



**THE AMERICAN ACADEMY OF PSYCHOANALYSIS
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What is “Psychodynamic Psychiatry”?

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Psychodynamic psychiatry is a new discipline that has emerged from a fusion of psychoanalytic and extra-psychoanalytic psychology, neuroscience and academic psychiatry. This new discipline is trying to take root in a difficult intellectual environment. Neither organized psychiatry nor organized psychology presently advocates for the usefulness of paradigms that integrate biological psychological and social influences on behavior. Psychodynamic psychiatry does precisely that.

In the consulting room, practitioners of psychodynamic psychiatry are attentive to the discourse of the patient, considering how the stream of thought and affect reveal meanings and inner conflicts of which the patient may have little or no awareness. Yet these meanings and conflicts influence symptom formation and character (unconscious process). The psychodynamic psychiatrist wishes to learn what influences from the past result in foundational attitudes observed in the patient’s relationship with others, including the psychiatrist (transference). How does the patient ward off painful affects (defensive structures)? Does the patient idealize or devalue aspects of self or others? How does the patient wrongfully endow others, or feel endowed by others, with positive or negative attributes (projective mechanisms)? Can dreams, slips of the tongue, boundary crossings and administrative entanglements be explored fruitfully? How does the psychiatrist feel about the patient (countertransference)—and how can that experience be turned to the patient’s benefit? These and other questions and concerns integrated with an appreciation of biological and cultural influences, form the prism through which the psychodynamic psychiatrist regards the patient, always with an eye to symptom relief and, often, to a beneficial revision of the patient’s personal narrative and sense of self.

Psychodynamic treatments are based on assessment which is carried out from a developmental perspective. Particular attention is paid to the person’s present and past psychiatric history, experiences of trauma, strengths, and family history. The patient’s behavior is reported both descriptively using established psychiatric diagnostic criteria (the current edition of the DSM) and also in terms of subjectively constructed narratives. Although it recognizes that many factors of all kinds may adversely influence behavior, psychodynamic psychiatry emphasizes the importance of understanding and modifying the irrational repetitive unconscious motives that affect behavior.

Psychodynamic psychiatry accepts concepts that are clinically useful and/or scientifically important but discards those that have not stood the test of time. Although it enthusiastically endorses research, it also recognizes that much knowledge about normal and abnormal behavior (however these terms are defined) is based on clinical experience. Thus, for example, the official journal of the American Academy of Psychoanalysis and Dynamic Psychiatry is entitled *Psychodynamic Psychiatry* and publishes clinical case discussions as well as scholarly reviews and research investigations. As time goes on, psychodynamic psychiatry as a body of knowledge will change as more is learned about the relationships between neuroscience, psychopathology, and individual feelings and behavior.

All psychodynamic treatments are organized around a therapeutic alliance forged by both participants. They include psychoanalysis, briefer therapies and combinations of therapies including, for example, individual and group psychotherapy, family therapy and/or pharmacotherapy. Psychodynamically oriented treatments may be of any duration from a single meeting to weeks to years. They may take place anywhere the practitioner meets with a patient—not only in the out-patient setting but in inpatient psychiatric services, the emergency ward, and general hospital medical and surgical settings where consultation-liaison psychiatrists use developmental principles and alliance with the patient to render care. In other words, wherever the psychodynamically trained psychiatrist interacts with a patient, the practitioner will use a developmental approach to understand that person and help him or her get better.

Practitioners of psychodynamic psychiatry view “illness” in terms of the whole person and not simply the psychological manifestations of disorders of the nervous system. They endorse the value system expressed in the Hippocratic Oath taken by medical practitioners upon graduation from medical school and are mindful of the bioethical principles of self-determination, confidentiality, professionalism and social justice. In addition psychodynamic practitioners need to be committed educators who teach psychodynamic concepts to psychiatric residents and other trainees.