Why PsiAN supports therapies of depth, insight, and relationship

There’s a lot of talk these days about “evidence-based” therapy. Some schools of therapy, especially CBT and related approaches, use the term as a selling point. Research shows that such therapy decreases unwanted emotional symptoms. It sounds proven and scientific. It’s hard to argue with “evidence.”

Unfortunately, the term “evidence-based” is misleading. For one thing, all mainstream psychotherapy has such evidence. Touting one form of therapy as evidence-based implies the others lack this evidence. It’s a false narrative and a damaging innuendo.

Less obviously, the evidence commonly cited comes from studies that measure average changes in a treatment group, versus a control group that often receives nothing at all. In any such study, some group members improve more, some less, and some actually get worse than they were before. There’s a good argument that individually tailored therapy is more apt to help, and to be personally meaningful, than therapy aimed to improve a group average.

Finally, clients seek relief for more than the generic symptoms, e.g., depressed mood, measured in group studies. They also suffer from dysfunctional relationships, stagnant careers, unwitting self-sabotage, and post-traumatic stress — and sometimes from vague feelings of unease that simply can’t be rated on a scale. Just because a problem is hard to measure doesn’t mean it isn’t important.

If symptom-focused, “evidence-based” therapy isn’t the answer, what’s the alternative?

No, it isn’t something new or high-tech. In fact, it’s the traditional therapies that came before CBT and other cognitive approaches. We call them therapies of depth, insight, and relationship. Examples include psychoanalysis, dynamic therapy, humanistic therapy, and existential therapy. There are others as well.

While they differ in important ways, these therapies share two central viewpoints that we enthusiastically endorse. First, that the uniqueness of each client far outweighs how well he or she fits a diagnostic group. No one’s depression or anxiety, and certainly no one’s life challenges or self-image, are the same as anyone else’s. Each therapy must be as unique as the client it helps.
Second, that the therapy relationship itself is crucial for healing. Therapists don’t deliver a branded technique, they offer *themselves* in a close, but professional, human way. Research supports the central role of this relationship. Common sense does as well. Caring, trust, and consistent emotional support help each of us become better versions of ourselves.

PsiAN supports individualized therapy for individuals — not therapy designed for generic symptoms, diagnostic groups, and simplistic research protocols. If you agree, join us!

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