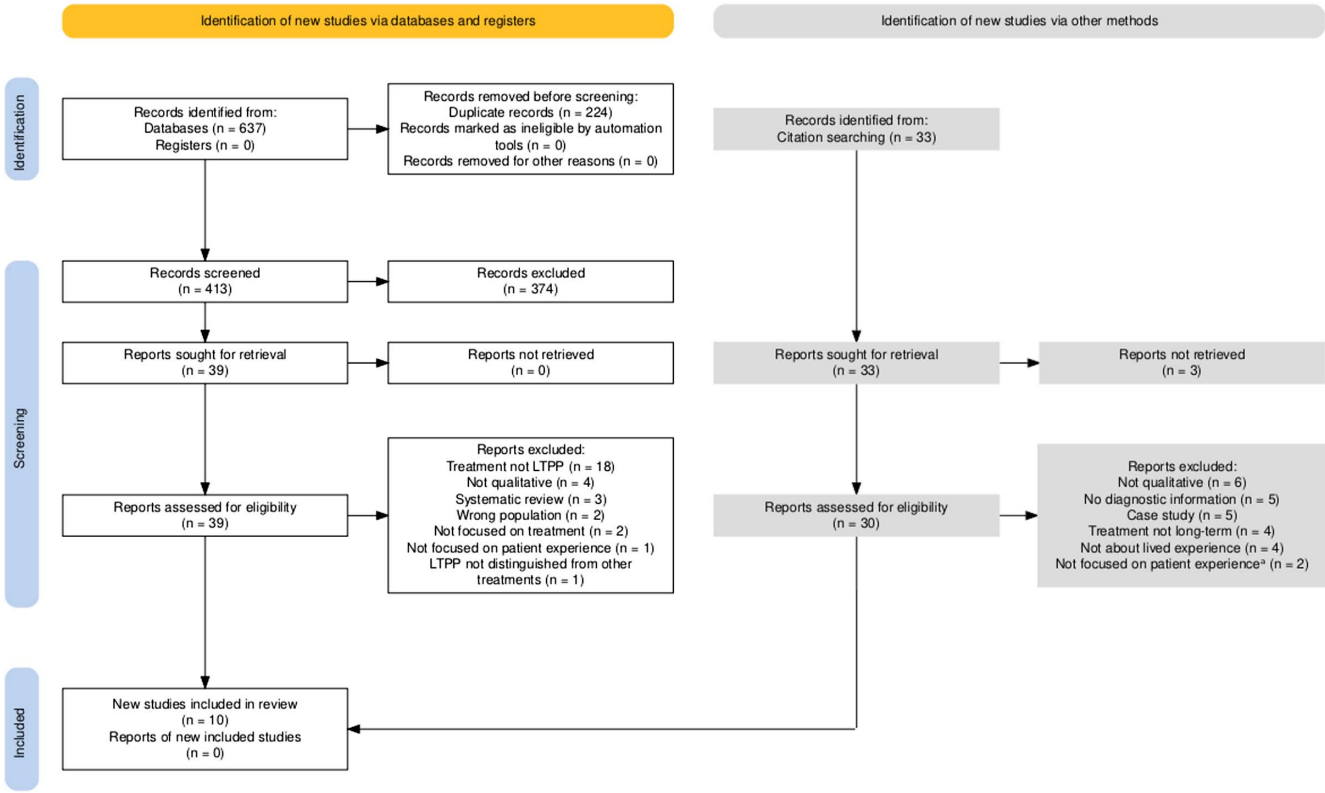
Our search aimed to capture studies on the lived experiences of patients, therapists, and carers. We defined carers as unpaid individuals in the patient's immediate support network—typically family members, close friends, or romantic partners—who provide emotional and/or instrumental support to individuals undergoing mental health treatment. Of the 12 included studies, eight focused on patients, two included both patients and therapists, and two focused solely on therapists. Owing to the limited data on therapists' lived experiences and the absence of data on carers' experiences, this metasynthesis focuses exclusively on patient experiences, derived from 10 studies, as outlined in the Preferred Reporting Items for Systematic reviews and Meta-Analyses flow diagram (Figure 1).

Study Characteristics

The 10 included studies were published between 2011 and 2024. Seven studies were of patients with personality disorder (specifically

Figure 1

Preferred Reporting Items for Systematic Reviews and Meta-Analyses Diagram of Included Studies



Note. The flow diagram was created using the Shiny App developed by Haddaway et al. (2022). LTPP = long-term psychodynamic psychotherapy. See the online article for the color version of this figure.
[a]Studies removed post hoc to include only patient perspectives.

BPD in five studies), and in one study, the participants also had comorbid substance use disorder. Six of these studies examined MBT (Barnicot et al., 2022; Dyson & Brown, 2016; Gardner et al., 2020; Johnson et al., 2016; Lonargáin et al., 2017; Morken et al., 2019), with a predominant focus on the group therapy component. Three studies explored patients' experiences of other forms of LTPP, two addressing depression (Haskayne et al., 2014; Valkonen et al., 2011) and one addressing BPD (Duarte et al., 2019). Two of these studies also included therapists' perspectives (Duarte et al., 2019; Haskayne et al., 2014). One study examined patients' experiences of psychodynamic couple therapy for depression (Tercelli et al., 2024). Detailed descriptions of the study characteristics are presented in Table 1, and additional information on methodologies and phenomena of interest is provided in Supplemental Table 2.

