On the Birth of Psychodynamic Psychiatry

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KEYWORDS

- Psychodynamic psychiatry • Psychoanalysis • Organized psychiatry
- Diagnostic and Statistical Manual of Mental Disorders II

KEY POINTS

- Before publication of Diagnostic and Statistical Manual of Mental Disorders III, the prevailing model of the mind in organized psychiatry was psychoanalytic.
- The psychoanalytic model of the mind used in organized psychiatry before 1980 did not support reliability of psychiatric diagnosis.
- The psychoanalytic model of the mind used in organized psychiatry before 1980 was not based on and did not facilitate systematic research.
- After 1980, when the Diagnostic and Statistical Manual of Mental Disorders III was organized, atheoretically and descriptively, psychoanalytic ideas were systematically eliminated from organized psychiatry.
- Selected psychoanalytic ideas remain useful in psychiatry.

Psychodynamic psychiatry, in our view, is an emerging new discipline equally anchored in psychoanalysis, academic psychology, sexology, and academic psychiatry. To understand the circumstances of its emergence, it is necessary to review the many meanings the term *psychoanalysis* has assumed and been given in technical and lay parlance over the years.

With the publication of Diagnostic and Statistical Manual of Mental Disorders (DSM) III in 1980, organized psychiatry in the United States chose to change its framework with respect to its foundational models and paradigms. Whereas the DSM-I[1] and DSM-II[2] were psychoanalytically oriented, no subsequent edition of the DSM has been. Instead, a descriptive, Kraepelinian approach was adopted and persists.

This new perspective went beyond specifying criteria for psychiatric diagnoses. It was based on outright rejection of a psychoanalytically informed model of health and disease.

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Soon to follow was expurgation of psychoanalytic ideas, concepts, and perspectives from organized psychiatry in the United States. Before the third edition of the DSM for example, most department chairs and training directors were psychoanalytically trained.[3]

Organized psychoanalysis and psychiatry enjoyed a close relationship. Psychoanalysts made important contributions to developmental psychology and psychosomatic medicine[4] and many other areas of psychiatry. Nonetheless, the cultures and histories of the 2 disciplines led to incompatibilities that we discuss below and ultimately to a rupture between the 2 fields.

After 1980, the scientific literature of the 2 fields diverged. Most psychiatric journals avoided psychoanalytic ideas entirely. In fact, as of 2012 when this editorial team took over directorship of the official journal of the American Academy of Psychodynamic Psychiatry and Psychoanalysis, *Psychodynamic Psychiatry* has been the only English-language psychiatric journal that includes psychoanalytic ideas, concepts, and observations as part of its core contents.[4]

Although we disagree with this relatively recent direction of American psychiatry, we feel it is helpful to understand how it came about. This is especially important given the emergence of psychodynamic psychiatry as a new discipline within the larger field of psychiatry.

HISTORICAL ISSUES

Freud began his professional career as an academic physician whose career path was blocked because he was Jewish.[5] Private practice was the way he could make a living—and he soon became a successful practitioner.

This accident of fate seems to have wed organized psychoanalysis as it subsequently evolved to a private practice paradigm, rather than an experimentally based, empirical frame of reference. As academic psychiatry grew along an empirically validated path, psychoanalytic psychology gradually but somewhat disdainfully moved away from traditional academic research.

This movement was not only because so many of the psychoanalytic patients were neurotic, unlike the predominately psychotic population treated by psychiatrists in the past. The movement also took place because of insistence by many psychoanalysts that consciousness was merely a layer of the mind that happened to be immediately accessible. Under conscious awareness, unconscious motives lurked, and these unconscious fears and desires were often different in their ultimate meanings than conscious recall indicated. For example, a person who allegedly loved another might unconsciously hate her. Given this ambiguity of meaning, it was difficult to assess the motivational significance of consciously experienced psychic material or its role in symptom formation. Much academic psychology, however, was based on quantification of consciously accessible thoughts, feelings, and memories.

This information notwithstanding, it ultimately became necessary for psychiatrists to demonstrate that they could make diagnoses in a valid and reliable manner. Their poor capacity to do this contributed to the diminished influence of psychoanalysis in psychiatry.[6]

IMPORTANT RELEVANT ISSUES CREATING CONFLICT BETWEEN THE 2 DISCIPLINES

Many other issues produced conflict between the 2 disciplines. Below are listed just a few:

1. Psychoanalytic ideas about psychopathology are based almost entirely on data obtained from patients in treatment. The field emerged without attention to the

need for controlled studies, which inevitably led to a biased perspective supported almost entirely by induction without validation.

2. Psychoanalytic ideas about behavior are largely based on data that are observational only. Freud's ideas emerged from his reflections on individual and social behavior that happened to catch his attention. This happenstance methodology seemed to have more in common with humanistic fields than science and medicine.
3. Freud's speculations, hypotheses, and (so-called) conclusions were often mutually contradictory over time. He changed his ideas in a manner similar to the way an artist, like Picasso for example, changed his style over time.[7]
4. Freud emphasized the central role of the Oedipus complex in the development of health and illness. This theory has never been validated or adequately supported by extra-analytic evidence.[8] Modern research especially illuminates the role of genetics and psychosocial trauma in the development of psychopathology.
5. Freud's emphasis on the centrality of childhood sexual fantasies, memories, and experience in the genesis of psychopathology was challenged by the emergence of knowledge about sexual differentiation of brain and behavior. Much adult sexuality is the result of prenatal hormonal influences, an area largely unknown to Freud.[9]
6. Psychoanalytic societies across the world tend to emphasize different aspects of behavior as being of central importance in health and illness. Lacan,[10] Jung,[11] Jung,[12] and Horney[13] all stress different dimensions of behavior as being of crucial importance for example.

