Psychotherapy

Psychoanalysis by Psychiatrists: Heritage, not a “Hobby”

NORMAN A. CLEMENS, MD

An advanced psychiatric resident told her department chairperson that she was seriously considering entering psychoanalytic training. His response was that that was very nice—psychoanalysis is an interesting “hobby.” This was a man who knew better: he had appeared friendly towards his local psychoanalytic community, encouraged analysts from the community to supervise his residents in psychotherapy, and even served on the board of trustees of a psychoanalytic center. But the central focus of his department had remained staunchly oriented to biological research and salaried practice in organized settings, certainly a reflection of current trends in psychiatry.

As a psychiatrist and psychoanalyst, in solo private practice in a full-service medical building but with longstanding academic involvement in a medical school as well as in a psychoanalytic institute, I was disturbed to hear that story. While I value the importance of providing a comprehensive and balanced discussion of the various forms of psychotherapy in these columns, I hope readers will understand my concern about this view of a field that has contributed enormously for over a hundred years—and continues to do so—to the understanding of the mind, its disorders, and how to help people suffering from such disorders.

Of course, there is an element of truth in what this department chair said, but only in the sense that psychoanalysts are not conducting as much analysis as they used to. The average number of patients per analyst seen in full-scale psychoanalysis drifted downward at a rate of about 1% a year between 1976 and 2006, but the psychotherapy case load of analysts has increased.1 Relatively effective and safe medications have relieved us of the burden of striving to cure various severe illnesses that were refractory to intensive psychotherapy. Short-term psychotherapy and variations such as cognitive-behavioral therapy (CBT) and interpersonal psychotherapy (IPT) have proven valuable as alternatives or supplements to medications for many people, and since they are structured and much easier to study over short periods of time they have dominated the literature that contributes to evidence-based medicine and practice guidelines.

Third-party payment systems discourage psychotherapy by psychiatrists through intrusive management and low fee schedules, covering long-term, intensive therapy only under extreme circumstances when all else has failed and recurrent crises or hospitalizations become costly. Psychiatric residents are often burdened by large educational debts that make the added expense of psychoanalytic training appear formidable. Salaried positions in a hospital or mental health system seem much more secure than opening a private practice. Psychologists, social workers, and other professionals are increasingly undergoing training as psychoanalysts. Why, then, would a young psychiatrist wish to become a psychoanalyst?

The short answer is value. In support of this assertion, I begin by relating observations from two extremes of the lifelong career path of a psychiatrist. The first is my own, after decades as a general psychiatrist and psychoanalyst. In simple terms, psychoanalysis has been the most valuable part of my professional life, as well as meaning a great deal to me personally. The second is that of young psychiatrists and other professionals who do enter psychoanalytic training. These talented people have clearly caught the vision of something well worth pursuing despite the cost.

This dedication is not a matter of faith. It rests on experience—the clinical, intellectual, and personal journey through one’s development as a psychiatrist and as a person. It comes also from awareness of a rich psychoanalytic heritage that has profoundly affected the psychiatric profession and its understanding of mental life. It was psychoanalysis that opened the eyes of neurologists and psychiatrists in a systematic, scientific way to the power of life experience and internal conflict in shaping a person’s personality and in the genesis of many forms of mental distress. In the process, it taught us to listen to our patients. Allowing one thought to lead to another with sufficient time and privacy led to discovery, relief, and often growth and mastery.

NORMAN A. CLEMENS, MD, is a clinical professor of psychiatry at Case Western Reserve University and training psychoanalyst in the Cleveland Psychoanalytic Center.
Psychoanalytic therapies saw the person in longitudinal as well as cross-sectional dimensions—that is, they viewed as relevant the fact that each individual existed over time from infancy on, as well as living in the present state of turmoil. Working from that perspective made something powerful happen, and lives were changed. The treatment relationship began to emerge as playing a central role in effective psychotherapy, and this relationship became a collaboration rather than a series of encounters between an authoritative physician and a submissive, compliant patient. All of this happened through the in-depth study of individual cases coupled with vigorous discourse and controversy among the pioneer psychoanalysts and their successors. Randomized, controlled trials were not yet feasible in that tumultuous field, but the returns in discovery of new understanding were immense.

Almost all modern forms of psychotherapy owe a debt to psychoanalysis. The founders of CBT and IPT, as well as rational-emotive, Gestalt, and Jungian therapies were psychoanalysts. Listening to patients yields rich benefits, and much of the work, even in shorter-term, structured therapies like CBT, involves helping patients gain mastery through understanding and managing their thinking and daily lives in ways that they had not seen before. Even when exploration of the past or examining the treatment relationship are avoided in a treatment method, as in CBT, awareness of personality structure and maintaining a therapeutic alliance are essential.

In addition, psychoanalytic discoveries and ideas, drawn from clinical observation, pervade Western culture so thoroughly that they are practically taken for granted without notice of their origin. No one questions the existence of powerful unconscious dimensions of mental activity. In fact, neuroscientists are now studying the biology of the unconscious. Phases of development and the power of sexual and aggressive drives from the beginning of life, along with the crucial tasks of mastering them and adapting to reality, are assumed to exist and are, in fact, blatantly forced into the public view by news events and the artistic media. Dreams and fantasies as well as “Freudian slips” are mined for their meaning in the arts and in everyday life. The terms, “ego,” “id,” and “superego,” while not always accurately applied, are part of our language. Notions of internal conflict and trauma abound in the popular press. Psychoanalysis is part of our cultural fabric. Psychiatric residents are aware of that.

