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PSYCHODYNAMIC PSYCHOTHERAPY IN PSYCHIATRY: THE MISSING LINK?

Tomislav Gajić[1], Branka Stamatović Gajić[2] & Zorka Lopičić[3]

[1]*Private Practice "Regional Center for Dynamic Psychiatry", Valjevo, Serbia*
[2]*Department of Psychiatry, General Hospital Valjevo, Serbia*
[3]*The Faculty of Media and Communications, University Singidunum, Beograd Serbia*

SUMMARY

Polarization of biological and psychosocial aspects of psychiatry determines the artificial division of the "biological" psychiatrists and psychiatrists "psychotherapists". This division resulted from a certain dose of mystification of the psychotherapeutic work of those practicing, and fear of psychological determinism of the functioning, of those who are looking for answers in the biological substrate. The gap of polarization is now described as a form of Cartesian dualism, the division of the mind and the brain. The integration of psychotherapy in psychiatry is the trend in psychiatric specialization, virtually erasing this dualism.

This paper describes novelties related to psychotherapy training, as defined by the Section of Psychiatry within the European Union of Medical Specialities and the Psychiatry Residency Review Committee in the U.S.that provided guidelines for the psychotherapeutic competences of future psychiatrists.

We are also describing the situation in Serbia, where there was a formal specialization in psychotherapy at the Medical Faculty in Belgrade, for over thirty years, and education in psychodynamics of adults, at the Mental Health Institute, from 1978 to 2007. In addition, there are a number of other schools of psychotherapy, providing training for psychiatrists.

This framework allows the authors, based on their experience and previous research, to present their views concerning the future of training in psychodynamic psychotherapy in psychiatric education.

Key words: *psychodynamic psychotherapy – psychiatry - education*

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INTRODUCTION

What is psychotherapy today, what is its status and role, definition as a profession, ways of education and training, certification and licensing, research possibilities and problems, the relationship between psychological and biological, artificial mind-brain dichotomy, the relationship of psychotherapy and psychiatry, psychology and psychotherapy, and finally the existence of legislation that defines psychotherapy practice are a series of questions posed to us at the beginning of 21-th century. These are the dilemmas and guidelines for the development of psychotherapy, not only here, in this region, but in almost every other country (Gajić 2009).

Speaking about one of the biggest risks of psychiatry in the 21st century, Glen Gabbard stresses reductionism that is setting Psychiatry as a divided house, where on one side we have psychosocial specialists, and on the other neuroscientists. Knowledge, he says further, that the mind and brain are inseparable, in daily practice and literature looks quite different. For many professionals, psychotherapy is a method for "psychology based" disorders; medication is the treatment of "biologically based" disorders. This view is the result of the Cartesian dualism that separates mind and brain. Despite this resistance to integration, today we have knowledge and methods to better understand the relationship of the brain and the environment, and this leads to new strategies of treatment (Gabbard 2000). We need to be honest and acknowledge the existence of a certain dose of the mystification of psychoanalysis and psychotherapy in general by those who practice it, and also a fear of psychological determinism of the functioning, of those who are looking for answers in the biological substrate only (Gajić 2009).

Let us look back at the beginnings of psychoanalysis, and try to understand the context in which it arose and the specific development of modern neuroscience. Then, let's go through the twentieth century psychiatry, contemplate on the powerful influence of pharmaco-industry on the contemporary trends, to conclude with the integration of scientific and therapeutic knowledge. Following this course, we will try to prove that science is one, and that the goal of modern medicine is to help, using what is best at the time. Psychotherapy should be placed to the most useful position, therapeutic, but should also be a part of an integrated scientific view of the psychological and emotional aspects of human existence (Gajić 2009).

THE ORIGIN OF PSYCHOANALYSIS

Psychoanalysis (PA) as a method, at the time of its creation in the late nineties of the nineteenth century, belongs exclusively to private practice, with eccentric and wealthy clients. In addition to specific features of European cultural space of the time, PA is relying on tradition, privacy preference and tendency to analyze, with the ambition to become a social theory and a significant world view, the starting point for a broader cultural critique and a program for revolutionary change (Gavrilov-Jerković 2003).

