

Psychoanalysis and its place in modern day clinical practice

Pragya Lodha¹, Avinash De Sousa²

¹Research Assistant and Clinical Psychologist, Desousa Foundation, Mumbai

²Consultant Psychiatrist and Founder Trustee, Desousa Foundation, Mumbai

E-mail – pragya6lodha@gmail.com

Johann Christian Reil, a German physician, coined the term psychiatry in 1808 which meant ‘medical treatment of the soul’. Until the early 20th century, when Sir Sigmund Freud introduced psychoanalysis; psychiatry was restricted to the treatment of severely psychotic spectrum disorders [1]. Psychoanalysis was the mode of treatment for psychoneurotic spectrum disorders in the outpatient department whereas psychiatry was reserved only for the in-patients. However, after World War II, by the phase during 1950s and 1960s, psychiatry adapted into the psychoanalytical model, abandoning its roots in biology and experimental medicine [2]. This shift was reasoned with the growing popularity of psychoanalysis and a restricted maturation of the biological sciences. Psychoanalytical psychotherapy was not only being used to treat psychoneurotic disorders but was equally applied to purely psychotic spectrum mental illnesses and to some medical illnesses such as- hypertension, asthma, gastric ulcers, and ulcerative colitis as well [3-4]. The unconscious conflicts and other psychoanalytical explanations of the human mind sparked an alternative understanding of the human mind and processes. This added to the clinical insight that psychoanalytical psychiatrists could garner. Psychoanalysis strengthened the explanatory power of descriptive psychiatry.

Incorporating the deep concern of psychoanalysis for the integrity of an individual’s personal history, psychoanalytic psychiatry helped develop direct and respectful ways for physicians to interact with mentally ill patients, and it led to a less stigmatized social perspective on mental illness. Psychoanalysis and psychiatry were closely knit for 50 years till Biological Psychiatry stepped back with advanced and technologically equipped understanding of the brain.

Psychoanalysis is now a bleakly practiced art in psychotherapy [4]. The present status of its theory and therapy is challenged by the lack of empirical evidence, abstractedness and several limitations that have been challenged by some schools of thoughts and their professionals. However, it is essential to know that though psychoanalysis has little empirical and more anecdotal evidence, it is one of the most in-depth psychotherapeutic approaches in order to understand a holistic personality and emotional organization of the patient. Every practice of medicine or psychotherapy must revive in order to incorporate the temporal requirements of understanding the human framework of development. There have been several adjuncts that grew out of psychoanalysis. Some of them include attachment theory, object relations theory, ego psychology, self-psychology along with modern psychoanalysis that include brief psychoanalytic therapy and an amalgamated approach of psychoanalysis with cognitive behavior therapy and other models of psychotherapies.

The growth of biology and neurobiology has ushered the emergence of Neuropsychanalysis- a possible merger of psychoanalysis and biological psychiatry. Its key idea is that subjective experience and the unconscious mind can be observed through neuroimaging. It is one of the fewer branches that regards the mind and brain on an equal footing and seeks to understand the human mind, especially as it relates to first-person experience [5]. Neuroplasticity, now known as neurogenesis is another facet of psychiatry that brings the two schools of practice in mental health together. The change in neural connections as a result of psychoanalysis and psychiatric treatment is the common standing, however, the evidence in favour of psychoanalytic approach remains constricted [6].

Clinic based mental health practice is an edge upper with a combined understanding of psychoanalysis and psychiatry. A psychoanalytic understanding helps map the underlying desires and conflicts that shape personality and emotional organization of an individual. Psychiatric underpinnings unravel the biological

make up and dysfunction in an individual. A bio-psycho-social approach to treatment is quintessential in a practice where the patient's vulnerabilities are understood in the constitution of nature versus nurture. Psychiatry is a heteronomous discipline; it is directed largely by forces outside of the individual. In contrast, psychoanalysis is an autonomous discipline; it is directed largely by the individual [7]. This may bring us to one conclusion that the approach of a psychoanalyst may differ from that of a psychiatrist—where a psychoanalyst may have a cooperative relationship with the patient and a psychiatrist may have a paternalistic one. However, the beauty of challenge is to look at juxtaposing the two disciplines and integrating the two. It would be interesting to rejuvenate the psychoanalytic psychiatry of the 1950s and 1960s with the ocean of research and theoretical development in the last 60 years. The intertwining of both disciplines has the possibility to rekindle holistic life history of the patient, listening attentively to what the patient says and developing treatment plans beyond diagnostic checklists and psychopharmacology. In the age moving towards domination of neuroscience, there is a need to retain psychotherapeutic alliance with our patients.

Today we are in an era where brains are scanned and various multimodal neuroimaging techniques are available. We are in a position where various psychoanalytical concepts are now being translated into their probable neural correlates. There is also a scene where neurobiologists and psychoanalytic practitioners are engaged in healthy dialogue and there is a feeling that the two bodies can have an intersecting point. It is important to realize that neurobiology and psychology or psychoanalysis are inseparable. There is a need for inseparable dialogue between the two branches so that patients may be understood from a holistic perspective. The interface of neurobiology and psychoanalysis is interesting as many psychological problems while may be explained from biological perspective also has deeper psychoanalytical and psychological connotations. There is a need for integration rather than segregation and a need for a newer theory that embraces neurobiology and psychoanalysis in the same gamut.

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