

Shrink Rap Radio #236, May, 27th, 2010, The Efficacy of Psychodynamic Psychotherapy Therapies with Jonathan Shedler.

David Van Nuys, Ph. D., aka “Dr. Dave” interviews Jonathan Shedler, Ph.D. (transcribed from www.ShrinkRapRadio.com by Kirsten Pettifor)

Excerpt: *One distinguishing feature of psychodynamic treatment is the focus on affect and on emotion. Psychodynamic therapists help patients to attend to and focus on and put into words their emotional life and this includes contradictory feelings that people are having. It includes feelings that are difficult to talk about or acknowledge, it includes feelings that the person may not initially be aware of and this is not a particularly foreign concept. If you ask for example CBT therapist “Do you focus on affect”, they’ll say yes. And they do, but if you look at actual transcripts, what’s going on in session, it turns out that psychodynamic therapist are doing it a lot more, and a lot more often, and a lot more deeply.*

Introduction: That was the voice of my guest, Dr. Jonathan Shedler, speaking about his ground breaking article on The Efficacy of Psychodynamic Psychotherapy; which appeared in a recent issue of The American Psychologist. Jonathan Shedler, Ph.D. is Associate Professor of Psychiatry at The University of Colorado School of Medicine, Director of Psychology at The University of Colorado Hospital outpatient psychiatry service, and founder of Digital Diagnostic Inc. He’s co-author of the Shedler-Westen Assessment Procedure for personality diagnoses, and author of The Quick Psychodiagnostic Panel, for mental health assessment in primary care. Dr. Shedler lectures to professional audiences nationally and internationally, and consults to healthcare organizations and Government agencies. He’s also a certified ski-instructor, and in a former life taught skiing in Aspen Colorado. Now, here’s the interview.

Dr. Dave: Dr. Jonathan Shedler welcome to Shrink Rap Radio.

Jonathan Shedler: Hi.

Dr. Dave: Well I’m very pleased to have the opportunity to speak with you. I heard about you and your work during a recent interview with Paul Moore, a newly-minted psychoanalysis friend in Ireland and he told me that you’d published a research study on the efficacy of psychodynamic psychotherapy, in the journal The American Psychologist.

Dr. Dave: I was incred-

Shedler: Yes.

Dr. Dave: Yeah, I was incredulous when I heard this because psychodynamic approaches, as both you and I know, seem have gotten such a bad rap in the current era of evidence based treatment.

Shedler: They are getting a very bad rap.

Dr. Dave: Yeah, yeah. You know, and so I wasn't totally surprised when I, you know 'cause I was curious, well who was motivated to do this research project? And so when I discovered that you, like myself, were a graduate of The Clinical Psychology Program at The University of Michigan, which was pretty psychoanalytic.

Shedler: [laughs]

Dr. Dave: Even though we weren't there at the same time, I was there earlier you were there later, but I guess it was still pretty psychoanalytic in its orientation at that time. So then tumblers clicked into place, [laughs], when I realized that that's where you got your training.

Shedler: Mhm. Well, you know my training is a little unusual I don't fit easily into one camp or the other. I was actually in the personality and social psychology program at Michigan, as well as studying clinical psychology. So I all ways had a foot in two camps, one in the research camp and one in the clinical camp, the people never really knew what to make of me. The personality and social psychology researchers that I worked with just couldn't for the life of them understand why I was spending time studying psychoanalytic concept. [laughs] The clinical folks were never fully convinced that I was really one of them. So people didn't really know what to make of me and that's been largely true throughout my career.

Dr. Dave: Well I can really relate to that, because people have never known what to make of me either because I'm all over the place theoretically, as any listeners to this series knows.

Shedler: Hmm.

Dr. Dave: Before we get into your paper, which I think is a very important paper, and that's why I wanted to interview you. Tell us a bit more about your background and how you came to do this study.

Shedler: Well, that's a pretty good question about this study. The truth is I was dragged into it kicking and screaming.

Dr. Dave: Really?

Shedler: [laughs] I didn't want to do it, I was disenchanted with the academic world and had pretty much sworn off writing journal articles. And what happened is that some senior colleagues asked me to tackle it and I tried to say no. [laughs]

Dr. Dave: [laughs]

Shedler: In the end I acquiesced more out of a sense of obligation than anything else. That's the honest truth.

Dr. Dave: Wow, now you're at the University of Colorado though, can you really swear off of publishing and be on the academic ladder? [laughs]

Shedler: [laughs] Well, you know I think I've got enough publications in the bag and enough in the pipelines that I'm probably good for awhile.

Dr. Dave: Alright, he's bullet proof that's great.

Shedler: [laughs]

Dr. Dave: Well let's get into the details of your study. Now your study, your research paper, in *The American Psychologist* is based on a meta-analysis and in case any of our listeners aren't familiar with the term, tell us what's meant by a meta-analysis.

Shedler: Okay, well let me back for a second. I didn't actually do a meta-analysis, what I did is review and summarize meta-analyses that had been previously published, that were conducted by other people.

Dr. Dave: Ahh.

Shedler: So the evidence information that I present in my article had all ready been there all along. What I did that's different is I brought it all together in one place.

Dr. Dave: Can we say that you did a meta-meta-analysis?

Shedler: [laughs] Sure.

Dr. Dave: [laughs] Okay. Well again since you were going over other people's meta-analyses say a little bit about what that is, just in case anybody is not familiar.