As outlined by Eric Kandel, psychoanalysis has promoted a new method of psychological research, a method based on free associations and interpretations. Freud taught us to listen carefully to the patient in a new way, in a way no one had applied before. Freud and many creative psychoanalysts after him, agreed that the psychotherapeutic relationship between patient and analyst was the best context of scientific investigation of the time (Kendel 1998, 1999, 2005). They have shown that they can provide a major and original contribution to our understanding of the mind simply by listening to patients, testing ideas from the analytic situation in observational studies. Psychoanalytic method was proven very useful in the study of child development. One hundred years later, we can say that the psychoanalytic situation has already given its utmost, when it comes to the possibilities of research (Kendel 1999), but as a therapeutic method PA still remains important.

If we look back at the already described PA development, and also development of other psychotherapeutic schools and modalities, we shall be reminded of the fact that the first big change in the way of functioning of psychotherapy happened during the Second World War, when a number of psychoanalysts immigrated to the United States. This was the basis on which the American pragmatism and aspiration for intervention and change, appraisal for the new and adaptable, increasing wellbeing, left its mark on the psychotherapy development and its current form (Gavrilov-Jerković 2003).

Shortly after the first Freud's visit in 1909, PA becomes accepted discipline, taught at some of the private universities, included in psychiatric textbooks and practice, becoming more and more a treatment method, for people with mental problems (Jakobi 1986). In this way, sharp political and social critique of pre-war European psychoanalysis gave way to technically improving medical discipline, and this change remains distinct characteristic of postwar psychotherapy.

This was not only depoliticizing and making psychoanalysis more pragmatic, it also became more popular, it became a public service (Gavrilov-Jerković 2003).

Science historians point out that during and after the Second World Was medicine transformed from the practicing art to a scientific discipline based on molecular biology, while at the same time psychiatry transformed from medical discipline to practice of therapeutic art. During following decades, psychoanalytically oriented psychiatry becomes a dominant model of understanding for all mental and some somatic diseases. Psychiatrists, especially in the United States, accept psychodynamic psychotherapy as a basic skill and focus of their training (Kendel 1998).

In those years some social/economic factors contributed to this development of psychotherapy as a public service, technically oriented, growing and specializing. On one side, the war itself created an increase in number of people in need for psychiatric and psychological help, while on the other there were changes in the system of health insurance in the western world, especially in the United States. Shortly after the War, health insurance becomes a part of the employees' benefits. Gradually, in years, psychotherapeutic treatment becomes a part of these benefits. This is an additional incentive for promotion of this profession, supporting its theoretical and technical expansion (Rachlin & Keill 1994). This shows that change in attitude of the state toward psychotherapy enables development of psychotherapy as a legitimate institution, with clearly defined standards, and accessible to the larger number of users. This kind of institutionalization initiates the still existing race, based on the need to confirm efficacy to such powerful patrons - health insurance funds (Gavrilov-Jerković 2003, Rachlin & Keill 1994).

Development of psychopharmacology has created, together with unquestionable positive changes in treatment, and in conditions in psychiatric hospitals, disregard for some important characteristics of psychotherapy. There is, above all, a trend to pay less attention to psychodynamic and developmental factors important for psychopathology, causing a predominant public, but also a professional, opinion that mental disorders are brain diseases, results of "chemical disbalance". A change in attitude of health insurers toward psychotherapy influenced residency programs, supporting the biological/medical view instead of the biosocial one. If this trend continues, some think that psychiatry might loose its essence – humanism.

Residents in psychiatry now have less chance to learn about "time-dependent" elements of psychiatry: ability of empathic listening, developement of therapeutic alliance, working with therapeutic resistances, understanding of psychodynamics, recognition of transference phenomena, when and how to interprete.

Education of the future psychiatrists during last two decades is more oriented to integration of psychotherapy and clinical psychiatry, with important and open questions about the best way to do it. The position of psychodynamic psychotherapy within psychiatry is important, not just because of its history and development, but because of the results of the contemporary neurosciences. We shall describe some existing models of psychotherapy – psychiatry relationship, including the situation in Serbia, in order to evaluate them and suggest some changes for the future.