Quality Appraisal

Study quality was assessed using the 10-item JBI qualitative critical appraisal criteria (see Supplemental Table 3 for the criteria; a downloadable checklist is available at https://jbi.global/critical-appraisal-tools). These criteria evaluate the congruence between philosophical perspective and methodology, as well as congruity between methodology and research question, data collection and interpretation, reflexivity, representation of participants' voices, ethics, and the validity of conclusions. Methodological quality ratings for the included studies are provided in Table 2, based on the JBI checklist (Aromataris et al., 2024). All studies were rated by AB. To ensure consistency and reliability, 50% of the studies ($K = 5$) were independently rated by another author (CC). The interrater reliability for all 50 double-coded items was calculated using Cohen's kappa, yielding a score of $\kappa = 0.822$ ($p < .001$), indicating near-perfect agreement (Landis & Koch, 1977).

For the 10 included studies, quality appraisal ratings varied from 50% to 100%. All were rated as achieving congruity between research methodology and the research question (Question 2), data collection (Question 3), representation and analysis of data (Question 4), and interpretation of data (Question 5). All studies were also rated as drawing their conclusions from analysis and interpretation of the data collected (Question 10). The weakest elements concern culturally locating the researchers (Question 6) and addressing the influence of the researchers on the research and vice versa (Question 7).

Qualitative Findings

A total of 64 findings were extracted and assessed for plausibility, defined as the degree of fit between each finding and its supporting illustration (Lockwood et al., 2015). Illustrations consisted of direct

Table 2
Quality Appraisal of the Included Studies

Study (author, year of publication)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Total
Valkonen et al. (2011)	U	Y	Y	Y	Y	N	N	N	N	Y	5
Haskayne et al. (2014)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
Dyson and Brown (2016)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
Johnson et al. (2016)	N	Y	Y	Y	Y	N	N	Y	N	Y	6
Lonargáin et al. (2017)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9
Duarte et al. (2019)	U	Y	Y	Y	Y	Y	Y	Y	Y	Y	9
Morken et al. (2019)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
Gardner et al. (2020)	Y	Y	Y	Y	Y	N	N	Y	Y	Y	8
Barnicot et al. (2022)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
Tercelli et al. (2024)	Y	Y	Y	Y	Y	N	N	Y	Y	Y	8

Note. U = unclear, scored as 0; Y = yes, scored as 1; N = no, scored as 0; Q = Question.

participant quotations. Only findings rated as unequivocal or equivocal were included in this meta-aggregation, ensuring each finding was substantiated by participants' voices. Of the findings, 56 (87.5%) were rated as unequivocal, indicating clear and unambiguous support from their illustrations. Eight findings (12.5%) were rated as equivocal due to some ambiguity in the link between the finding and its illustration, typically when authors appeared to infer beyond participants' statements or referenced unpublished data. All excluded findings were rated as unsupported. The full list of findings, along with their plausibility ratings, is available in Supplemental Table 4.

Synthesized Findings

The 64 findings identified were organized into 14 categories, which informed the development of five synthesized findings presented as indicative statements (Figure 2). These findings are discussed in a broadly linear sequence, beginning with the challenges of starting therapy, followed by key processes of change, the dynamics of group therapy, gaining new perspectives as a key outcome, and the mixed emotions surrounding therapy termination.

Synthesized Finding 1: Starting Is Difficult but Eased by Acceptance and Trust

The first synthesized finding captures the challenges and facilitating factors at the start of treatment, comprising two categories and 19 findings from nine studies.

Challenges in Starting. Patients described various difficulties at the beginning of therapy, particularly in adjusting to the unfamiliar dynamics of LTPP. In individual therapy, the nondirective approach was often perceived as confusing, exacerbated by therapists' silence: "I never knew what [the therapist] was thinking. … I mean, because you know [the therapist] didn't speak. … I don't know what is going on in [their] head whether [they] think I'm a silly little person or whether [they] think ok right this is a problem we can deal with this" (Haskayne et al., 2014, p. 78). Power imbalances could also hinder engagement during individual therapy, with some patients feeling demeaned by interpretive interventions: "[The therapist] was like a teacher. … It would start to make me feel a bit patronized and spoken down to" (Haskayne et al., 2014, p. 78).

Group settings evoked a wider range of apprehensions, often described as overwhelming or frightening, compared with individual therapy. Concerns included feeling like an outsider and being judged or criticized, making active participation difficult at the beginning: "At first I … felt a bit distant. … And it took me about two months to engage" (Lonargáin et al., 2017, p. 19). Group therapy also had the additional challenge of dominant participants overshadowing others, opening the door to unhelpful comparisons and feelings of unworthiness: "It can make me feel worse as I feel that I'm not strong enough. … I tend to shut down and end up not saying anything at all" (Barnicot et al., 2022, p. 222).

Building Trust as a Key Process. Trust-building emerged as a central mechanism in easing initial uncertainties. Patients valued therapists who demonstrated care and support, which fostered a sense of safety: "Sarah and Jo described their therapist as 'caring,' and Laura became 'unbelievably comfortable' enabling her to open up" (Lonargáin et al., 2017, p. 20). Therapists who balanced professional boundaries with relational attunement were particularly appreciated, as noted in Morken et al. (2019, p. 9): "Instead of earlier psychologists who like really wanted to talk about it … that made it hard to talk about it."

