From Symptom Relief to the Reconfiguration of Desire: Redefining Effectiveness in Psychoanalytic Treatment

Introduction

Once dismissed as an empirically unjustifiable relic, psychoanalysis has re-emerged with a surprising body of clinical evidence that only sharpened a deeper, unresolved dispute: what, exactly, does psychoanalytic treatment actually change? According to its founder, Sigmund Freud, psychoanalysis was defined as a theory centered on unconscious mental processes, repression, sexuality, and the Oedipus complex (Freud, 1989). In contrast to disciplines that primarily use empirical data to investigate the human mind, psychoanalysis represented a profound paradigm shift. It redirected attention away from observable phenomena and toward unconscious processes, desires, and subjective experiences—complexes that were not readily accessible to direct empirical measurement. However, contemporary psychoanalytic therapies have evolved considerably beyond Freud's original framework by the combination with subjects like neuroscience. Although many aspects of Freud's original theory remain controversial, psychoanalysis has exerted a profound influence on psychotherapy and theories of human experience.

Today, however, the significance of psychoanalysis no longer rests solely on Freud's original concepts. Over the past century, psychoanalytic thought has evolved into a diverse field that incorporates insights from developmental psychology, attachment theory, object relations theory, and, more recently, neuroscience. As a result, contemporary psychoanalysis is no longer a unified theoretical system but a collection of competing frameworks that offer different accounts of psychological therapeutic

transformation.This diversity raises a fundamental question. If psychoanalytic treatment is capable of producing meaningful clinical improvement, what is transformed through psychoanalytic treatment? Different psychoanalytic traditions may provide different answers, and these answers often reflect deeper disagreements regarding the aims of treatment itself.

This paper argues that contemporary psychoanalytic theories differ from each other not only in their explanations of therapeutic change, but also in their assumptions regarding the aims of treatment itself. Drawing on the work of Fonagy, Kernberg, Dall'Aglio, and Lacan, it examines four influential conceptions of what psychoanalytic treatment transforms: mental functioning, personality structure, generative models, and the subject's relation to desire. By comparing these perspectives, the paper seeks to clarify when psychoanalytic treatment may be necessary, why it continues to occupy a distinctive position within contemporary psychotherapy, and whether these approaches ultimately describe different mechanisms of change or fundamentally different therapeutic goals.

Part I. From Controversy to Therapeutic Change

In much of the twentieth century, psychoanalysis remained a controversial position within psychotherapy and psychiatry. Although Freudian theory contributes significantly to clinical practice and theories of human subjectivity, its scientific status and therapeutic effectiveness have been frequently doubted. Unlike empirical-evidence-based approaches, psychoanalytic treatment relied heavily on clinical observation and interpretation, making its claims difficult to evaluate through conventional experimental methods.

These criticisms intensified during the 1970s and 1980s. As psychotherapy research emphasized quantitative outcome measures, psychoanalysis was often criticized for lacking empirical support. Critics such as Hans Eysenck (1952) questioned the effectiveness of psychotherapy in general, while Adolf Grünbaum (1984) argued that many psychoanalytic claims lacked adequate scientific justification. At the same time, the growing success of Cognitive Behavioral Therapy (CBT) showed an alternative model of treatment that appeared more structured, measurable, and empirically validated. Under such conditions, many researchers came to view psychoanalysis as scientifically outdated and clinically inefficient.

Empirical evidence also depict this trend. By the 1980s, psychoanalytic treatment was increasingly challenged by outcome research in specific clinical populations. One influential example was the debate surrounding the treatment of schizophrenia. In their review, Mueser and Berenbaum(1990) argued that controlled studies had failed to demonstrate clear benefits of psychodynamic treatment for schizophrenic patients and suggested that alternative interventions such as social skills training and family therapy showed more promising outcomes.