PSYCHOTHERAPY AND PSYCHIATRY IN THE EUROPEAN UNION

The Union of European Medical Specialites (UEMS) was founded in 1958, a year after the EEC Treaty of Rome. Section for Psychiatry was formed in 1991, and European Forum for all Psychiatric Traineesin 1993, with the idea of exchanging ideas, promoting the training and development of national organizations (Report of the UEMS Section for Psychiatry 2004, Report of the Section of Psychiatry Training in psychotherapy as part of training in

psychiatry 1995). Forum has taken the following views regarding the issue: 1. Effective knowledge of psychotherapy is an integral part of the psychiatric profession and must be a part of the training; 2. Basic training must include clinical practice supervision, done by the qualified therapists, together with theoretical curriculum on the range of psychotherapies; 3. Skills should be gained in at least one psychotherapeutic modality, with sufficient knowledge in other modalities, to adequately refer patients to a specialized therapist; 4. Personal experience is an important component of the training, and training programs should provide this opportunity (Report of the Section of Psychiatry Training in psychotherapy as part of training in psychiatry 1995).

In Pamplona 1995, in the Report of the Section of Psychiatry of the UEMS, named "Training in psychotherapy as part of training in psychiatry", a list of recomendations, previously accepted by The National Societies, was accepted, intensifying inclusion of psychotherapy in the psychiatric education (Report of the Section of Psychiatry Training in psychotherapy as part of training in psychiatry 1995).

In April 2004, the Annual Report of the UEMS Section of Psychiatry, based on the definition of psychiatry as a biopsychosocial discipline, developments in understanding mind/brain dichotomy and interaction of biology and psychology in morphology and complex developmental processes, regards psychotherapy as a psychological intervention, to be used in more structured focused and evidence-based treatments of mental disorders. Thus we have three theories relevant to psychotherapeutic practice in psychiatry: psychodynamic, behavioral and systemic (Report of the UEMS Section for Psychiatry 2004). Providing the explanation of the importance of psychodynamic theory, the document states that: "Psychodynamic theory is important for the understanding of the subjective experience and the search for meaning from the patient's point of view and for the understanding of the therapist's own emotional reactions as well as for the patient-therapist relationship. Thus Psychodynamic Therapy focuses on personal development of the person with the disorder and supports the ability to cope with the illness either by overcoming it (relief of symptoms) or by diminishing the impact of the symptoms on the patient's life." These documents prove contemporaneousness of psychiatric residency programs, based on new research results.

PSYCHOTHERAPY AND PSYCHIATRY IN THE USA

In the United States of America, the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS) in 1999 recognized a group of six core competencies, in medical training (Accreditation Council for Graduate Medical Education: ACGME Outcome Project 1999): Patient care, Medical knowledge, Practice-based learning and improvement, Interpersonal and communication skills, Professionalism, and Systems-based practice.

In July 2002 Psychiatry Residency Review Committee (PRRC) reaches conclusion that all residency programs in the USA have to implement these core competencies in the clinical and didactic curricula. As the part of the adaptation process Psychiatry RRC recognizes and includes competences in five different psychotherapeutic modalities: psychodynamic psychotherapy, supportive psychotherapy, cognitive-behavioral psychotherapy, short-term psychotherapy, psychotherapy combined with psychopharmacotherapy (Matorin et al. 2005).

Gaining of knowledge in these five areas is the basis for good education of all psychiatric residents, reflecting reasonable re-integration, based on the current level of knowledge, research and practice. Question of competences in psychodynamic psychotherapy started a debate at the American Psychiatric Association 2004 meeting, with arguments confirming importance of understanding transference, countertransference, defenses, resistances and "the past repeats itself in the present" issues for the future specialist, together with counterarguments regarding difficulties related to psychodynamic psychotherapy training, having in mind requirements of this training (Yager et al. 2005).