Patients highlighted the importance of therapists being emotionally attuned, providing containment, and pacing sessions appropriately: "There were times when we had the emotion in the room and … it felt really helpful, even though I was obviously upset and hurting at the time, it felt [the therapist] was there and understanding" (Haskayne et al., 2014, p. 79). Nonverbal communication was also valued as a means of expressing empathy, felt through the "expression of the face or even the body language" (Tercelli et al., 2024, p. 181).

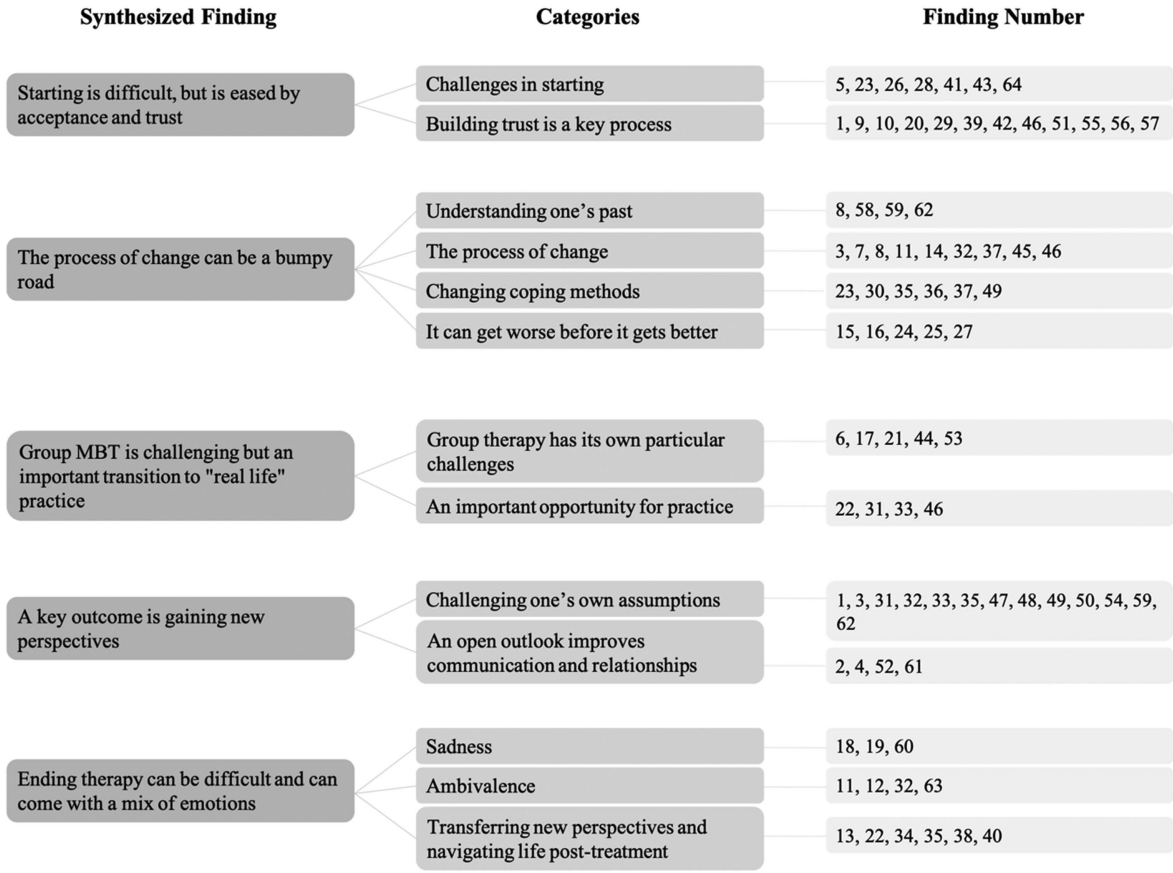
Trust was also foundational in group therapy. Sharing relatable experiences helped group members feel understood and less alone, fostering a sense of connection and camaraderie: "It's the weirdness of having a bunch of other minds like yours in the room" (Gardner et al., 2020, p. 578). Feedback from other group members, although sometimes uncomfortable, was also valued for its potential to promote growth: "It's been good to have other people's feedback, even if it's a bit uncomfortable at times" (Barnicot et al., 2022, p. 218).

Synthesized Finding 2: The Process of Change Can Be a Bumpy Road

The second synthesized finding explores the nonlinear aspects of change during treatment, comprising four categories and 24 findings from eight studies. Notably, this theme includes participants' accounts of improved mentalizing and insight as key patient-identified mechanisms of change. These processes were often described in

Figure 2

Summary of Synthesized Findings, Their Component Categories, and the Finding Reference Numbers



Note. MBT = mentalization-based treatment.

relation to difficult or challenging experiences associated with psychological transformation.

Understanding One's Past. Making sense of one's past emerged as a pivotal therapeutic process. Reflections on life history and personal narratives facilitated reevaluation of past events, enabling the integration of new perspectives. Recognizing the impact of past adversity was highlighted as an essential, albeit sometimes unresolved, aspect of LTPP: "[Psychotherapy] made me realize I couldn't change things, that they were the way they were and that I couldn't keep looking for explanations. … So realizing that this was not going to happen. … I had to find a way to move on without that answer that I wanted so much" (Duarte et al., 2019, p. 453).

The Process of Change. The process of change captured the mechanisms and experiences of transformation during LTPP. Enhancements to mentalizing—the ability to understand both intra- and interpersonal experiences in terms of intentional mental states such as thoughts, feelings, desires, and intentions—constituted a key mechanism. More robust mentalizing helped patients recognize and contextualize emotions, reducing automatic negative thought patterns: "I still had some self-hatred … but next day I can go I was angry at myself but it was because of this or that … there was a context and not all problems are caused by feeling like a bad person" (Johnson et al., 2016, p. 47).