However, this picture began to change during the early twenty-first century. A growing body of empirical research has begun to suggest that psychodynamic and psychoanalytic treatments could produce significant and enduring therapeutic benefits. Meta-analyses by Leichsenring and Rabung (2008) reported positive outcomes for long-term psychodynamic psychotherapy, while Shedler (2010) argued that the evidence supporting psychodynamic treatment was substantially stronger than

commonly assumed. Additionally, newer psychoanalytic approaches such as Mentalization-Based Treatment (MBT) demonstrated effectiveness through randomized controlled trials.

As a result, the contemporary debate has gradually shifted. The central question is no longer whether psychoanalytic treatment works, but rather how it works and what exactly changes through treatment. The answer varies according to the theoretical lens through which psychoanalysis is understood. For some theorists, treatment primarily enhances reflective capacities and mental functioning. Others locate change in the reorganization of personality structure. More recent neuropsychoanalytic perspectives describe analytic progress as a revision of generative models, whereas Lacanian theory emphasizes a transformation in the subject's relation to desire.

Part 2. Is Psychoanalytic Treatment Effective?

For much of the twentieth century, the empirical status of psychoanalysis remained deeply doubted. Though Freudian and post-Freudian theory shaped the main clinical practice, psychiatry, and other theories of subjectivity, critics frequently argued that psychoanalysis lacked adequate scientific support. In contrast to therapeutic approaches that emphasize operationalized symptoms, standardized interventions, and measurable outcomes, psychoanalysis often relied on interpretation, case material, and individualized treatment processes which are frequently portrayed as theoretically credible but empirically weak.

This criticism became especially influential in the second half of the twentieth century. Hans Eysenck's early critique of psychoanalysis therapy challenged whether

psychotherapy produced improvement beyond spontaneous remission, referring to the natural improvement of psychological symptoms over time without active therapeutic intervention, and such arguments cast a long shadow over psychoanalytic treatment (Eysenck, 1952). Adolf Grunbaum later extended this challenge by arguing that many psychoanalytic claims lacked sufficient scientific justification and could not be adequately validated by the kinds of clinical observations on which analysts often relied (Grunbaum, 1984). These objections became more powerful as Cognitive Behavioral Therapy emerged as a dominant model of evidence-based treatment. CBT appeared more compatible with the methodological ideals of modern clinical research: treatments could be manualized, symptoms could be quantified, and outcomes could be compared across randomized trials. Under these conditions, psychoanalysis increasingly came to seem not merely old-fashioned but clinically unconvincing.

However, the apparent weakness of psychoanalysis as an evidence-based treatment partly reflected a methodological problem. That is, "psychoanalysis" is not a single, uniform intervention. The term may refer to classical analysis, long-term psychoanalytic psychotherapy, short-term psychodynamic therapy, and more recent treatments such as Mentalization-Based Treatment and Transference-Focused Psychotherapy. These approaches share certain theoretical inheritances, but they differ in duration, setting, technique, and therapeutic aims. For this reason, the question "Does psychoanalysis work?" is more difficult to answer. It is not always clear whether one is evaluating a broad intellectual tradition, a family of therapies, or a highly specific treatment model.

Further difficulty concerns what should count as evidence of effectiveness. If outcome is defined only in terms of short-term symptom reduction, then psychoanalytic therapies may appear at a disadvantage, especially in comparison with highly structured brief treatments designed around symptom-focused protocols. However, psychoanalytic clinicians have often claimed a broader range of aims: improved affect regulation, greater interpersonal stability, stronger reflective functioning, more coherent self-experience, and longer-term personality change (Shedler, 2010). These are not identical to immediate symptom relief, even if they may eventually contribute to it. By symptom relief, it means a reduction in clinically significant manifestations of distress, such as depressed mood, anxiety, self-harm, impulsivity, or other measurable symptoms of psychopathology. Thus, part of the historical dispute about efficacy has also been a dispute about outcome measures. To say that psychoanalysis is effective requires specifying what kind of effectiveness is being claimed and how it is being measured.