Unfortunately, the realities that psychoanalysis usually takes years of confidential work, is open-ended by design, and is highly variable, tailored to each individual patient with a personal panoply of symptoms, make it extremely difficult to study using the standard methods for assessing a therapy’s efficacy for a specific condition. Our patients are very hard to reduce to a single DSM-IV disorder addressable by a specific treatment. Naturalistic studies in past decades have shown substantial benefit from psychoanalysis, but incorporating randomization, double-blind techniques, and control groups in the study of full-scale psychoanalysis seems inconceivable. However, a recently published rigorous, randomized, controlled trial of psychoanalytic psychotherapy for panic disorder showed a very high degree of efficacy for this therapy, earning it a place in the APA’s upcoming revision of the Practice Guideline on Panic Disorder, which is now under final review prior to publication.

Another well-designed research study assessed the efficacy of a psychoanalytically based therapy compared with standard psychiatric care for randomly selected patients with borderline personality disorder in a partial hospital setting. The study demonstrated statistically significant superior efficacy for psychoanalytic therapy on all measures. This improvement was maintained over a follow-up period of 18 months, and social and interpersonal function actually showed further improvement over that period.

Another avenue of study is now opened with the use of functional imaging techniques to demonstrate changes in brain function coincident with psychotherapy; it has come to my attention that a study is being designed in a major medical center to investigate psychoanalysis in this manner. The exciting discovery of neuroplasticity begins to explain the biological dimension of the gradual change in thought, emotion, behavior, and even personality that occurs during successful psychoanalysis, as it does with other behavioral interventions for specific deficits. In a major statement, Nobelist Eric Kandel predicted an important role for the integration of the knowledge of psychoanalysis with neurobiological discoveries and stated his conclusion that psychotherapy induces neuroplasticity. While such discoveries are accumulating, however, we continue to rely on a century of individual experience of the benefits of this approach.

One must recall that psychoanalysis is not only a treatment method with a rationale and technique. It is also a system of continuously evolving and comprehensive theory of mental development and functional operations, and it has a long record of research and discovery based on in-depth study of individual human beings.

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One could no more ignore this scientific dimension of psychiatry than one could ignore the vast field of biological discovery about functions of the brain that has taken place during the course of the last half century. Psychiatrists are especially well prepared to integrate the knowledge of these two currents of exploration with the richness of clinical experience.

As we learn more about the biological operations of storing memories and processing thought, we see striking parallels with Freud’s concepts of networks of associations and nodal points where they intersect and become reinforced. Biological concepts of facilitation and inhibition in neurological and biophysiological feedback circuits between different centers in the brain resemble the interactions of parts of the mind in states of dynamic equilibrium or internal conflict. The experience of dreaming suggests some conscious awareness of the brain’s process of memory storage during sleep, randomly moving contents from short-term to long-term memory. As this happens, the neural connection of these memories to their emotional connotations is presumably preserved and may also be activated. This coming together of the “day residue,” long-standing memories, and emotion in ways subject to much distortion and condensation parallels dimensions of memory and affect that Freud explored in his seminal work on dreams that marked the founding of psychoanalysis. Scientists are elucidating the neural and hormonal basis for the instantaneous, dynamic interaction between emotional and physiological states. What richer field of study could exist for a young psychiatrist who wants the delight of discovery without giving up the satisfaction of working closely with patients in a collaborative relationship?

The public image of psychoanalysis suffers from stereotypes, some of them perpetuated by those who champion rival therapies. Many of them derive from an image of psychoanalysis based on Freud’s earliest writings and oblivious to the dynamic evolution of the field over a century of experience. One aspect of contemporary psychoanalysis that is especially unrecognized is the tremendous attention given to the treatment relationship in the here and now and the importance of a vital, engaged interaction as the field for understanding and working out difficulties. Study of the patient’s subjective experience of self and others, as well as the patient’s relationship to others, has enriched work with personality issues. New ways of dealing with internal conflict, anxiety, and defenses have emerged.

A prominent expert on CBT recently appeared on national television repeating the old saw that psychoanalysis consists of laboriously going through childhood memories while the patient suffers with current symptoms and the analyst sits in silence. Nothing could be further from the truth. Psychoanalysis is an intense, absorbing experience in which the only relevance of the past is its pervasive influence on the present, and the elements of change in analysis take place in the present relationship with the analyst, in which both are actively engaged. It is hard work, but often immensely rewarding.

In the present world of rigidly construed evidence-based medicine, the excitement of neurobiological exploration, congealment of practice into organized systems, and managed care, psychoanalysis may indeed seem like a foreign body. But in the larger world of the human experience and civilization over the millennia, and of knowledge of the human mind, psychoanalysis has already established an enduring presence. Psychiatry at its best brings together those two worlds, and I am confident that young psychiatrists who see the richness of that integration will continue to take the additional steps of becoming modern psychoanalysts. This bodes well for a bright and evolving future for both psychoanalysis and psychiatry.

References