Shedler: Yeah, a meta-analysis is a fancy term for something that's actually very straight forward. It's a way of systematically looking at a lot of different independent studies and looking to see if there's... - looking for common trends, common findings across many different studies. The problem is that the psychological, the literature on psychotherapy outcome is very complex and no single study by itself is necessarily decisive. We've got studies with different populations, different patients, different conditions, different kinds of outcome measures. So what meta-analysis does, is it's a procedure for transforming

the findings of independent studies into a common metric, into common units. That measure the amount of change, or the amount of benefit produced by the therapy. And then once you've converted the outcome into these common units you can then average studies together, and compare studies that you're comparing apples to apples, not apples to oranges. And this is the most reliable and systematic way to look at a large body of literature, to see the common threads across a lot of different studies.

Dr. Dave: Yeah, and I think it really serves to bolster our confidence then about some of the conclusions that maybe one or two studies might arrive at a certain conclusion that X, Y, Z, approach is terribly effective. If you get that across a number of studies you have a lot more confidence in it then if it's just one or two.

Shedler: Yeah, that's exactly right, that the results of any particular study in isolation are affected by all sorts of things. So the findings of one study by itself are, you know, not necessarily conclusive. When you see the same finding again, and again, and again, across ten, twenty, thirty, forty, a hundred different studies then you can draw some conclusions with confidence. That's what meta-analysis is.

Dr. Dave: Yeah, great. Now in your paper you note that, and I'm quoting here. "There is a belief in some quarters that psychodynamic concepts and treatments lack empirical support, or that scientific evidence shows that other forms of treatment are more effective" Now why do you think that belief is so wide spread?

Shedler: [laughs] David, I could talk for hours on that topic.

Dr. Dave: Well don't go on quite that long but feel free to go into some depth.

Shedler: Let me give you a number of different answers, because I don't think there's a single answer. You know, one is that there's an awful lot of public relations and marketing that goes on under the banner of science. Advocates of certain therapies, which have come to be identified with the terms evidence based, or empirically supported, have done an extraordinarily good job of marketing and promoting these treatments and there is a perception in the field that certain particular brands of therapies, certain brand names, have somehow been scientifically evaluated and compared to other therapies, as traditionally practiced, say psychodynamic psychotherapy, and that they've been found superior to those therapies and that's actually a bit of a myth that is not what the science shows. So, you know, it's necessary to... when you listen to the rhetoric of science, I think it's necessary to very carefully distinguish between what's the actual scientific evidence and how much of it is really an advocacy of a particular ideology, or promotion of a particular brand. So, you know, that's a partial answer.

Dr. Dave: Well let's just pause there for a moment. I do want to hear the other parts of the answer as well, but I think it's fascinating that what's suppose to be, you know science is

suppose to be this objective enterprise and yet the truth of the matter is is that there's this kind of political/marketing dimension that you're referring too. Do I have that right?

Shedler: Yeah, I think you do have it right. You know, I hate to be the one to say it, it's like-

Dr. Dave: Believe me you're not the first one to say it. [laughs]

Shedler: [laughs] Thank you, I feel better. But you know it's calling attention to the elephant in the room that everybody has kind of implicitly agreed that they're going to ignore. But we know that they are economic interests involved and there are self interests involved. You know people, academic researchers, psychologists and psychiatrists build their careers around a particular treatment approach, and a lot is at stake for them. We're talking about access to grant funding, we're talking about promotions and tenure, we're talking about prestige and influence and power in the field. So people have a vested interest in advocating for a particular approach to therapy and people associated with certain brands of therapy have advocated very effectively. But you know unlike, I don't know, unlike in the business world where people say flat out "You know, we're a corporation and the purpose of our corporation is profit" You know in this field people feel a need to promote themselves using a language of science. So to some extent, and I don't want to overstate this, you know I may be saying this more harshly than warranted. But you know, to some extent the talk is science but the walk is ideology and self promotion.

Dr. Dave: Yeah, that's fascinating and I'm even aware that in some, maybe often extremes, sometimes there are terms and names of approaches that actually get trademarked as if they were a brand.

Shedler: O yeah, there are a lot of brands of therapy that are really kind of proprietary franchises and people make a great deal of money selling books and workshops and seminars and you know, if you want to be, say a DBT therapist you know you need to go through a certain training program. There are only certain people who are authorized to conduct these training programs and so on. That's the way it is.

Dr. Dave: Yeah, and DBT by the way is Dialectical Behavioral therapy.

Shedler: Yes.

Dr. Dave: Right.

Shedler: And I'm not singling that out, it's just an example. [laughs]

Dr. Dave: Right, and so we have all of these factors that you've mentioned, getting promoted academically, getting grant money, getting on to workshop circuits, selling books.

Shedler: All of the above.

Dr. Dave: Yeah, and then of course there's the pharmaceutical companies. They're big influencers in the mix aren't they?

Shedler: Yeah, well this takes us a little off the topic I thought we were heading toward. But it's an important point, we're in the midst of an enormous debate about the future of healthcare, and the future of healthcare reform. And to a large extent, in the mental health field, the pharmaceutical companies and the insurance companies have absolutely dominated the national discourse about healthcare reform. If you think about it there are there are special interests with enormous economic power and resources who have a vested interest in getting a particular message out. So you know, if you're a pharmaceutical company and you've got a study, even a weak study, you've got a study showing that the particular drug is beneficial. You will hear about it, the public will hear about it. If you've got a hundred studies showing that, say psychodynamic psychotherapy is beneficial we really have no lobby or marketing group or, you know, concentrated economic power with the will with all to get that message out. So there's a huge, and I mean *huge*, discrepancy between what's actually in the scientific literature and what most people hear about what's in the scientific literature. There's a real bias in dissemination, and obviously pharmaceutical companies have an incentive to get information out about the benefit of their drugs, and insurance companies have an incentive to get a message out about certain treatments that they want to promote that happen to be brief and inexpensive. They don't say "We're promoting these treatments because we want to pay as little as we can." They say "We're promoting these treatments because science says so."