Cognitive-behavioral therapy and systemic therapy have developed, in audio and video taping and live supervision, transparent modes of skills and competences evaluation for their students. The issue of evaluation of competencies in psychodynamic psychotherapy is far more difficult (Holms et al. 2007). Psychodynamic psychotherapy is traditionally based on the "apprentice" model, where a candidate is assigned to the senior therapist, and through individual therapy and supervision, slowly enters the world of therapists (Holms et al. 2007, Giordano & Briones 2003).

Education in psychodynamic psychotherapy in the United States is carried out in Institutes and Societies of different psychotherapeutic schools, and represents a part of the tradition. Being the part of the tradition this education kept its place in psychiatry, regardles of the contemporary psychopharmacology and shift to predominantly biological understanding and treatment of mental disorders. Today, with proposed reintegration and changes, the example described by Myron Gluckman on cooperation between the New York Psychoanalytic Institute and the New York Medical College is interesting. Their residents attend two-year integrated education for Certification in Psychodynamic Psychotherapy, at the New York Psychoanalytic Institute, starting at the thired year of residency. After completion, specialists with the certificate can continue their psychoanalytic training, because the initial intensity of the training (to become psychoanalytical psychotherapist) is in accordance with the psychoanalytic requirements. The course follows new findings in neurosciences and their relations toward psychotherapy (Glucksman 1997 2006).

SUBSPECIALISATION IN PSYCHOTHERAPY AS A MODEL OF TRAINING FOR PSYCHIATRISTS IN SERBIA

The education of future psychotherapists in Serbia started as the result of collaboration between Dr. Vojin Matic, a professor of Faculty of Philosophy, and the Institute of Mental Health in Belgrade. This was a framework for training analysis of number of contemporary psychoanalysts and psychoanalytic psychotherapists.

This practice of psychodynamic psychotherapy formed the basis for an idea of another, institutionally organized, form of training for future psychotherapists. Many years of activity in the field of psychotherapy created an atmosphere, with the accumulated theoretical knowledge and practical experience in the application of psychodynamic psychotherapy, actualized the idea to establish institutionalized forms of training in psychodynamic psychotherapy. So in October of the school year 1978/79 specialization in psychotherapy began at the Institute of Mental Health, with the participation of a number of educators, under the auspices of the Medical Faculty in Belgrade. During the years the psychotherapy training program at the Medical Faculty in Belgrade gradually developed to a program of psychoanalytic/ psychodynamic psychotherapy. The most important professional body, within the school of psychodynamic psychotherapy, as the specialization at the university, was the Board of Supervisors. Authority and involvement of professor of medical school, Dr. Miroslav Antonijevic, in maintaining the Board of Supervisors, lead to consolidation of the relationship between professional authority on the one hand, that belonged to the then most important health institutions and other universities, and the Medical School as a place for education of future psychotherapists. Together with professor Antonijevic, within Board of Supervisors, in teaching and training participated founders of the school Dr. Nevenka Tadic, professor of Special Education Faculty, and Dr. Vojin Matic and Dr. Milan Popovic, professors of the Faculty of Philosophy and many others.

The next important step in the development of psychoanalytic/psychodynamic psychotherapy, was made by establishing the Association of psychoanalytic psychotherapists of Serbia, on June 22, 1991. thus contributing to the strength of the identity of psychodynamic psychotherapists. Thus, for the first time in Serbia, there is a link between universities and professional bodies and NGOs in policy development for psychotherapy.

From the beginning of education in psychotherapy at the Medical School of University of Belgrade, with a broad theoretical curriculum, the program shifted more in direction of psychodynamic psychotherapy. In this way, gradually following the standards of other countries, the duration of the training increased, while at the same time, Medical School officially declared this program as two-year program, according to bylaws of Ministry. Regardless of these legal constraints, candidates participated in three-years, and later four-year education. The final oral exam, together with final paper, publicly defended, were parts, together with the theory, training analysis and supervision, of medical education requirements.