Enhanced mentalizing was also linked to improved emotion regulation. For instance, patients in the study of Barnicot et al. (2022, p. 220) described how slowing down their thoughts and behaviors helped them understand and manage their feelings: "They get you to pay attention to what feelings you have, getting you to slow down your thoughts and behavior – if you start to understand where a feeling starts, it's easier to understand it and hence to change it."

Group MBT sessions offered additional opportunities for reflection in a more naturalistic context compared with the structured environment of the consulting room. Patients noted that this setting allowed them to practice skills in "real-life" situations, which improved their ability to manage interpersonal challenges: "The group sessions often seem … kind of extra … difficult. … But, they're … kind of more like … real life … that's potentially useful … because … Jane, who's my individual therapist, she sort of sees me in real life type situations" (Lonargáin et al., 2017, p. 21).

Changing Coping Methods. Adopting new adaptive coping mechanisms was a significant yet challenging aspect of therapy for many patients. Abandoning familiar but maladaptive strategies often felt risky and destabilizing. Patients frequently acknowledged the destructiveness of previous coping methods, such as substance use or social withdrawal, while also describing the emotional challenges of disengaging from these behaviors: "When I drank or did drugs

excessively, it was easy to ignore this feeling. Now that I'm sober in every respect, I find that isolation bothers me more than anything" (Johnson et al., 2016, p. 48).

Additionally, several patients reported a sense of loss regarding their "former" selves, finding this an emotionally difficult aspect of therapeutic change. One patient reflected: "[Psychotherapy and mentalizing] robbed me … you're used to dealing with things your own way, so it was strange … not smashing things up or self-harming" (Johnson et al., 2016, p. 48).

It Can Get Worse Before It Gets Better. The therapeutic process was frequently described as emotionally challenging, likened by one patient to a "root canal" in being painful but beneficial in the long term (Haskayne et al., 2014, p. 81). For some, the positive effects of therapy were experienced in cycles: "I would go through a period where it was ok for a few weeks and every session was pretty good and useful, and then a few weeks of it being annoying" (Haskayne et al., 2014, p. 77). These fluctuations highlight that therapeutic progress can feel inconsistent, characterized by alternating periods of engagement and frustration. Patients also noted that insights gained during therapy could be difficult to integrate, especially when they had not yet established effective alternative coping strategies. Heightened self-awareness combined with the abandonment of former coping methods sometimes led to increased emotional distress: "Sometimes I feel worse than before … because I'm sitting with the feelings instead of reacting to them in ways that would numb them" (Dyson & Brown, 2016, p. 590).

Synthesized Finding 3: Group MBT Is Challenging but an Important Transition to "Real Life" Practice

This synthesized finding, derived from two categories and nine specific findings, highlights the unique challenges and potential therapeutic benefits of group MBT. Six of the 12 studies focused on MBT, and although MBT includes both individual and group components, there was a strong tendency for participants to focus on the group component.

Group Therapy Has Its Own Particular Challenges. Group MBT posed distinct interpersonal challenges for participants, including fears of being judged, misunderstood, or criticized by peers (Barnicot et al., 2022; Lonargáin et al., 2017). One participant shared how such comparisons led to feelings of inadequacy and self-doubt: "I feel as though my situation is not as bad as I think it is … it makes me think that my situation is not that serious" (Barnicot et al., 2022, p. 222). In some cases, discussions on sensitive topics, such as substance abuse (Morken et al., 2019) or suicide (Lonargáin et al., 2017), were overwhelming. Participants also expressed discomfort when therapists did not promptly intervene in challenging situations, raising concerns about potential iatrogenic effects: "I could see that she [a fellow group member] was very influenced by all this talk about drugs and alcohol … that can be devastating" (Morken et al., 2019, p. 7).

An Important Opportunity for Practice. Despite its challenges, group MBT was often viewed as a valuable complement to individual therapy, providing a "safe space" for reflection and testing assumptions about others (Johnson et al., 2016; Lonargáin et al., 2017). Many participants appreciated the opportunity to challenge their perceptions, sometimes with surprising revelations: "It was a shock in therapy how often my assumptions were wrong about other people" (Johnson et al., 2016, p. 47).

Synthesized Finding 4: Gaining New Perspectives as a Key Outcome

This fourth synthesized finding describes gaining new perspectives as a major treatment outcome, described across two categories and 17 findings from six studies. This process involves challenging ingrained assumptions, leading to improved self-understanding, relational capacities, and more constructive communication.

Challenging One's Own Assumptions. A critical component of gaining new perspectives was the ability to question deeply held assumptions, often arising from the processes outlined in Synthesized Finding 2, such as understanding one's past, increasing self-awareness, and recognizing emotional and cognitive patterns. For example, one participant described how adopting a new perspective helped diminish persistent self-hatred: "I now stop and think, this is mine, and this is not mine … other people can be wrong too, and the realization that … not everyone sees you as a bad person" (Johnson et al., 2016, p. 47).