Dr. Dave: Right, right. And quoting from your article again you suggest that one potential reason for this bias against the psychodynamic approaches is "A lingering distaste"

Shedler: [laughs]

Dr. Dave: [laughs] I like that phrase, "A lingering distaste in the mental health professions for past psychoanalytic arrogance and authority." Now having some experience with the psychoanalytic establishment that really resonated with me it's take me some time [laughs] to get over that myself.

Shedler: [laughs] Well, it's taken a lot of people time to get over it and some people never got over it. This brings up another issue about why there's an anti-psychodynamic bias in the field. We talked about self-interest and economic incentives but there are other things

going on. And one is, is that psychoanalysis in the old days, I'm talking about several decades ago, psychoanalysis as a profession was guilty of enormous arrogance and hubris. For many decades it was the only game in town if you wanted therapy you got psychoanalytic therapy and in the United States psychoanalysis became a medical subspecialty. And the medical psychoanalysis treated not MDs very badly, they served as gate keepers, they denied training to people who were interested in it and it wasn't just the medical psychoanalyst that clinical psychologist who managed to get psychoanalytic training were the worst gate keepers of all. And the psychoanalytic community, the psychoanalytic culture, was really very disdainful toward academic research and academic psychology in general. And, you know obviously this didn't win friends in the academic world, there were a lot of people in the mental health field who grew up, people of certain generations, who are kind of at the receiving end of psychoanalytic arrogance and hubris and dismissiveness. And now the shoe is on the other foot I guess, understandably, they don't treat psychoanalysis much better than psychoanalysis had treated them.

Dr. Dave: That's interesting. Yeah, I felt I was somewhat on the receiving end, that as a student I felt some of that when I was graduate student at the University of Michigan. And by the way I'm very proud to be a graduate of that program.

Shedler: [laughs]

Dr. Dave: But there were ways in which it felt kind of authoritarian and impersonal, at the time I was there, and it really has taken me many years to kind of come back around. And I realize that that's a base from which work, that in fact I did learn a lot and even though I've incorporated many other approaches and frame works and so on, and I'm open to many others. That's sort of foundational, so that's kind of just been interesting to me in my own career.

Shedler: Yeah, I think that's a good way to put it. It is a base and I think there are certain truths of human experience and truths of human psychology. That every school of thought, every approach to treatment is sooner or later going to have to reckon with and as people coming from different theoretical positions or different backgrounds get immersed in the ongoing work of treating patients. I think we gravitate back to certain basics and really that's what psychodynamic treatment is about. It reckons with these fundamental truths. Other therapy traditions discuss these issues using different language, they've invented new terminology to talk about things that psychodynamic practitioners have been grappling with for generations.

Dr. Dave: Well that's fascinating. Now we've been using the word psychodynamic quite a bit and that's because it's a very familiar term to both of us. But it can be a pretty broad term and perhaps not everyone might not have a clear sense of what we're talking about.

In fact you list seven distinctive features of what would be considered to be a psychodynamic approach. Maybe you can take us through those?

Shedler: [laughs] Okay I'll be happy too. But I can boil it down to something much simpler. The purpose of psychodynamic therapy, and by the way I use the terms psychoanalytic and psychodynamic interchangeably, I don't draw distinctions between them for some reason the word psychodynamic seems more acceptable to people. So I use that. [laughs]

Dr Dave: [laughs] Yeah, but you're not necessarily talking about people being on the couch for example and some of the ideas that might be sort of associated with psychoanalysis?

Shedler: No, no terms psychoanalytic psychotherapy and psychodynamic psychotherapy refer to a range of treatments that are based on psychoanalytic concepts and methods. But don't necessarily involve meeting four days a week or lying on the couch or being in treatment for many years. Most of the therapies that I reviewed in my article take place once to twice a week and I think most of the treatments are actually about a year or less in duration.

Dr. Dave: Well that's fascinating and that might be news to some people. Well at some point I would like you to go through the seven distinctive features you list in your article. [laughs]

Shedler: [laughs] All right, well let me, as kind of an overarching description. The purpose of psychodynamic therapy is to enhance self knowledge and self awareness. It explores those parts of ourselves that we don't fully know and it's goal is to help us claim, or to reclaim, those parts of ourselves and our experience that belongs to us. That's the overarching goal, and you can distinguish between this and therapies that are aimed at managing symptoms.

Dr. Dave: Mhmm.

Shedler: And you know there's a lot of blurring and cross fertilization between different therapies. But I think there really is a kind of overarching philosophical dividing line. Do you define the problem that you're trying to tackle in terms of the specific symptoms the person is having or do you define the problem in terms of how can you help the person to know themselves better so they can live more richly and fully.

Dr. Dave: Right.

Shedler: And depending on where you fall on this your approach to psychotherapy tends to take a different direction.

Dr. Dave: Yes.

Shedler: Well, anyway [laughs] you want to get back to the seven features.