Despite these methodological difficulties, contemporary research has made it increasingly difficult to maintain the older claim that psychodynamic or psychoanalytic treatment is simply ineffective. One important turning point came with the accumulation of meta-analytic evidence in the 2000s. Leichsenring and Rabung's (2008) meta-analysis of long-term psychodynamic psychotherapy reported significant benefits for patients with complex mental disorders, suggesting that long-term treatment could produce meaningful improvement in cases that are often less responsive to brief interventions (Leichsenring & Rabung, 2008). Although this study has been debated and should not be treated as an irrefutable proof, it marked an important shift in the discussion by demonstrating that psychodynamic treatment

could be studied systematically and could show positive effects under empirical review.

Jonathan Shedler's influential review further challenged the assumption that psychodynamic psychotherapy lacked evidence. He argued that effect sizes for psychodynamic therapy were comparable to, and in some cases enduring beyond, those of other empirically supported treatments (Shedler, 2010). In this literature the idea that psychodynamic gains may not merely disappear once treatment ends, is particularly important. Some studies suggest that benefits continue or even deepen during follow-up, which supporters interpret as evidence that psychodynamic therapy may affect underlying psychological processes rather than only suppressing symptoms in the short term (Shedler, 2010). Even if one treats Shedler's argument cautiously, it remains important for correcting the nation that psychodynamic therapy has no empirical basis whatsoever.

Subsequent meta-analytic work has strengthened this revised understanding. For example Steinert and colleagues tested whether psychodynamic therapy was as efficacious as other empirically supported treatments and found evidence for broadly equivalent outcomes across a range of common mental disorders (Steinert et al., 2017). This is an important point because the strongest historical challenge to psychoanalysis was often comparative: not simply that it failed to help, but that other therapies, especially CBT, helped more reliably and more demonstrably. If psychodynamic therapies achieve roughly comparable outcomes in at least some parts, then the old image of psychoanalysis as uniquely ineffective becomes much harder to defend. Similarly, meta-analytic work on short-term psychodynamic psychotherapy for

depression suggests that psychodynamic approaches can produce significant benefits even outside the classical long-term analytic frame (Driessen et al., 2015).

There is also particularly strong evidence where psychodynamic theory has been developed into more clearly operationalized treatments. Mentalization-Based Treatment, associated above all with Peter Fonagy and Anthony Bateman, has shown effectiveness for borderline personality disorder in randomized and follow-up studies (Bateman & Fonagy, 2008; Bateman & Fonagy, 2009). These studies are especially important because they involve severe and complex pathology rather than only mild distress, and because they assess outcomes such as self-harm, suicidality, social functioning, and longer-term stability. Similarly, Transference-Focused Psychotherapy, associated with Otto Kernberg and colleagues, has been supported by controlled trials showing meaningful change in borderline pathology (Clarkin et al., 2007; Doering et al., 2010). Such studies do not prove that every psychoanalytic theory is correct, but they do indicate that treatments grounded in psychoanalytic concepts can be studied empirically and can produce clinically valuable outcomes.

At the same time, the empirical case should not be overstated. First, the evidence base is uneven. Some psychodynamic treatments are much better researched than others, and classical psychoanalysis usually remains harder to evaluate through standard experimental methods than manualized therapies such as MBT or TFP. Second, positive outcomes do not themselves validate the entire metapsychology of Freud or any later school. A treatment may work even if some of the theories traditionally associated when they are incomplete, controversial, or wrong (Grunbaum, 1984). Third, outcome research cannot always tell us what kind of change has occurred. A

patient may show fewer symptoms, less self-harm, and better relationships, but those improvements could be interpreted in different ways by different psychoanalytic schools. One framework may describe the change as improved mentalization, another as structural personality integration, and another as a transformation in the patient's implicit models of self and others. Thus, evidence of efficacy does not settle the question of mechanism.