Group MBT played a significant role in helping participants challenge negative assumptions about themselves and others. Positive interactions within the group fostered "a more positive outlook about others and oneself" (Lonargáin et al., 2017, p. 22). By observing and relating to others, participants reevaluated their perceptions: "I got help by listening to others in the group; things that I thought were completely abnormal were normal after all" (Morken et al., 2019, p. 7). Group discussions also provided a valuable space for contextualizing personal challenges, enabling participants to see their struggles from a broader perspective: "It's been really helpful to come to the groups and get another perspective … it helped me to see maybe they were just being realistic" (Barnicot et al., 2022, p. 218).

An Open Outlook Improves Communication and Relationships. Across multiple studies, psychotherapy was reported to enhance participants' communication by fostering openness about feelings and intentions. Patients learned to manage strong emotions and pause before reacting, leading to more constructive interactions and reduced relational strain: "It's helping me with my daughter. I shout less, I ask about her feelings more – I think more clearly about it before I talk to her" (Barnicot et al., 2022, p. 221).

Participants also described developing greater acceptance and respect for others' perspectives, recognizing other minds as being distinct from their own. This shift promoted patience and understanding: "I had to swallow it and listen, and I had to realize that for this person it was important, and I had to accept and respect that" (Morken et al., 2019, p. 6).

In some cases, psychotherapy facilitated deeper connections in intimate relationships. For example, in couple psychotherapy, the structured environment enabled discussions that might not have occurred otherwise. These conversations helped partners establish a "new reality" of mutual understanding by exploring each other's perspectives and goals: "[Therapy] unlocked communication, we would go deeply in the conversation, we discovered and we confirmed through therapy that we were very different people in terms of aims and ways to look at life" (Tercelli et al., 2024, p. 186).

Synthesized Finding 5: Ending Therapy Can Be Difficult and Brings a Mix of Emotions

The final synthesized finding captures the complexities of ending long-term therapy. Comprising three categories and 13 findings

from six studies, this finding highlights the emotional challenges and opportunities associated with therapy termination.

Sadness. Termination often evoked sadness, linked to both the conclusion of the therapeutic process and the loss of individual and group relationships. One patient described sadness stemming from the loss of a safe, comfortable space: "I found the end of therapy a bit sad. It was so comfortable for me, so positive that I would have liked to continue" (Tercelli et al., 2024, p. 183). Other patients described grieving these endings: "I really, really struggled with the ending of particularly the individual, but also the group and was really grieving" (Dyson & Brown, 2016, p. 592). The same patient went on to elaborate on how this grief was not understood by others: "Society's a bit much more easier accepting the grief around somebody dying rather than grief of an end of relationships" (Dyson & Brown, 2016, p. 592).

Ambivalence. Ambivalence about ending therapy was common, with patients needing to balance feelings of progress with anxieties about managing without therapy. Some described feeling "rudderless" while simultaneously recognizing their desire for independence and self-reliance: "I thought sometimes that it's good that it ended. You couldn't continue it forever … you want to cope by yourself in the end" (Valkonen et al., 2011, p. 235). This ambivalence reflected both an appreciation for the progress made and a readiness to embrace life beyond therapy.

Transferring New Perspectives and Navigating Life Posttreatment. Ending therapy marked the beginning of a transition where patients sought to apply the perspectives and skills gained during treatment to their daily lives. Group MBT, in particular, provided a space for practicing new behaviors and perspectives, which some patients naturally extended to the outside world: "Taking those little risks in therapy a bit more out of therapy, in the outside world" (Johnson et al., 2016, p. 48). However, not all patients found this transition seamless. Some experienced a lingering "sense of separation" and perceived others in the outside world as less understanding or supportive: "[people in] the outside world … have '… their own agenda'" (Gardner et al., 2020, p. 579).

To navigate posttreatment challenges, many patients drew on their therapy experiences and internalized representations of their therapists as a source of guidance, asking themselves, "What would [my therapist] say about this situation?" during difficult moments (Johnson et al., 2016, p. 48). Therapy termination also prompted patients to integrate therapeutic insights actively, recognizing that ending treatment did not mean all issues were resolved. Patients described expanding their social connections, stepping outside their comfort zones, and reimagining their identities. For some, this meant moving away from being defined as a "service user" and pursuing roles of greater responsibility or exploring new social settings: "I feel more able to take on responsible positions and try new things" (Johnson et al., 2016, p. 48). Additionally, a desire to support others emerged for some patients, who expressed a commitment to helping others avoid similar struggles: "I want to help others find their voice and avoid the emotional places I've been … especially as I now know you don't need to go there" (Johnson et al., 2016, p. 50).

Discussion

The aim of this study was to synthesize findings from qualitative studies of LTPP. Notably, several synthesized findings—that is, the difficulties and uncertainty surrounding the start of therapy, the central role of the therapeutic relationship, and the nonlinear trajectory of psychotherapeutic improvement—align with those reported by Fiorini et al. (2024), who examined the experiences of children and young people in psychoanalytic psychotherapy. These consistencies across adult and younger populations suggest that many core aspects of the experience of psychodynamic therapy transcend age differences.

A recurring finding was that patients found starting treatment difficult, with the nondirective and interpretive aspects of LTPP particularly emphasized as intimidating for some patients. MacFarlane et al. (2015) explored these early apprehensions in a qualitative study in a community psychotherapy setting, identifying fears such as not knowing what to say, being judged, crying, or revisiting painful memories. Consistent with our findings, these challenges often stemmed from uncertainty about the psychotherapeutic process, including unclear expectations between patients and therapists.

