

Dynamic psychiatry and the psychodynamic formulation

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Abstract: This article aims to describe the difference between descriptive and dynamic psychiatry. As part of the latter every psychiatrist should be able to construct a psychodynamic formulation. A psychodynamic formulation, an indication of psychological mindedness, helps the psychiatrist to recognize the unique, personal aspects of the illness and the life of the patient. The formulation furthermore helps with the initial orientation towards the patient: it anticipates and predicts how the patient might interact with the psychiatrist and how defenses and underlying conflicts will manifest themselves in treatment. The formulation can therefore be very useful in the treatment of any patient, since it can help to understand and manage the patient's attitude towards being prescribed medication, as well as compliance and prognosis and serve as an initial guide in the psychotherapy. The psychodynamic formulation is unfortunately seldom incorporated in the psychiatric presentation of patients; guidelines are therefore given to especially help psychiatric trainees with the construction of such a formulation.

Keywords: Dynamic psychiatry; Psychodynamic formulation; Psychiatric training

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Introduction

In her book 'An Unquiet Mind' the psychologist Kay Jamison gives a moving account of her suffering from a bipolar mood disorder.¹ About her treatment she writes: "At this point in my existence, I cannot imagine leading a normal life without both taking lithium and having had the benefits of psychotherapy. Lithium prevents my seductive but disastrous highs, diminishes my depressions, clears out the wool and webbing from my disordered thinking, slows me down, gentles me out, keeps me from ruining my career and relationships, keeps me out of a hospital, alive, and makes psychotherapy possible. But, ineffably, psychotherapy heals. It makes some sense of the confusion, reins in the terrifying thoughts and feelings, returns some control and hope and possibility of learning from it all."

For Jamison it is not to be questioned that medication and psychotherapy go hand in hand: mind and brain cannot be separated. In her regular, at least once a week sessions with her psychiatrist, the despair that at times threatened to overwhelm her was contained. Her psychiatrist, in his integrative approach of prescribing medication and providing psychotherapy, helped her to live a productive and meaningful life.

Cartesian dualism has been very influential and potentially pernicious in the field of psychiatry.² Kendler states that we need to reject the belief that mind and brain reflect two fundamentally different entities. Although both mental processes and psychiatric disorders are biological, the range of causal processes that are operative in psychiatric illness cannot be explained by biological reductionism, which could be seen as a logical consequence of this line of thinking.³ Life events, cultural processes and other factors influence and modify gene expression, brain anatomy and functioning.^{4,5} Changes in the brain affect the mind, but what happens in the mind also affects the brain. Pharmacotherapy and psychotherapy may both lead to changes in the brain.⁶

Kandel, the eminent psychiatrist and recipient of the Nobel Prize in 2000 for his neuro-scientific research, writes that psychoanalysis has revolutionized our understanding of mental life. It has provided remarkable insights about the functioning of the psyche and "still represents the most coherent and intellectually satisfying view of the mind".^{7,8} He also writes that psychoanalysis has unfortunately not evolved scientifically and has not integrated and incorporated into its view of the mind "the rich harvest of knowledge about the biology of the brain and its control over behavior that has emerged in the last 50 years".⁹ Kandel pleads, following Freud, for a psychiatry in which biology is integrated with the rich insights that have come from psychoanalysis, in which mind and brain are each given their appropriate place. Psychoanalytic psychiatry, because of "the deep concern of psychoanalysis for the

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Dynamic Psychiatry

Robert Sessions Woodworth



Dynamic Psychiatry:

An Introduction to Dynamic Psychiatry Clarence Knight Aldrich, 1966 *Dynamic Psychiatry: Basic principles* Louis Samuel London, 1952 **Creating Mental Illness** Allan V. Horwitz, 2002-01-15 In this surprising book Allan V Horwitz argues that our current conceptions of mental illness as a disease fit only a small number of serious psychological conditions and that most conditions currently regarded as mental illness are cultural constructions normal reactions to stressful social circumstances or simply forms of deviant behavior Thought provoking and important Drawing on and consolidating the ideas of a range of authors Horwitz challenges the existing use of the term mental illness and the psychiatric ideas and practices on which this usage is based Horwitz enters this controversial territory with confidence conviction and clarity Joan Busfield *American Journal of Sociology* Horwitz properly identifies the financial incentives that urge therapists and drug companies to proliferate psychiatric diagnostic categories He correctly identifies the stranglehold that psychiatric diagnosis has on research funding in mental health Above all he provides a sorely needed counterpoint to the most strident advocates of disease model psychiatry Mark Sullivan *Journal of the American Medical Association* Horwitz makes at least two major contributions to our understanding of mental disorders First he eloquently draws on evidence from the biological and social sciences to create a balanced integrative approach to the study of mental disorders Second in accomplishing the first contribution he provides a fascinating history of the study and treatment of mental disorders from early asylum work to the rise of modern biological psychiatry Debra Umberson *Quarterly Review of Biology* *Dynamic Psychiatry and the Sense of Justice* Warren Gorman, 1974 *Dynamic Psychology* Thomas Verner Moore, 1924 **Dynamic Psychiatry: Frustrated women** Louis Samuel London, 1952 *The Teaching of Dynamic Psychiatry* Grete Lehner Bibring, 1968 **Theory and Therapy in Dynamic Psychiatry** Jules H. Masserman, 1973 **Principles of Dynamic Psychiatry** Jules Homan Masserman, 1955 *Dynamic Psychiatry in Simple Terms* Robert R. Mezer, 1970 *Dynamic Psychology in Modernist British Fiction* G. Johnson, 2005-10-06 *Dynamic Psychology in Modernist British Fiction* argues that literary critics have tended to distort the impact of pre Freudian psychological discourses including psychical research on Modern British Fiction Psychoanalysis has received undue attention over a more typical British eclecticism embraced by now forgotten figures including Frederic Myers and William McDougall This project focuses on the Edwardian novelists most fully engaged by dynamic psychology May Sinclair and J D Beresford but also reconsiders Arnold Bennett and D H Lawrence The book concludes by demonstrating Woolf s subtle assimilation of pre Freudian discourse **Occupational Therapy in Dynamic Psychiatry** Louis Linn, Leonard Weinroth, Ruth Shamah, 1962 *Dynamic Psychology* Robert Sessions Woodworth, 1922 *Lectures in Dynamic Psychiatry* Brooklyn Psychiatric Society, 1963 *Dynamic psychology, by Robert Sessions Woodworth* Robert Sessions Woodworth, 1918 *A Mental Hygiene Inventory (a Contribution to Dynamic Psychology)* Samuel Daniel House, 1927 *Problems in Dynamic Psychology* John Thompson MacCurdy, 1922 *Problems in dynamic*

psychology; a critique of psychoanalysis and John Thompson MacCurdy,1922 **Apologia Pro Vita Mea** Richard D. Chessick,2023-04-28 This book is a narrative in dialogue form in which the author now an octogenarian who is a psychiatrist psychoanalyst and a PhD in philosophy describes his intellectual evolution from a published laboratory researcher to engagement in the full time clinical teaching and practice of psychoanalysis psychodynamic psychotherapy and philosophy He reviews the development of his ideas through his many publications and offers commentary on the nature of the origin environment and content of his thinking at the time each of these were written also referring to his voluminous diaries This serves as a running report on the changing fashions in the field of psychiatry psychoanalysis and philosophy over the past sixty five years along with the author s opinions about the nature and source of these changes The book is divided into five parts arranged chronologically from 1953 to the present time **British Journal of Medical Psychology** ,1925 Includes papers read before the Medical Section of the British Psychological Society

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