For this reason, the strongest conclusion is a qualified one. It is no longer persuasive to claim that psychoanalytic or psychodynamic treatment lacks empirical support altogether. A substantial body of contemporary research suggests that several psychodynamic treatments are effective, and in some cases their benefits appear durable over time (Leichsenring & Rabung, 2008; Shedler, 2010; Steinert et al., 2017). This conclusion must be stated carefully. The evidence is stronger for some modalities than for others, stronger for some patient groups than for others, and dependent on how the outcome is defined. Psychoanalytic treatment can therefore be defended as clinically effective, but not as a single, homogeneous, universally proven method.

Once this empirical point is granted, a different and more interesting question emerges. If psychoanalytic treatment can indeed work, then what exactly does it change? Does it primarily reduce symptoms, improve reflective functioning, reorganize personality structure, revise the patient's implicit models of self and others, or transform the subject's relation to desire? Contemporary psychoanalytic theory offers different answers to this question, and those answers often reflect deeper disagreements about the aims of treatment itself. The issue is therefore no longer

simply whether psychoanalysis works, but what psychoanalytic effectiveness consists of.

Part 3. What Do Psychoanalytic Treatments Change?

If contemporary empirical evidence has shown that at least some psychoanalytic and psychodynamic treatments can be defended as clinically effective, a further question immediately follows: what exactly is changed through treatment? Symptom relief alone does not fully answer this question, because psychoanalytic traditions have typically claimed to affect more than isolated symptoms. They have aimed, in different ways, at changes in how the person thinks, feels, relates, and organizes subjective experience. The difficulty is that contemporary psychoanalytic schools do not agree on which of these levels is primary. Some locate therapeutic change in mental functioning, others in personality structure, while others in the revision of generative models, and more Lacanian theory in the subject's relation to desire. These are not simply interchangeable descriptions. They reflect different assumptions about both the mechanisms and the aims of psychoanalytic treatment.

3.1 Mental Functioning

One influential answer is that psychoanalytic treatment primarily transforms mental functioning. From this perspective, the central issue is not only whether the patient feels less distressed, but whether the patient becomes better able to understand thoughts, feelings, intentions, and relationships in a reflective and emotionally regulated way. This account is especially associated with Peter Fonagy and the tradition of Mentalization-Based Treatment. Fonagy and his collaborators define mentalization as the capacity to understand oneself and others in terms of underlying

mental states such as beliefs, affects, wishes, and intentions (Fonagy & Luyten, 2009). Psychological disturbance, especially in severe personality pathology, can then be understood partly as a disruption of this capacity, particularly under conditions of attachment stress.

Under this model, psychoanalytic treatment works by restoring or strengthening reflective function. A patient who perceives others as threatening, abandoning, or opaque may not simply hold inaccurate beliefs; rather, the person's ability to interpret mental life may collapse under emotional pressure. The result can be impulsivity, emotional instability, interpersonal chaos, or confusion between inner fantasy and external reality. Treatment aims to make these mental processes more flexible and more available to reflection. In this sense, change is not merely the disappearance of symptoms, but an increased capacity to think about emotional states without being overwhelmed by them.

This model has the advantage of being more empirically investigable than some other psychoanalytic accounts. Since mentalization can be linked to affect regulation, interpersonal functioning, and self-reflection, it can be studied through structured clinical research. Studies of Mentalization-Based Treatment for borderline personality disorder have reported reductions in self-harm, suicide rates, and general psychiatric distress, as well as longer-term improvements in social and interpersonal functioning (Bateman & Fonagy, 2008; Bateman & Fonagy, 2009). The significance of this evidence is not simply that symptoms improve, but that a psychoanalytically informed treatment appears capable of changing how patients process emotional and relational

life. In this framework, apsychoanalytic treatment is effective so far as it enhances reflective mental functioning.