Dr. Dave: [laughs] Yeah. Yeah. 'Cause I thought they were very interesting.

Shedler: [laughs] Well thank you. I didn't mean to avoid your question but the reason for the seven features is that you know, in this field it's very easy to get lost in theoretical abstractions and I thought instead of getting into theoretical abstractions there's actually research on what specifically goes on in psychodynamic therapy sessions. Compared to what goes on in other forms of psychotherapy especially CBT. So there are studies where people have looked at actual sessions video tapes or audio tapes or transcripts and rated the process. What is it that's going on, what are the therapists doing or not doing? So they could look for, you know what are the distinct distinguishing features of psychodynamic treatment and I thought it was important to start my article by getting those features on the table because as you said, there are so many misconceptions about what psychodynamic or psychoanalytic means without describing what actually happens in therapy. I was afraid that people would superimpose their preconceptions on it and come away with the wrong idea.

Dr. Dave: Exactly

Shedler: So, in no particular order one distinguishing feature of psychodynamic treatment is the focus on affect and on emotion. Psychodynamic therapists help patients to attend to and focus on and put into words their emotional life and this includes contradictory feelings that people are having. It includes feelings that are difficult to talk about or acknowledge, it includes feelings that the person may not initially be aware of and this is not a particularly foreign concept. If you ask for example CBT therapist "Do you focus on affect", they'll say yes. And they do, but if you look at actual transcripts, what's going on in session, it turns out that psychodynamic therapist are doing it a lot more, and a lot more often, and a lot more deeply.

Dr. Dave: Let me just insert here, CBT for anyone who is not aware of it is Cognitive Behavioral Therapy. Which really has become the dominant mode now in terms of most widely practiced and accepted I guess.

Shedler: Well, actually that's not true either.

Dr. Dave: O, okay great! [laughs]

Shedler: [laughs] It's the dominant mode in terms of it's the therapy that we hear the most about.

Dr. Dave. Aha.

Shedler: But in surveys of actual practicing therapist, what are people really doing in the real world, even now a majority, a small majority, of therapist still describe themselves as psychodynamic or heavily psychodynamically influenced.

Dr. Dave: Fascinating.

Shedler: So there's a lot of buzz about how many people are practicing CBT. There are also an awful lot of people who describe themselves to the world as CBT therapists whose training is psychodynamic and they know fully well what they're doing in their own offices. [laughs]

Dr. Dave: Fascinating. Fascinating. Okay well that's a good start. That's number one, let's go on to number two.

Shedler: [laughs] Psychodynamic therapists focus on the ways that people try to avoid difficult aspects of their experience the way that people avoid thoughts and feelings that are threatening or uncomfortable. That's traditionally what we call analysis of defense and resistance. But those words have fallen out of favor [laughs] when you say defense or resistance a lot of people even out of the field, turn off. This is actually a common thread in effective therapy, regardless of the brand name. That human beings are wired to avoid things that are distasteful. It's a protective mechanism, the problem is that the avoidance keeps in place the circumstances that are giving rise to the problem. So psychodynamic therapist actively explore the things that people do to avoid confronting what's difficult.

Dr. Dave: Okay, that makes sense.

Shedler: A third, and interestingly in other therapy traditions, newer therapy traditions, there are other ways, other terminology, to describe the same thing. But I think this is a common principle of all effective therapy, that it helps people confront what they're avoiding and that is originally a psychoanalytic idea. The third feature is that psychodynamic therapist identify reoccurring themes and patterns in people's lives. We know that people tend to recreate the same patterns in relationships with other people in coping with difficult life circumstances. It's not random we have certain well worn paths, ways of functioning and psychodynamic therapy focuses on reoccurring themes and patterns. Because ultimately the goal of the treatment is to help people rework these patterns and free themselves from them

Dr. Dave: Okay, well that certainly makes sense, sounds like something most therapist would agree too.

Shedler: [laughs] Yeah, see it doesn't sound so alien when you just describe it in plain English without the jargon. [laughs]

Dr. Dave: Right.

Shedler: And in the psychoanalytic tradition there's an awful lot of jargon connected with that really straight forward idea. You know we could talk about repetitions, and enactments, and transference and counter transference and atavist. It's very easy to get lost in the jargon and then just dismiss the whole thing, but the basic idea, I think, is just very accessible.

Dr. Dave: See if you'd been one of my professors when I was a graduate student it would have gone a lot easier. [laughs]

Shedler: [laughs] Well thank you. You know, since I came from the same program that you did. I think some of the obfuscation.

Dr. Dave: Yes.

Shedler: And barriers to access may not have been accidental. [laughs]

Dr. Dave: [laughs] Right.

Shedler: And to go back to what we talked about earlier, I think that's one of the things in the psychoanalytic traditions that's turned off so many people.

Dr. Dave: Yeah. Yeah.

Shedler: Well moving ahead with our features the fourth feature is that there is an interest in past experiences, this is something that is widely miss understood. There is absolutely no interest in psychodynamic therapy in the past for it's own sake. That's not why people are in therapy, you know? Who cares about the past? The interest in the past, psychodynamic therapists take an interest in the past to the extent that things that have happened in the past shed light on thing that are going on in the here-and-now, in the present. So there is an attention to development. How did things get to be the way they are? And how are past experiences being recreated in the present?

Dr. Dave: Okay, that makes sense.

