

Introduction

Sigmund Freud, in 1917, wrote about the ‘narcissism of minor differences’ (1), referring to the tendency of groups of individuals who are otherwise similar to in-fight. One could argue that those involved in studying the human mind – psychiatrists, psychologists, psychotherapists and psychoanalysts – are not immune to this effect, and there has been a widening schism between the fields. From enjoying a position of influence within psychiatric practice and teaching in the 1960’s and 70’s, particularly in the USA and Canada, some feel that ‘*psychoanalysis has been marginalized and is struggling to survive in a hostile academic and clinical environment.*’ (2, 3, 4). Whilst vocal critics would say that psychoanalysis is ‘dying’ within the modern mental health offering (3), echoing historical criticism which have branded psychoanalysis a ‘pseudo-science’ (5), others have rebuffed this with a reminder of the vital part psychoanalytic and psychodynamic thinking still plays within psychiatric training in the UK. (6) In Scotland, England, Wales and Northern Ireland, trainees need to undertake their own long, psychodynamic psychotherapy case early on in their training, attend weekly ‘Balint’ groups to discuss unconscious dynamics and medical psychotherapists provided vital insight into staff group dynamics as well as providing group or individual psychotherapy. (6)

Clinicians such as Peter Fonagy have also pushed back against the ‘pseudo-science’ claim; a recently published study shows that psychodynamic modalities are as effective as their more behaviourally-orientated counterparts such as CBT (7), and a 2010 review of the literature by Shedler concludes; ‘*the available evidence indicates that effect sizes for psychodynamic therapies are as large as those reported for other treatments that have been actively promoted as “empirically supported” and “evidence based.”*’ (8), a conclusion echoed by others before him (9) (10). The growing field of neuro-psychoanalysis also seems to offer a bridge between the worlds of ‘biological medicine’ and an understanding of the psyche (11, 12).

Results

Demographics

- 10% of staff worked in medical psychotherapy (the rest were in other psychiatric subspecialties or general adult)
- 55% were male
- The most represented age range was 30-35 years (36%)
- There was an equal number of junior : senior clinicians (see figure 1 and 2)