3.2 Personality Structure

Another answer is that psychoanalytic treatment transforms personality structure. This position is associated especially with Otto Kernberg and the tradition of Transference-Focused Psychotherapy. Here, the deepest target of treatment is not simply the patient's reflective capacity, but the underlying organization of the personality itself. Severe pathology is understood in terms of structural problems such as identity diffusion, splitting, unstable internal representations of self and others, and reliance on primitive defenses (Kernberg, 1984; Kernberg, 2006).

From this perspective, symptom relief is important but insufficient as a measure of therapeutic change. A patient may become less anxious or less self-destructive while remaining structurally fragmented in how self and others are experienced. For this reason, the more fundamental aim of treatment is the integration of split-off self-object representations and the development of a more coherent identity.

Psychoanalytic treatment works by bringing these contradictory relational patterns into the transference, where they can be interpreted and gradually integrated rather than repeatedly enacted. This account therefore defines change at a deeper level than immediate symptom management. Improvement is seen not only in reduced distress but in greater identity cohesion, more stable and realistic relationships, and less reliance on primitive defensive organization. Although such structural concepts are harder to operationalize cleanly than discrete symptom measures, there is still

empirical support for treatments developed within this framework. Clarkin et al. (2007) found meaningful improvement in borderline pathology across treatments, and Doering et al. (2010) reported significant benefits for transference-focused psychotherapy in comparison with treatment by community psychotherapists. These findings do not remove all methodological difficulties, but they support the view that psychoanalytic treatment may aim at a reorganization of personality structure rather than mere symptom reduction alone.

3.3 Generative Models

A third answer, developed more recently in dialogue with cognitive neuroscience and neuropsychoanalysis, is that psychoanalytic treatment transforms the patient's generative models. In this framework, the mind is understood as actively organizing experience through implicit predictive structures or models of self, others, and the world. Psychological suffering can then be understood not only as the presence of symptoms, but as the result of rigid, maladaptive, or affectively overdetermined patterns through which experience is anticipated and interpreted (Friston, 2010; Hopkins, 2016; Solms, 2018).

Within such an account, psychoanalytic treatment becomes a process through which entrenched expectations are gradually exposed, destabilized, and revised. A patient may repeatedly anticipate abandonment, humiliation, intrusion, or rejection, not simply because such beliefs are consciously endorsed, but because they are built into habitual ways of organizing experience. The analytic situation offers a setting in which these patterns can become visible in transference, affect, fantasy, and repetition. Change occurs when previously rigid ways of predicting and interpreting experience

become open to revision through emotionally significant encounters and reflective reworking.

This perspective is useful because it provides a contemporary interdisciplinary vocabulary for ideas that psychoanalysis has long described in other terms. What earlier analysts might have discussed as repetition, transference, or internal object relations can here be reformulated as durable predictive assumptions or generative structures. More recent Lacanian neuropsychoanalytic work has tried to articulate this connection more explicitly. Dall'Aglio (2024), for example, places questions of consciousness, uncertainty, fantasy, and prediction into direct conversation with Lacanian theory, suggesting that psychoanalytic change may be understood not simply as the recovery of hidden contents, but as a transformation in how the subject organizes and tolerates experience. In this respect, the generative model framework may help link psychoanalysis to broader contemporary theories of mind without simply reducing one to the other.

At present, however, the support for this model is more theoretical and integrative rather than directly outcome-based. Unlike Mentalization-Based Treatment or Transference-Focused Psychotherapy, the generative-model account does not yet rest on a comparably robust body of clinical trials showing that analytic change can be straightforwardly measured in these exact terms. Its importance therefore, lies less in direct empirical validation than in explanatory ambition: it offers a way of redescribing psychoanalytic transformation as the revision of deeply sedimented expectations through which patients inhabit themselves and their worlds.