During period 2004-2005, together with this educational program, at the Medical School, the training started within the framework of Association of Psychoanalytical Psychotherapists of Serbia. This decision was a result of some practical questions. Firstly, it was impossible to get approval from Ministry for all interested candidates (as required by the Medical School), since the Ministry has a plan of healthcare institutions and services, with small number of these services in the system of public health. The other issue is decision of the Medical School to accept as possible candidates specialists in psychiatry only. The Association allowed other professionals to start with the education, provided that they pass the screening. A few years ago, new bylaws abolished, after 32 years, at 2007, specialization in psychotherapy at the Medical School. (Since this has changed a structure of education in number of medical fields, it is still awaiting implementation, at the request of Association of Medical Schools.) At the moment, future psychoanalytical psychotherapists are educated by the Association only, following standards of EFPP (European Federation of Psychoanalytic Psychotherapy). The future position and place of psychoanalytical psychotherapy, within the education in psychiatry, is still not known. It is important for the Association of Psychoanalytical Psychotherapists of Serbia to maintain the continuity of training, in every possible way (Gajic 2010).

THE MISSING LINK

So far we shortly described two models of roles and development of psychotherapy in psychiatry, European and American. Both clearly show that new findings in neurosciences influence inclusion of psychotherapy in psychiatric training. Our experience with subspecialization in psychotherapy, which ceased to exist after more than 30 years, opens up some new questions that demand a response.

Our question of the missing link can be only partly answered. Psychotherapy is the missing link, elsewhere recognised as such and in the process of reintegration. In Serbia, there have been changes over the years that led to termination of psychotherapy subspecialisation at the medical school. In order to find our missing link and answer our question, it is important to understand weak points of this education.

In time, in accordance to the law, official duration of the subspecialization remained two years, while the program followed international trends, extending the duration firstly to three, and now to four years. In this gap, it was difficult to balance requirements and keep the interest of the candidates. A number of candidates started their education at the Medical School, but continued their training at the Belgrade Psychoanalytical Study Group, to become psychoanalysts. Over time, psychoanalysts and training analysts of the Belgrade Psychoanalytic Society were included in the education, providing, in their private practice, training analysis and supervision for candidates. Evaluators and mentors at the Medical School where exclusively members of the faculty (only one with subspecializaton in psychotherapy), and none of the external associates (psychoanalysts, training analysts). This approach and undefined positions in education can be one of the reasons for revocation of the subspecialization. Maybe the most important issue is related to the very low number of candidates who completed their training by publicly defending their final papers. A part of candidates is still active in psychotherapy, in different associations and schools founded within them. All of this led to a loss of motivation to take a "longer and heavier road", undoubtedly one of the subspecialization in psychotherapy (Gajic 2009).

CONCLUSIONS AND RECOMMENDATIONS

What can we recommend in order to integrate psychodynamic psychotherapy and psychiatry in our situation, keeping in mind all the facts?

Firstly, we have to insist on legislation related to psychotherapy. National certificates as well as the European Psychoterapy Certificates and international diplomas are not recognized and validated by related laws, neither as an education nor as a practice. Specialists in psychotherapy with completed training at the Belgrade Medical School are the only ones licenced for psychotherapy, by the appropriate chamber, and with proper code in the nomenclature of professions. Regardles of indisputable quality of psychotherapeutic education and work of some of the schools of psychotherapy (Association of Psychoanalytic Psychotherapists of Serbia, Group Analitic Society Belgrade, Belgrade Psychoanalytic Society), we believe that adequate regulations and legislation would provide more space, both for training/education and for practical work.

The second recommendation would be related to institutionalization of cooperation between medical schools and those psychotherapeutic societies/ associations with well defined international status. In this way international psychotherapeutic curricula would be a part of university education, for the mutual benefit.

And, finally, we live in a relativelly small society, with few top professionals in the psychodynamic psychotherapy, most of whom are in private practice. Agreements on cooperation between medical schools and private practices could provide a possibility for residents to participate in the tripartite model of education (consisting of the theoretical curriculum, training analysis, supervision), delivered by the most competent educators, helping them improve their skills and competencies for future work. Our missing link seems to be lost in the lack of dialogue and readiness to cooperate. Who could and should start the initiative to change things? The psychotherapists, of course!

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Correspondence:
Tomislav Gajić, MD, PhD
Radnička 4, 14000 Valjevo, Serbia
E-mail: cmh.vanima@gmail.com