Although initial difficulties often eased as the alliance developed, they still represented barriers to initial engagement. Interestingly, such apprehension was largely absent in reports of individual MBT, perhaps due to its structured use of early psychoeducation, which typically does not feature in traditional psychodynamic approaches. As suggested by MacFarlane et al. (2015) and supported by DeFife and Hilsenroth (2011), psychoeducation, collaborative planning, and orientation to psychodynamic techniques could help alleviate patients' initial apprehensions. The need for greater reflexivity regarding patient challenges with therapeutic neutrality and the nonprescriptive stance of psychodynamic therapy has been highlighted in another qualitative study from Chui et al. (2020), who found that several patients receiving open-ended psychodynamic psychotherapy expressed a wish for more structure and less ambiguity in the therapeutic process—a concern notably absent from therapists' accounts.

Although some psychodynamic schools of thought resist psychoeducation due to concerns that it may dilute affective depth or analytic neutrality, our findings suggest that these concerns may be unfounded. This view is supported by empirical studies providing evidence in favor of the use of preparatory strategies, including pretherapy orientation videos (Zwick & Attkisson, 1985) and pretreatment interviews, such as the socialization interview introduced by Luborsky (1984; for a review, see Busch & Auchincloss, 2018).

Patients in the reviewed studies emphasized the importance of having trust in their therapist, with qualities such as empathy, warmth, and supportiveness being particularly valued. These socioemotional traits align with process–outcome research highlighting their role in fostering a therapeutic alliance (Anderson et al., 2009; Heinonen & Nissen-Lie, 2020). Findings from a meta-analysis on alliance formation in initial therapy sessions (Lavik et al., 2018) further reinforce this finding, underscoring the importance of socioemotional attunement during the early stages of therapy.

Patients also noted the need for therapists to strike a balance between professional distance and empathic concern. Sensitivity to this balance appears to be crucial in building trust and alleviating early fears, reflecting the complexity of effective therapist–patient dynamics and underscoring that alliance formation may not be reducible to therapist characteristics, such as warmth and empathetic concern, alone. Research on social-cognitive skills, such as emotional intelligence and reflective functioning, highlights their role in mediating the relationship between therapist traits and positive outcomes (Cologon et al., 2017; Kaplowitz et al., 2011). These skills, when combined with other therapist competencies, can significantly influence alliance-

related outcomes (Cologon et al., 2017; Rieck & Callahan, 2013). Future research should operationalize therapist characteristics and relational capacities to better understand how these factors interact to promote alliance formation and improve outcomes. This may be especially important in patients in LTPP, where the complexity of patients' needs often requires heightened therapist sensitivity and adaptive relational skills.

Descriptions of LTPP often involved references to emotionally challenging experiences. Patients reported discomfort as they confronted painful emotions and memories, reduced reliance on maladaptive coping strategies, and navigated ambivalence about internal change. This finding corroborates a growing evidence base that challenges the assumption of steady, linear progress in therapy that is suggested by averaged outcome measures (Hayes & Andrews, 2020; Hayes et al., 2007). Our results align with evidence suggesting that therapeutic improvement is often nonlinear, characterized by sudden gains, setbacks, "sleeper effects," and other fluctuating phenomena (Halstensen et al., 2021; Mechler et al., 2021; Owen et al., 2015).

Patients describe an enhanced capacity to engage with their own mental states as pivotal to change, enabling them to articulate distress, challenge rigid assumptions, recognize triggers, and cultivate self-compassion, thereby fostering greater agency and self-mastery. These findings align with broader research suggesting that mentalizing is a key mechanism underlying effective psychotherapeutic interventions (Luyten et al., 2024) and a recent meta-analysis by Kivity et al. (2024), who reported that both implicit and explicit mentalizing are moderately and consistently associated with reduced psychopathology, improved functioning, more adaptive personality and emotional profiles, and increased attachment security. However, the emphasis on mentalizing in our review may reflect the disproportionate representation of studies of MBT and might not fully capture the diversity of change processes across other forms of LTPP.

The emotional challenges associated with replacing reliance on maladaptive coping strategies—such as avoidance, impulsive behaviors, and self-harm—with more adaptive, approach-oriented strategies are consistent with recent dynamic systems models. These coping transitions, often supported by enhancements in mentalizing, involved "sitting with" emotional states rather than "reacting to" or "ignoring" them, and frequently activated negative affect, especially during the early stages of treatment. This pattern resonates with the network destabilization and transition model, which theorizes that therapeutic change occurs through the activation and destabilization of maladaptive defenses, conceptualized as attractor states (Gelo & Salvatore, 2016; Hayes et al., 2015). Variability in symptoms and self-ratings during therapy has been shown to act as a catalyst for downstream progress, with local disruptions predicting positive outcomes (Gumz et al., 2010; Hogue et al., 2021; Olthof et al., 2020).

Over half the studies meeting inclusion criteria (60%) focused on MBT for BPD and often emphasized the group component. This focus appears to be driven by patients' frequent discussion of group MBT and suggests that it is a significant component of treatment for patients. The challenges of group therapy described by patients reflect a longstanding concern about potential iatrogenic effects of group therapy. Although such risks, including contagion effects, have been studied in contexts such as conduct and adolescent substance abuse disorders, recent meta-analytic findings suggest that group treatments pose no greater risk than other formats (Hogue et al., 2021). Nevertheless, concerns remain that some participants might find group therapy undermining, alienating, or excessively distressing. Conversely, however, the challenges inherent in group work might contribute to therapeutic change. Consistent with the MBT framework, which emphasizes the value of rupture and repair in group therapy (Bateman et al., 2021), group settings provide a quasinaturalistic environment in which patients can explore and test interpersonal dynamics. However, this process requires careful facilitation to manage potentially intimidating or negative experiences.