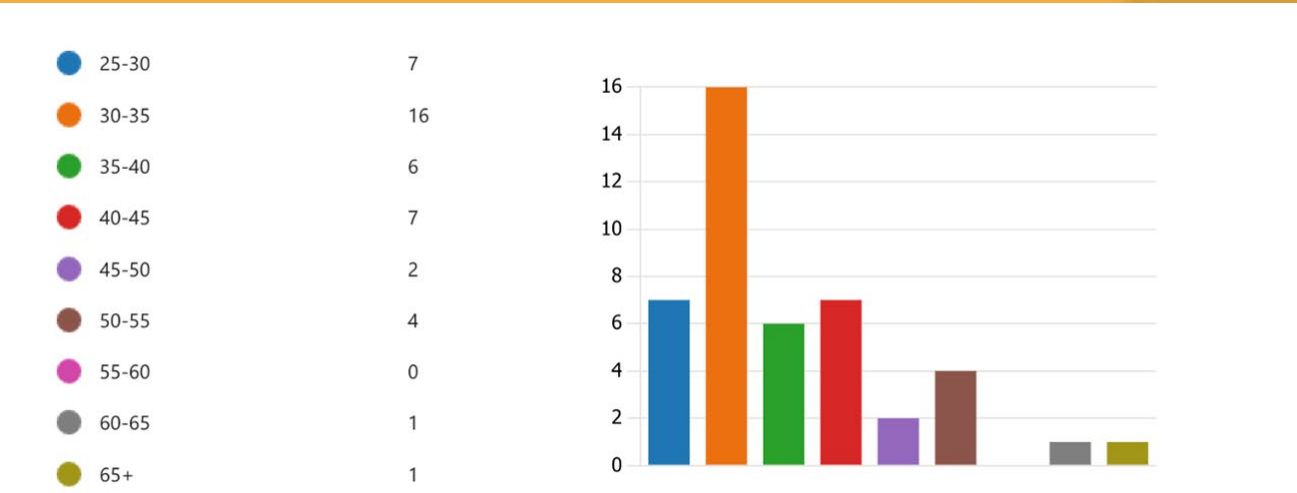


Figure 1: number of respondents by age

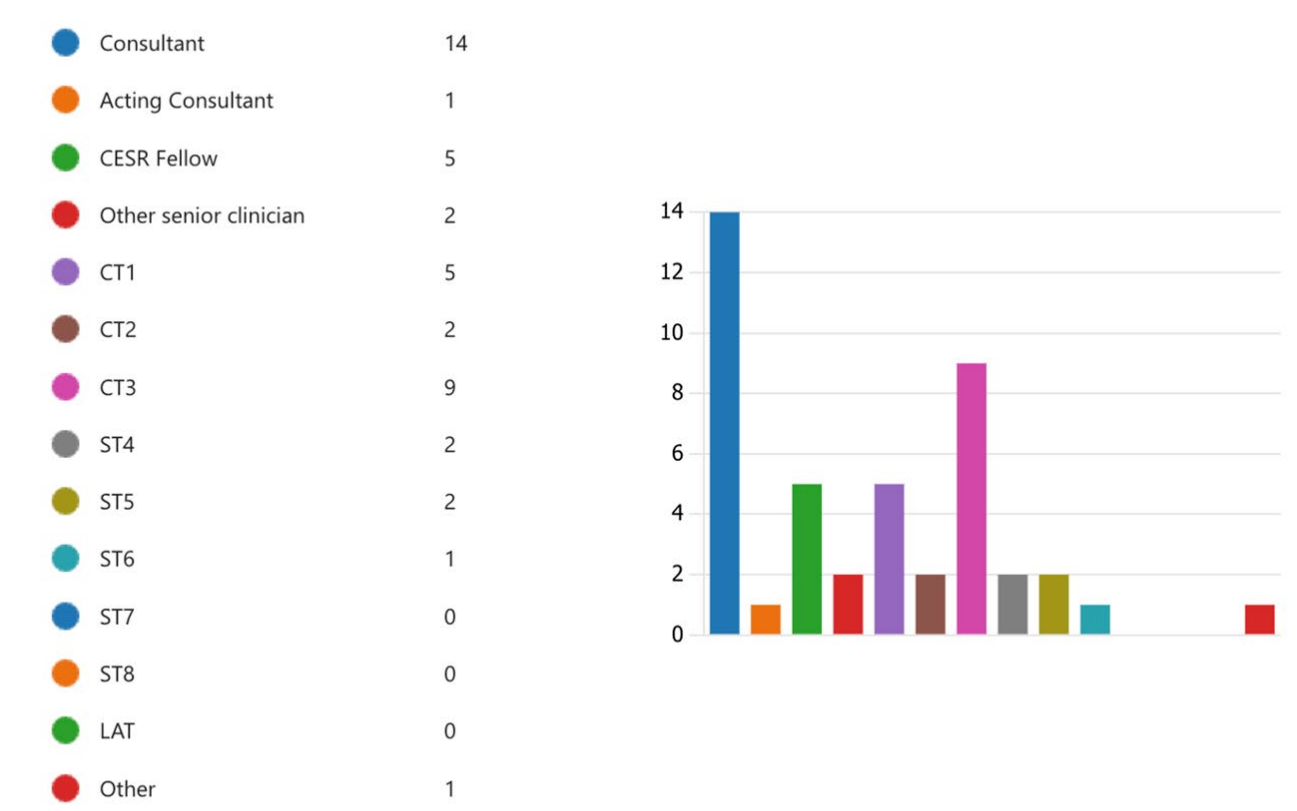


Figure 2: Number of respondents by training stage

A place in ‘modern psychiatry’?

A large majority (80%, 35/44) of doctors did feel that psychoanalytic thinking had a place in the practice of modern psychiatry (Figure 3), and interestingly a slightly higher proportion (86%) answered in the positive when the questions was asked about psychodynamic, rather than psychoanalytic, thinking – showing perhaps slightly more comfort with language associated with a lower frequency, more ‘NHS-friendly’ approach, although this was not a significantly increased proportion.