3.4 The Subject's Relation to Desire

A fourth and more radical answer appears in Lacanian psychoanalysis, where the central aim of treatment is not primarily adaptation, symptom reduction, or even improved ego functioning, but a transformation in the subject's relation to desire (Lacan, 1977). From this perspective, psychological suffering cannot be understood solely in terms of dysfunctional capacities or maladaptive internal organization. It must also be understood through the subject's relation to language, fantasy, repetition, and lack. Desire, in this context, does not simply refer to wanting a particular object. It refers to a more fundamental dimension of subjectivity: the way the subject is organized through absence, meaning, and the desire of the Other (In Lacanian theories, the Other refers to the symbolic order, which the vast network of language, social rules, cultural norms, laws, and unconscious structures that we are born into).

This makes the Lacanian account importantly different from the previous three. In mentalization-based or structural models, treatment is often described in terms of improved functioning, regulation, or integration. Lacanian theory, by contrast, is suspicious of reducing psychoanalysis to adaptation or normalization. The point is not simply to help the patient function better according to existing norms, but to alter how the patient inhabits speech, conflict, fantasy, and symptom. In this sense, treatment may change not only what the patient feels or does, but the position from which the patient relates to his or her own suffering.

For the reason, the Lacanian conception of therapeutic change is harder to capture through standard outcome measures. If improvement is defined only in terms of symptom reduction or social adaptation, then Lacanian analysis may appear resistant

to empirical validation. This is partly because it advances a different understanding of what counts as meaningful change in the first place. Its support is therefore primarily theoretical and clinical rather than strongly experimental. The importance of this framework lies in its insistence that psychoanalytic treatment cannot be reduced to behavioral adjustment or ego stabilization alone. It asks whether the subject has come to occupy a different relation to desire, repetition, and enjoyment, even if such change does not map neatly onto conventional clinical metrics.

Part 4. Beyond Symptom Reduction: Rethinking Therapeutic Effectiveness

The empirical evidence reviewed in the previous sections strongly suggests that psychoanalytic psychotherapy is an effective treatment. Meta-analyses have consistently demonstrated that psychodynamic therapy produces significant and enduring improvements across a range of psychological disorders, while Mentalization-Based Treatment has accumulated robust empirical support, particularly in the treatment of borderline personality disorder (Leichsenring & Rabung, 2008; Shedler, 2010; Fonagy et al., 2015). From the perspective of evidence-based clinical practice, psychoanalysis can therefore be regarded as an effective therapeutic approach.

However, this conclusion depends on therapeutic effectiveness is defined. The approaches discussed throughout this essay demonstrate that psychoanalysis has never offered a single definition of successful treatment. Although Kernberg's object relations theory and Fonagy's Mentalization-Based Treatment differ theoretically, both evaluate therapeutic progress through improvements in psychological functioning. Kernberg (2006) defines therapeutic change as the integration of identity

and object relations, enabling patients to achieve greater personality coherence and emotional stability. Similarly, Fonagy and colleagues (2015) conceptualize therapeutic success through enhanced mentalization, allowing individuals to regulate emotions more effectively and develop healthier interpersonal relationships. These approaches therefore remain broadly compatible with contemporary outcome research, which measures symptom reduction, personality functioning, and quality of life.

Lacan, however, challenges the assumptions underlying these criteria. Rather than asking whether psychoanalysis restores adaptive functioning, Lacanian psychoanalysis asks whether adaptation should be considered the primary aim of treatment at all. Symptoms are not simply pathological phenomena that require elimination but meaningful formations through which the unconscious expresses the subject's relationship to desire and jouissance. Consequently, analysis does not necessarily seek to eradicate symptoms but to transform the subject's relationship to them. Vanheule (2016) argues that Lacanian clinical practice is fundamentally concerned with how subjects position themselves within language and desire rather than merely correcting pathological behavior. From this perspective, therapeutic change involves a transformation in subjectivity rather than solely an improvement in observable functioning.