Shedler: There's a heavy focus on interpersonal relationships. There is a view in psychodynamic therapy that most of the difficulties that bring people to treatment in one way or another are rooted in our patterns of interacting with other people our experiences of attachment to other people. So psychodynamic therapist are very very interested in a persons important relationships, what goes on in the relationships. How does the person see other people? How do they experience other people? What do they expect from other people? How have they learned to respond in interactions with other people? And that brings us to the six feature which is that one of the relationships that psychodynamic therapist take a special interest in is the therapy relationship itself. And the idea is to the extent that we create certain kinds of patterns in our relationships with other people those

patterns will appear in one way or another in the therapy relationship itself. So that examining and discussing the therapy relationship becomes a window, a very direct window, into what goes on in the persons interpersonal relationships, generally. So let me give you a very very crude example of that. You have a person who is struggling with anger and hostility and this is a fairly expectable feature of their interactions with other people and is giving rise to whatever symptoms have brought the person to treatment. Now the over whelming likely hood is that in one way or another that patients is going to struggle with feelings of anger toward the therapist and the issue is what do you do with them when the emerge in therapy. Unsophisticated therapist of any school of thought might consider the patients anger or hostility or suspiciousness and intrusion an interruption of the work of therapy. A more sophisticated therapist, and a psychodynamic therapist in particular are trained to do this, will consider the patients reactions to them, to the therapist, as a source of information about the person and it becomes not a distraction from the treatment but a focus of the treatment. "Let's see what we can understand about what is causing you difficulty in your relationships with people. Beginning with the relationship that's going on right here right now, in the room, between the two of us."

Dr. Dave: Mhmm. Yes I think that's one of the things that's in fact most distinctive maybe about the psychodynamic approach.

Shedler: Yeah, and that's what we call transference but you know other schools of therapy have developed different language to talk about the same phenomenon so I recently was reading the cognitive literature and cognitive therapist will talk about implicit interpersonal schemas.

Dr. Dave: [laughs]

Shedler: Implicit, right. You're laughing. For listeners who may not know implicit is basically a code word for unconscious that is it's interpersonal patterns that we have maps or templates in our head about how things go in relationships but we're not aware of them. That's what implicit means. So we have implicit interpersonal schemas that get activated in the therapy relationship and that is, you know, old wine in a new bottle.

Dr. Dave: Yes, yes. Great example.

Shedler: The last feature that distinguishes psychodynamic therapy from other therapies is that there's a focus on fantasy life. Not just things that are on the surface of what a person says and does but what's going on in the recesses of their minds. What are the persons hopes and desires and wishes and fears and dreads and fantasies and dreams and day dreams. So there is really a very explicit interest in the life of the mind and those aspects of the mind where you're usually not accustom to talking about. That's another distinguishing feature.

Dr. Dave: Well thank you for taking us through all seven of them, I was particularly intrigued by your suggestion that effectiveness of the non-psychodynamic approaches, such as the widely used cognitive behavioral therapy, may in fact be due to their actually using psychodynamic techniques without realizing it, maybe we would even say unconsciously. [laughs]

Shedler: [laughs] Well I think the best therapist are doing it very consciously whether or not they understand they are following in a psychodynamic tradition. We all know that, let's take these brief manualized therapies that are getting so much attention now. We're being told that the way to do therapy is first you make a DSM for a diagnosis, and then from that diagnosis there are certain treatments that are, you know, empirically supported treatments for that particular condition. And then you treat them by following a step-by-step instruction manual. And the myth is that the active ingredients in the therapy are the things in the instruction manual, but we all know that an awful lot of things go on in the therapy room that are not contained in any manual. Every patient is a unique human being, every therapist is unique human being and the patterns of interactions that develop between them are also unique. So you know the question is, are the active ingredients the specific techniques that are included on or another manual or are the active ingredients something about the relationship, the quality of the relationship between the patient and the therapist. And in fact, research shows that the active ingredients are the things that go on sort of in the spaces, in between the lines, of what it says in the treatment manual. The good therapists regardless of theoretical orientation are the ones that facilitate a process of self-reflection and self-examination and insight and awareness. And this is true regardless of the brand name that the therapist believes that he's offering and the good therapist pay attention to what's going on in the therapy relationship and they're very ready to address breaches in the relationship and repair the breaches. So there's some studies of psychotherapy process, specifically cognitive behavioral therapy, and of course as in any therapy certain patients had better outcomes and certain patients had worse outcomes. Actually I said that wrong, certain *therapists* had tend to have better outcomes and when you looked at what the effective therapists were doing it kind of went something like this: The therapist would be working with the patient on developing a particular skill, or there might be a homework assignment for the patient to do, and very often the patient would come back for the next session and not have done it. And at that point the therapist really has a decision, and one of the decisions is to keep plugging away at the treatment manual and you know, exhorting the patient to do the homework next time and so on. Or alternatively the therapist could become interested in what's getting in the way. So you say to the patient, in a fact "Look you can here because you wanted help and yet something is making it difficult for you to take steps to help yourself, something is getting in the way of your being able to do the things that we discussed. You know, I'm curious about what's getting in the way? What's going on inside of you? What kind of obstacles are coming up?" And if you do that, whether you

call it this or not, you're really addressing defense and resistance or alternatively the therapist might take an interest "Is there something going on between us, between the two of us? Is there something about your feelings about me? Or about being in therapy, that are getting in the way?" And of course that's transference, the most effective therapists were the ones who departed from the manuals and paid attention to the interpersonal process and then would return to the manual. The question is the action in doing the steps of the manual or is it in the interaction in that examination and exploration and I would suggest that research shows that the action is actually is in the exploration.