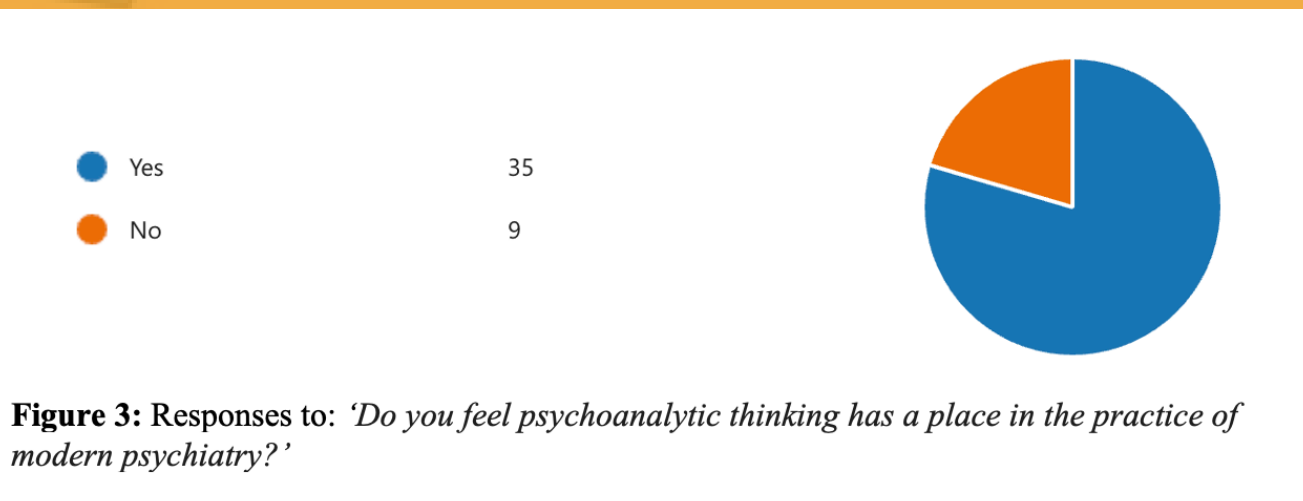


Figure 3: Responses to: ‘Do you feel psychoanalytic thinking has a place in the practice of modern psychiatry?’

57% of doctors surveyed selected either ‘agree’ or ‘strongly agree’ when asked to react to the statement ‘I often use psychoanalytic/psychodynamic concepts in my work with patients, whilst 14% disagreed or strongly disagreed (Figure 4)



Figure 4: responses to ‘I often use psychoanalytic/psychodynamic principles in my work with patients.’

Use in every-day, clinical practice

The responses to the more detailed question: ‘Which, if any, psychoanalytic/psychodynamic principles do you feel you use in every-day psychiatric practice? Tick all that apply’ are shown in figure 5, suggesting that transference, countertransference and splitting are used often in clinical work. Interestingly, 34/44 doctors selected transference as an important concept often used in every-day clinical work, but only 25 doctors from figure 4 (above) agreed they often use psychoanalytic/psychodynamic principles in their work with patients. There is something of a discrepancy here, showing that perhaps psychoanalytic principles prove themselves practical (some would say, vital) in everyday work with mental health patients, even if doctors are somewhat reluctant to embrace the field as a whole.