This different conception of change also reflects Lacan's distinctive understanding of psychic time. Rather than viewing the past as a fixed series of events that determine the present, Lacan proposes that the meaning of past experiences is continually reconfigured through later subjective acts. This logic, often described as the future anterior ("what will have been"), suggests that analysis does not simply recover

forgotten memories but enables patients to reinterpret their history from a new symbolic position. In other words, therapeutic change occurs not because the past itself changes, but because the subject comes to assume it differently. Lacanian analysis differs from many psychotherapeutic traditions precisely because it focuses on transformations in the subject's relation to language, desire, and temporality rather than on immediate symptom management (Lacan, 2019; Lacan, 1992). Consequently, the effectiveness of psychoanalysis cannot always be captured through conventional symptom-based outcome measures alone, since its therapeutic effects may involve changes in meaning that emerge only retrospectively.

This does not imply that Lacanian change is unrelated to the improvements measured by empirical research. Rather, the relationship can be understood as one of grounding: a shift in the subject's relation to desire may not itself be directly quantifiable, but it may render the changes described by Fonagy, Kernberg, and Dall'Aglio more stable and more genuinely owned by the patient. Without such a shift, functional improvements risk remaining adaptive adjustments to external expectations rather than authentic transformations of subjectivity. With it, symptom reduction, mentalization, structural integration, and model revision acquire a new significance—they become expressions of a different way of inhabiting one's life, rather than merely the absence of distress.

This perspective also implies different expectations of the patient. Whereas more supportive psychodynamic approaches often prioritize symptom relief and emotional stabilization, Lacanian analysis requires sustained engagement with speech, ambiguity, and unconscious desire. Patients must tolerate uncertainty and participate actively in

the analytic process rather than seeking immediate reassurance or behavioral solutions. Consequently, Lacanian psychoanalysis may not be equally appropriate for every patient, particularly when severe psychological instability requires more supportive or structured interventions. Rather than representing a weakness of Lacanian theory, this illustrates that different psychoanalytic traditions pursue different therapeutic aims and therefore cannot be evaluated according to identical empirical standards.

Ultimately, asking whether psychoanalysis is effective risks oversimplifying a more fundamental theoretical question: effective according to which conception of change? Contemporary empirical research convincingly demonstrates that psychoanalytic psychotherapy produces meaningful and lasting clinical benefits. Nevertheless, the development of psychoanalytic theory, from Kernberg's emphasis on personality integration, through Fonagy's focus on mentalization, to Lacan's reconfiguration of subjectivity, suggests that therapeutic success cannot be reduced solely to symptom reduction. Psychoanalysis is therefore effective, but the meaning of effectiveness depends upon how psychological change itself is understood. Rather than asking simply whether psychoanalysis works, the more important question may be what kind of transformation psychoanalysis seeks to make possible.

Conclusion

Ultimately, the question is not simply whether psychoanalysis is effective, but how effectiveness should be understood, and at which level. Empirical evidence robustly demonstrates that psychoanalytic psychotherapy produces measurable symptom reduction and functional improvement, corresponding to the changes described by Fonagy and Kernberg. Theoretical developments, including neuropsychoanalytic

frameworks and Lacanian theory, further suggest that deeper changes in generative models and in the subject's relation to desire may underlie and sustain these improvements. Rather than viewing these perspectives as contradictory, they should be understood as complementary layers of a single, complex therapeutic process.

Psychoanalysis therefore remains both an evidence-supported clinical practice and a distinctive theoretical framework for understanding what it means for a person to change. Its distinctiveness lies not in rejecting empirical standards, but in insisting that meaningful psychological transformation extends beyond symptom relief alone to encompass the revision of predictive structures, the integration of relational worlds, and—most radically—the reorientation of the subject toward his or her own desire. Contemporary psychoanalytic theory thus invites us not merely to ask whether treatment works, but to ask a more fundamental question: what kind of human transformation should psychotherapy seek to make possible, and at what depth?

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