Dr. Dave: Yes, well you and I are on the same page. Personally I find the manual idea really does violence to the complexity of human beings, to the complexity of what I would call the psyche and of the relationships between human beings. And as you suggest there's a lot of research to suggest that that's the case.

Shedler: Yeah, well I think the manuals, we've really seen a perversion of what treatment manuals were intended to do. When psychotherapy, in the infancy of psychotherapy research, there was an understanding that therapist were operating according to certain overarching principles and the way those principles might get played out with a particular patient or in a particular session, there were a lot of ways you might see it but for research purposes a degree of standardization was necessary. So manuals came about as a way of making clear to other researchers this is how we did the research, these are the steps we followed. So that it could be replicated so that it could be made public and the idea was that the manual was an example one way that a therapist might go about implementing these particular principles. Now the entire thing has gotten turned around where the manual is no longer an example of one way that the therapist working this tradition may proceed. But it has become a prescription for how the therapist *must* proceed. You know, I think in some cases I agree with you it can be very destructive to good therapy and I think it's an affront to professionals, it's an affront to clinicians.

Dr. Dave: Mhmm.

Shedler: You know, good clinicians, master clinicians don't need to follow cookbooks, they're chefs. They know how to write cookbooks and you know the idea that somebody else is going to write out the procedures that they're suppose to follow step-by-step I think devalues the knowledge and the training and the experience that it takes to become an effective clinician.

Dr. Dave: Yeah, I remember some research that was done maybe thirty or forty years ago, comparing schools of therapy and what the research found was that the effectiveness correlated with the experience of the therapist with the number of years in which they had been in practice. So that it seemed to be more related to a kind of wisdom that accumulated from experience than the particular theoretical structure that they espoused.

Shedler: [laughs] I'd be interested in seeing that study. I know of some studies that seem to show the opposite that the amount of experience is purpose not so important.

Dr. Dave: Well I hope I'm remembering that accurately, as I say it goes way back and if I can find a handle on that I'll get it to you. [laughs]

Shedler: Today I think the common thread, I think what most people who look at the evidence open mindedly recognizes is that it's the qualities of the individual therapist that make all the difference. There's far more variance in outcome

Dr. Dave: Mhmm.

Shedler: that's accounted for by who the therapist then by the brand name of the therapy they're practicing. You know, and maybe some people acquire an effective way of working through years and years of experience and some people may be born with a gift.

Dr. Dave: Yes.

Shedler: But you know we ought to be spending a lot more time looking at what makes for a good therapist and less time looking at which brand name is better. Because brand names aren't important.

Dr. Dave: Yes. , I totally agree. Now in your article you make reference to something you call the Dodo Bird Verdict. What is that, [laughs] and how does it apply to what we've been speaking about?

Shedler: [laughs] I love that phrase. The Dodo Bird Verdict is a reference to Alice In Wonderland, I guess it's a timely reference since we have a new movie out. In Lewis Carrolls Alice In Wonderland the character, the Dodo bird, had a race and following the race the Dodo bird declared "Everybody has won, and all must have prizes!" And back in the 1930s, I think was the first time the term entered the psychological literature, an investigator by the name of Rosenswig reviewed the psychotherapy outcome literature of the time and came to the conclusion that there really was no scientific basis for believing that a particular brand of therapy was superior to any other brand. That the finding was that all legitimate, bona fide therapies provided by competent professionals who believed in what they were doing produced benefits. And which they're very difficult to differentiate between therapies and you know, here we are many decades later and the finding really still stands. That it's extraordinarily difficult to show differences between active bona fide treatments that are intended to work. And you know, this is something that the people who have a vested interest in promoting a particular brand of therapy tend to down play or over look or just out right deny. Because what it says again, maybe I'm being a little redundant here, but the brand name of therapy really isn't where the action

is. That whatever the active ingredients are it's something that's not specific to a particular brand.

Dr. Dave: Okay, so to sum it up then [laughs] what are the implications of your research?

Shedler: Well one implication is that we ought to be less concerned with horse races between different brand names, you know, “who’s the winner” and more concerned with, less concerned with validating brand names of therapy. And more concerned with validating therapy processes. What are the ingredients of good therapy? What are the things good therapist do? I’d like to see a shift in how we conduct research, away from comparing brands therapy that are tested as a package and towards looking at what are the psychological processes that we’re working with. You know, that’s one implication. The other implication may be more relevant for practicing therapists and patients. Is that there are just certain fundamental truths of human psychology that every therapy approach has to reckon with.

Dr. Dave: I imagine there’s also an implication in there for training?

Shedler: [laughs] You’re asking me to go way beyond my data.

Dr. Dave: [laughs] O, okay.

Shedler: I think there is an implication for training, I think there’s been an emphasis in psychology and psychiatry departments on learning particular manualized brands of treatment. And you know, my impression is that these brief, short-term manualized treatments actually don’t work so well. Or to be more specific, they work in the short run but then the patients are back in very short order complaining of exactly the same difficulties. And you know I think we could train people more effectively if we trained people in sort of fundamental psychological principles of change. So that clinicians were experts in adapting and applying those principles to individual patients. You know, not experts in how many manuals or cookbooks can they master.

Dr. Dave: I would be tempted to ask you what those principles of change are but that might be a pretty long conversation. [laughs]

Shedler: Well I’ll give you a very short answer to what could be a very long conversation.