The group setting was perceived as a more unpredictable format than individual therapy. Positive dynamics such as mutual support and constructive feedback contrasted with the volatility of intermember conflicts and the presence of domineering individuals, underscoring the complexity of the role of group therapy. This emphasizes the need for further process–outcome research to clarify the mechanisms of group dynamics in psychodynamic treatments, a topic that remains underresearched (Rosendahl et al., 2021).

Despite being described as a challenging experience, group MBT was particularly impactful for many patients, offering interpersonal challenges that became catalysts for therapeutic growth. Despite their advantages, group formats remain underused in psychodynamic service provision, likely due to enduring patient and therapist preferences for individual therapy. Survey data of patient preferences indicate that concerns about confidentiality, difficulty expressing themselves, and fears of receiving less attention undergird much of the overwhelming preference for individual therapy (Osma et al., 2019; Shechtman & Kiezel, 2016; Strauss et al., 2015). Therapists, in turn, tend to underestimate group therapy's benefits (Markus & Abernethy, 2001) and report anxiety about managing group dynamics (Billow, 2001), possibly linked to their own group-based attachment insecurity (Marmarosh et al., 2006). There is also a prevailing assumption that group therapy is a cost-cutting measure that compromises quality of care (Piper, 2008).

Accounts of reevaluating deeply ingrained beliefs about oneself and others, enabling the replacement of maladaptive perspectives with more adaptive ones, highlight the privileged role of insight in psychodynamic theory (Messer & McWilliams, 2007) and its association with therapeutic improvement in outcome research (Jennissen et al., 2018, 2021). Patients described greater cognitive flexibility and improved mentalizing as critical supports for developing insight, aligning with dismantling RCTs showing that transference interpretations in psychodynamic therapy foster insight and affective awareness, particularly for patients with personality pathology or longstanding interpersonal problems (Høglend & Hagtvet, 2019; Johansson et al., 2010). Our findings suggest a bidirectional relationship between mentalizing and insight, whereby initial mentalizing gains may facilitate insight-oriented interventions, which in turn reinforce mentalizing abilities (Bateman et al., 2023). Future longitudinal research is needed to confirm these mechanisms and clarify their temporal sequencing.

Group psychotherapy was highlighted as a particularly fertile context for gaining new perspectives. Patients often described surprise at discovering how inaccurate their assumptions about others could be, a process facilitated by the interpersonal dynamics of group therapy. These findings align with the view of Yalom and Leszcz (2020) that other group members serve as significant agents of change.

Insight-driven changes were also described as enhancing relational functioning. Patients reported improved reflective functioning, allowing them to reevaluate and integrate new and existing relational schemas. This supports Fonagy et al.'s (2022) theory of three communication systems in psychotherapy, which links

improved mentalizing and affect regulation to relational stressors outside therapy. Patients described these changes as a virtuous circle, where insights gained in therapy supported affect regulation and relational improvements, which in turn reinforced mentalizing capacities. These processes are thought to extend beyond the end of therapy, fostering longer term changes in relational functioning (Fonagy et al., 2019). Currently, more empirical investigation is needed to confirm the robustness of sustained relational effects of successful psychotherapy treatments and particularly how intersession experiences and relational changes mediate the connection between improvements in mentalizing and symptomatic outcomes (for a review in this area, see Gablonski et al., 2023).

Our results found that treatment termination following long-term psychotherapy is experienced as an emotionally complex experience. Many excerpts referenced a sense of sadness during the ending phase, even in cases of successful termination, often accompanied by ambivalence. This finding is consistent with extensive literature on termination in psychodynamic psychotherapy (Joyce et al., 2007; Newhill et al., 2003) and "termination setbacks," which refer to halting and/or worsening symptomatic improvement in the weeks before treatment cessation (Nilsson et al., 2021). A study by Roe et al. (2006) found that the most common cause of negative feelings about termination was the loss of the therapeutic relationship, a theme echoed in our findings. This sadness may reflect the depth of the therapeutic alliance and positive feelings about therapy itself. However, negative feelings were also linked to poorly processed terminations or perceptions of insufficient progress.

Ideally, therapists and patients work collaboratively toward a positive ending, supported by a shared understanding of therapeutic goals (Marmarosh, 2022). Baum (2005) emphasized the importance of pacing the termination process and providing patients with choice and control, which can increase their sense of agency. Positivity in termination often stems from a patient's sense of independence, support from the therapist, and acknowledgment of achievements (Roe et al., 2006). In line with this suggestion, our findings included examples of patients gaining increased agency, which prompted their decision to end therapy (Duarte et al., 2019; Valkonen et al., 2011). Active efforts to help patients identify and appreciate their therapeutic progress could mitigate feelings of loss and reinforce their sense of accomplishment.

Another positive aspect of termination was the transfer of improved communication and mentalizing capacity to real-life situations. This is consistent with a study by Falkenström et al. (2007), who found empirical support for the long-held theoretical supposition that the effectiveness of psychotherapy, particularly psychodynamic therapy, is in part driven by the development of a patient's capacity to continue analytic processes themselves in what is known as "self-analysis," which is often thought to stem from an identification with and internalization of the therapist's analytic function (Freud, 1955; Greenberg, 2005). Some patients described referencing memories of therapy in challenging moments by imagining what their therapist or group members might advise (Johnson et al., 2016). These internalized representations of therapeutic figures provided a stepping stone for adopting new perspectives and navigating interpersonal challenges.