ADDITIONAL IDEAS AND CONCEPTS ORIGINALLY POSED BY FREUD

In trying to characterize the central aspects of psychoanalysis Freud also emphasized the following:

- The fundamental rule of clinical psychoanalytic practice states that during each analytical session the patient should verbalize whatever comes to mind, no matter how apparently trivial or irrelevant or socially unacceptable. Nothing must be held back.
- This verbalization leads to the emergence of transference—the patient's original infantile conflicts become directed toward the analyst—a substitute object.
- As these processes are experienced and expressed, resistances inevitably occur. The patient disguises her narrative to make understanding her associations more difficult.
- Also, infantile and now unconscious conflicts are organized by the primary process—here Freud observed a cognitive difference between unconscious, infantile organization of mentation and usual adult thought.
- In primary process thinking, ideas are not posed in terms of abstract, cause-and-effect reasoning, but rather the phenomena of condensation, symbolization, and displacement of emphasis shape the material. Time and space limitations imposed on everyday reasoning are abandoned.[14]

The way these concepts and those outlined earlier are used in contemporary articles must be selective. For example, one would be hard put to understand the etiology of conversion reactions without alluding to Freud's original contributions about the influence of infantile unconscious conflicts on symptom formation.[15] In contrast, it is not possible to discuss modern theories of depression or psychosis without deep understanding of genetics and also trauma theory. This understanding contributed to the

genesis of psychodynamic psychiatry—field that uses some psychoanalytic ideas but is different from psychoanalysis.

RELATIONSHIP BETWEEN PSYCHOANALYSIS AND PSYCHODYNAMIC PSYCHIATRY

Psychodynamic psychiatry (the discipline) emerged recently for many reasons, some of which are outside the scope of this article. In our view, this new field of knowledge is one of the foundational pillars of all modern psychiatry. As such, it is important not to conflate it with psychoanalysis.

For example, psychodynamic psychiatry is a branch of psychiatry, not an extension of psychoanalysis. As a branch of psychiatry, its role in assessment, coping, and diagnosis is fundamentally important. This is the case for its role in psychodynamically oriented psychotherapy as well. Sometimes the terms *psychodynamic psychotherapy* and *psychodynamic psychiatry* are mistakenly conflated. This should be avoided, however, because psychodynamic psychiatry, in our view, is a much more inclusive term, connoting all of psychological development and functioning in health and illness.

PSYCHODYNAMIC PSYCHIATRY REJECTS POSTMODERNISM

Psychoanalytic psychology is, for the most part benignly positive in its attitude toward postmodernism. The notion that all narrative modes are inherently equally valid fits well with the need of psychoanalytic societies throughout the world to cast a wide net and welcome in practitioners whose core ideas differ with each other. We suspect the rationale for this is often practical and compatible with guild rather than scientific interests.[16]

Psychodynamic psychiatry (the discipline), on the other hand, flatly rejects postmodernism. Its values are those of the enlightenment and fully compatible with those of science. (This is not to say that all of its beliefs and hypotheses have been scientifically validated, of course.)

Psychodynamic psychiatry therefore embraces only a part of the vast domain of psychoanalytic psychology. It includes that part of psychoanalysis that is directly clinically applicable and that part that borders on or is part of scientific knowledge.

Freud himself was concerned that his vast contributions would be reduced to the very segment of knowledge that psychodynamic psychiatry includes.[17]

In our view, accommodation with reality can be painful but is necessary for organized psychiatry to retain its vitally important psychodynamic component.

THE MODERN MEANING OF THE TERM *PSYCHOANALYSIS*

There is no central authority that defines the term *psychoanalysis* in a way that is universally acceptable. In our view, the term refers to selected ideas, many but not all of which were originally discovered by Freud. These can and should be specified as is convenient and necessary in clinical and scientific discussions of psychodynamics.

We suggest that contemporary articles in the area of psychodynamic psychiatry simply specify which core psychoanalytic ideas are referenced. This we suspect will diminish much confusion and increase specificity of discussions in the modern literature.

For example, an author might state (in a footnote): “In this article I discuss psychoanalytic ideas about male and female aspects of psychology. I refer to Freud’s Three Essays on the Theory of Sexuality as well as more modern texts by X, Y and Z.”

PSYCHODYNAMIC PSYCHIATRY AND MODERN KNOWLEDGE

Here we would especially include research and clinical publications pertaining to:

- Attachment theory
- Neuropsychiatry
- Sexual differentiation theory
- Neuropharmacology
- Endocrinology
- Genetics
- Trauma theory
- Coping and resilience

This is not an all-inclusive list but is of central importance in considering studies of treatment and of etiology of psychopathology.

SUMMARY

Psychodynamic psychiatry emerged from psychoanalytic theory, but the influence of the latter has been only partial. Equally important are other disciplines outlined above—especially biopsychological areas. Modern psychodynamic publications and presentations should honor all foundational pillars of the field. In this way, the new area lends itself to bio-psycho-social integrations that remain a challenge for all researchers and clinicians who seek to understand and treat patients with mental disorders.

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