Dr. Dave: Okay.

Shedler: One principle of change is self exploration to the extent that we can help our patients or our clients examine those aspects of self, that they are not accustomed to paying attention to will be helpful. And what this means in practice is taking an interest in the huge spectrum of things that people do in the service of avoiding what’s uncomfortable. So good therapists help patients examine avoidances. Another principle

of change falls into the category of transference, that interpersonal patterns get repeated in the therapy process itself and we need to pay a lot of attention to the therapy relationship. So there are two principles of change and relatively straight forward English that I don't think most practicing clinicians would find alien.

Dr. Dave: Okay, well that's a good program [laughs] that you're outlining here. Yeah, The American Psychologist is a pretty prestigious journal they tend to publish articles that they think is of importance of relevance to the entire profession. Did you have trouble getting your paper accepted by them?

Shedler: [laughs] O my God did I have trouble. The review process took well over a year, there were four rounds of reviews and revisions. Some of the reviews I was getting, and I'm really not exaggerating, this is literally true. The review from the peer-reviewer came in the form an e-mail and I printed it out so I could have it on hard copy. And one review was actually seven single spaced small font pages, and you know I made all of these revisions, you know, seven pages worth of suggestions and recommendations and rewrote the paper start to finish and sent it back and I got back a five page single spaced review.

Dr. Dave: Wow.

Shedler: So it was a very arduous process.

Dr. Dave: O may goodness, you're to be applauded for hanging in there through that process.

Shedler: Yeah, [laughs] either that or it's my masochism that's withstood my own personal therapy.

Dr. Dave: Well I hope that the final product didn't watered down from what you intended to say.

Shedler: You know actually, a lot of what was in the original paper did not make it into the final article. But I think the essence of it really came through pretty well.

Dr. Dave: Yeah well I certainly responded to the essence of it, it seemed like an important statement to me. So what's been the response to your paper by the profession now that it's been out there for a bit?

Shedler: I have actually never seen a response before like the one I'm getting this paper. I've gotten literally hundreds of e-mails from all over the world from people, from professionals, thanking me for writing this article and some thanking me profusely. I get multiple e-mails every single day and I've actually published a lot of journal articles, this is my third article in The American Psychologist and I've never seen a response like this,

ever. I think the article really hit a nerve in the profession. You know, at the same time I know that there are people out there who are having strong reactions to the paper. Who are not writing me e-mails thanking me. [laughs]

Dr. Dave: [laughs] No, no. Right.

Shedler: And you know I've seen some comments on list serves and you know I've heard through the grapevine that people are trying to discredit my study. They're saying the studies that I review in the meta-analysis are weak studies. Not true. They don't have control groups. Not true. The entire methodology behind this is flawed. You know, I just think there are just some people out there who have an axe to grind, and the actually scientific evidence is secondary. They're interested in evidence that supports their beliefs, and they interested in ignoring or picking apart evidence that doesn't support their beliefs. But I think that's the minority of people in the field I think most people out there are open minded and interested in hearing about good science.

Dr. Dave: Well I'm really glad to hear that you got such a strong response. And certainly I resonated to it when I heard about it. This has been a fascinating discussion as we wind down is there anything else that you'd like to say. Maybe something you haven't had a chance to work in here?

Shedler: I have just one final thought. I think that most people intuitively understand that there's benefit in self examination and self knowledge. You know, we've all ways known it, but it's been very hard to study self knowledge using the research paradigms that we rely on in this field. And I think now the research bares us out, that we can say that mental health treatment aimed at self knowledge is evidence based treatment. And I think that would be a good place to sum it up.

Dr. Dave: Okay well Dr. Jonathan Shedler you've been very generous with your time. And I want to thank you so much for being my guest on Shrink Rap Radio.

Shedler: It's been fun.

Dr. Dave: I hope you found this interview with Dr. Jonathan Shedler instructive. I really got a kick out of the way I intuitively recognized a fellow University of Michigan graduate, before later learning it as a fact. I think we figured out that I graduated about ten years before he did, so I might have received an even stronger dose of psychoanalytic exposure than he did. In any event, it's clear that we both value the foundation we received at Michigan, and that we both have moved on an broadened our thinking while recognizing the worth of psychodynamic insights. I migrated to northern California after getting my Doctorates at Michigan, that was a time in which perfusion of alternate therapeutic approaches was blossoming in the Bay area. Everything from Gestalt therapy to bio-energetics, to encounter groups, to primal scream therapy and more. As time went on it

was interesting to me to see that many practitioners who had embraced these alternative approaches eventually sought out personal psychodynamic therapy for themselves and psychodynamic supervision in training. What had happened was that after a few years of practice they discovered they needed an approach that offered them more depth and that honored the complexity of the human psyche and human interaction. Also over the years I've seen the behavioral position soften so that, as Dr. Shedler notes, cognitive behavioral therapists are often thinking and acting along lines that might be considered rather psychodynamic whether or not they subscribe to that terminology. Also I've been fascinated to see how psychoanalytic thought has evolved and been enriched by developments such as attachment theory, among others. If you're interested in reading Dr. Shedler's article for yourself you'll find it in the 2010 American Psychologist Volume 65 Number 2.