Geller and Farber (1993) noted that patients who had had more therapy sessions were more likely to evoke representations of their therapist, particularly during painful emotional states. This finding aligns with Knox et al. (1999), who reported that patients felt positively about their internalized therapist representations and increasingly relied on them over the course of therapy. Such internalization may represent a mechanism through which long-term therapy facilitates enduring change after termination (Nichols, 2009).

Reframing termination as a phase of "consolidation" (Maples & Walker, 2014) may offer a more constructive lens, representing a potentially useful heuristic in some cases, especially for patients whose decision to terminate therapy was prompted by an increased sense of agency and self-efficacy. Rather than viewing therapy as simply ending, in a "consolidation" approach, patients and therapists focus on integrating insights, acknowledging growth, and reinforcing gains. This shift can help patients experience termination as a developmental milestone, supported by internalized therapeutic experiences and a growing capacity for self-reflection.

Overall, the subjective importance patients placed on the experience of ending therapy highlights a broader need to strengthen the role of termination in psychotherapy education and training. Despite its clinical and developmental significance, termination remains an underexplored area in both research and professional preparation (Hilsenroth, 2017; Nilsson et al., 2021). Greater empirical attention to endings—especially in long-term psychotherapy—may inform best practices that enhance continuity of gains and minimize termination setbacks.

Clinical Implications

Our synthesized findings have highlighted several implications for clinical practice. Carefully designed early-phase psychoeducation aimed at clarifying treatment expectations—particularly around the nature and aims of psychodynamic therapy—may facilitate more efficient alliance formation, ease early discomfort, and reduce premature dropout by fostering trust and demystifying the therapeutic process, without compromising core psychodynamic principles. We propose that such approaches be integrated more systematically into early-phase psychodynamic treatment planning, particularly when working with patients with more complex clinical presentations (Leichsenring & Schauenburg, 2014).

Our review also suggests that group-based interventions—whether standalone or adjunctive to individual therapy—warrant greater inclusion in psychodynamic training and clinical practice, particularly for individuals with entrenched interpersonal difficulties. Beyond their clinical value, group formats also offer scalable and cost-effective solutions for public mental health services. Crucially, the patient-reported therapeutic benefits of group work were embedded in processes specific to group dynamics. These findings caution against viewing group therapy as merely an extension or diluted version of individual therapy.

We suggest that group therapy should be recognized as a distinct format with its own irreducible benefits and risks, although more comparative research is needed to distinguish group-specific factors from common factors in all treatment formats (Hill, 1990; Holmes & Kivlighan, 2000). It is important to note, however, that many participants described early group experiences as intimidating or overwhelming, underscoring the importance of therapist sensitivity and adequate training to mitigate iatrogenic risk and reduce dropout (Whittingham et al., 2021).

Our synthesis supports the view that termination should be approached as an active and integral phase of the therapeutic process. In long-term therapy, in which the therapeutic relationship is often a

central vehicle for change, termination may represent a significant, and emotionally intense, relational transition. For these patients, additional time and planning may be required to address ambivalence, preempt feelings of grief and sadness, and mitigate the risk of the ending being experienced as a repetition of earlier losses or abandonment. In this context, thoughtful pacing, explicit preparation, and collaborative meaning-making should be explicitly programmed into treatment planning in efforts to facilitate effective and "good enough" endings. Although no single protocol can govern the process of ending therapy—particularly in longer term work—termination decisions should be approached collaboratively, with clinical intentionality and sensitivity to relational dynamics (Norcross et al., 2017).

Limitations

This metasynthesis is subject to several limitations that warrant consideration. First, the studies included were predominantly conducted in Europe, with the majority originating from the United Kingdom and one each from Finland and Norway. The sole non-European study was conducted in Chile. This limited geographic diversity restricts the generalizability of our findings and highlights the need for qualitative research on LTPP in more culturally diverse contexts.

Another limitation is the disproportionate focus on MBT among the included studies. Although MBT is rooted in psychodynamic principles, its emphasis on social-cognitive function and group components differentiates it from traditional psychodynamic psychotherapy, which prioritizes transference processes and interpretation. As a result, our findings may be skewed toward MBT-specific experiences, limiting their applicability to the broader scope of LTPP. Greater representation of individual LTPP modalities in future research is necessary to enhance the generalizability of metasyntheses.

Additionally, the lack of comparative studies poses challenges in assessing the specificity of our findings to LTPP. Although our results underscore the importance of insight and relational functioning, it remains unclear how these features compare to those of other modalities. Similarly, the distinctions between long-term and short-term treatments require further exploration. Comparative qualitative research, particularly studies in which patients are asked to reflect on experiences across multiple modalities, is essential for determining the unique contributions of LTPP.

Last, the absence of standardized methodologies and comparative designs limits the robustness of our conclusions. Longitudinal and comparative studies employing consistent methodologies are needed to better understand the specificity of LTPP mechanisms and their impact relative to other psychotherapeutic approaches.

Conclusion

This review sheds light on several putative mechanisms of change in psychodynamic therapy, including mentalizing, the therapeutic alliance, and insight, and suggests that patient experiences of LTPP show a high fidelity to extant theoretical models. We have identified several clinical implications and the need for further research, including into the role of early-phase therapist neutrality and the wider potential of group psychodynamic psychotherapy.

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