Dr. Dave: Hello everyone! I have a couple of exciting announcements for you. Well, they're exciting for me and I hope maybe for you too. First, I'm excited to report that Shrink Rap Radio has received another nod from the American Psychological Association. Someone brought my attention to the fact that Shrink Rap Radio is used in the current APA manual of style in their example of how a podcast should be referenced in an academic paper. It's right there in the latest APA Style manual, on page 210. There are two widely used style manuals to cross all disciplines APA manual and the Chicago style manual. So it's not just psychologist that use the APA manual so I'm very tickled by this, and if you haven't got a copy of the APA style manual I took a picture of the page in question and you'll find it on the Shrink Rap Radio site, under the About Dr. Dave menu. The next exciting item is that my CE course on dreams, that is my Continuing Education For Professionals Course On Dreams, is now available. And you'll find it under the store menu on the site. This means that all you psychologist, psychiatrist, psychiatric nurses, social workers and so on. Can get four of your required continuing education units for listening to six of my best dream interviews. Who knows, you may have already listened to them. That makes two CE courses now available on the Shrink Rap Radio site. A six unit course on positive psychology and a four unit course on dreams. Please help to spread the word. Be sure to check out my other podcast interview series at WiseCouncilPodcast.com Where you'll find an interview with Bruce Ecker on memory reconsolidation and psychotherapy. Now Ecker is the developer of an approach called Coherence Therapy and this interview focuses on the implications of some very recent neuropsychological research. Which he feels provide validation for this approach, I think you'll find it fascinating. There are expenses associated with putting this podcast out. For example I recently had to hire a consultant to bring WordPress up to date, partly in the hopes of not running into the situation of the last podcast. Where because of it's link I had to split it into two episodes. Well, we didn't get that problem solved unfortunately, but the money did get spent. So if you haven't made a donation [laughs] your help will be greatly appreciated.

Dr. Stanton Samenow: Hi, this is forensic psychologist Dr. Stanton Samenow and you're on the couch with my old classmate Dr. Dave.

Dr. Dave: Thank you Dr. Stanton Samenow Who, as you might have guessed, will be my interviewee on the next episode. I'll tell you a bit more about him at the close of the show. Now once again we're running long here, so I'll just read two e-mails. First we hear from Noah he writes "Hi Dr Dave. First let me say that I love your podcast and appreciate all the work you put into providing this amazing resource and service. I've been a faithful listener now, for about two years, and I've listened to nearly all of the episodes. I e-mailed you some time ago, a year I should think, to ask for advice on which positive psychology books you'd recommend to a curious undergrad psych major. So thank for that. Your advice was very helpful. At the time of the original e-mail to you I was trying to put myself on a long term track towards a career as a Jungian analysis. I have since parted ways with that career, though my underlying motivation has remained the same, and as such my interests in psychology, particularly Depth/Humanistic/Jungian/Positive/Developmental/Evolutionary/Cognitive Psych. Is unabated and as such will surely find an expression off the proverbial couch. Anyway I wanted to recommend an interview for you, this is a bit out of your ordinary range for interviews. Though considering your eclectic interest, which seem to be very much parallel to my own may fascinate you. Derek Jensen is an author and by some consideration, a philosopher. He write extensively about the relationship between man and nature particularly through the medium of cultural forms. Which he differentiates similarly to Daniel Quinn as the dominant industrial cultural paradigm, and a primal/Paleolithic cultural paradigm. He is without doubt the leading thinker in this field of thought and to say that a conversation with him is Earth shattering is an understatement. I've read a number of his books and I, among a good number of others, consider his seminal work to be a language old than words." That certainly the most impactful on me, and then Noah went ahead and gave me a link and I wont read that right now. He says "I want to also add that I especially enjoyed the Michael Meed interview. Who I was surprised, though very pleased, that you interviewed as his work has been hugely inspirational for me. Also the Robert Waganer interview renewed my interest in lucid dreaming, which I gave up on after getting swamped with school work for prolonged period. I'm using several dream hues, one of which is writing dreaming in black marker on the inside of my right arm to habituate reality checks. Anywho, I don't mean to be long winded so in closing thanks again. And check out Derek Jensen, he will undoubtedly challenge many of your beliefs and expand your mind." And that comes from Noah who I think might have been in Israel when he wrote it. But I guess is also finishing up at the Evergreens State College in Washington State. So thank you for your great suggestion there Noah. And I'll have to look into it. Finally here's a short note from

Ian who responded to my thanks for his financial donation. And Ian writes “Dave, graduated Sanoma State College with BA in Sociology in 1973. Long time member of the Cult of Mac, patiently awaiting the iPad in Canada. Found some older episodes that I wanted to listen to and thought it was time to pay up. Love the show. Thanks, Ian” And Ian thank you so much for your financial support and so glad to hear that you love this show. And to hear from former Sonoma State person, and of course as you know it’s now Sonoma State University. But back in 1973, when Ian was there, it was in fact called Sonoma State College. We’ve since grown up. So I think that’d better wrap it up for today. You can send your e-mails as usual to Shrink@ShrinkRapRadio.com you can leave phone messages at (206)-337-0622. Thanks to my guest Dr. Jonathan Shedler for sharing his research on the Efficacy of Psychodynamic Psychotherapies. As I mentioned earlier my next show will be with Dr. Stanton Samenow. Who I knew when we were both clinical psychology doctoral students, at the University of Michigan. He went on to have a fascinating career in forensic psychology. Among other things, we’ll be talking about his book *The Myth of the Out of Character Crime*. I think you’ll find our discussion captivating. Until next time this is Dr. Dave saying, it’s allll in your mind.