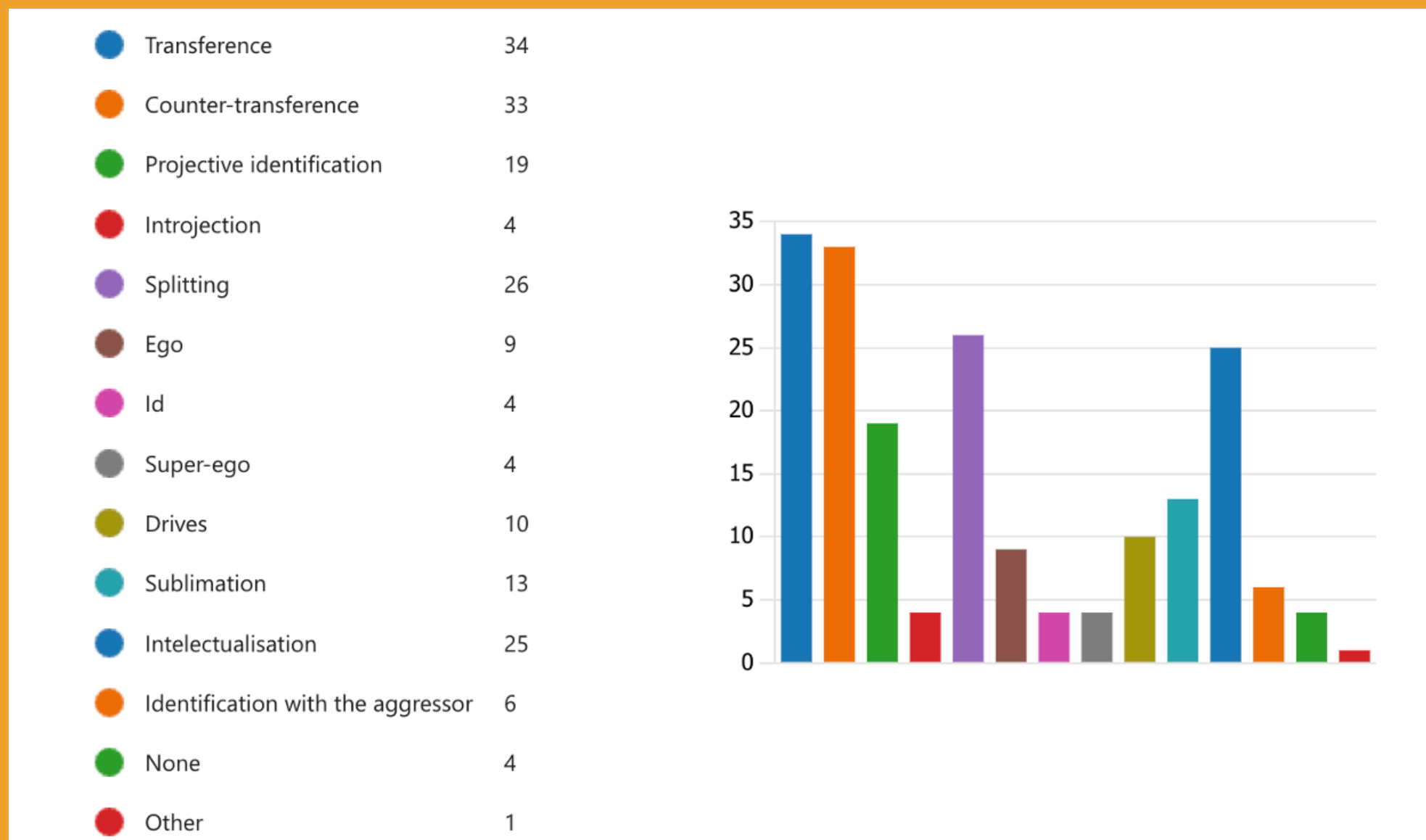


Figure 5: responses to the question: ‘Which, if any, psychoanalytic/psychodynamic principles do you feel you use in every-day psychiatric practice? Tick all that apply.’

Balint

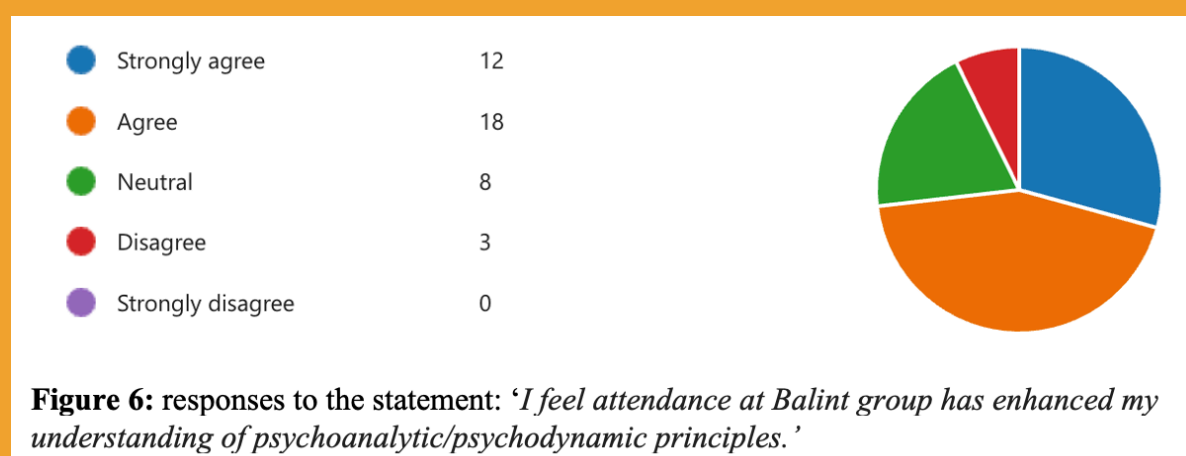


Figure 6: responses to the statement: ‘I feel attendance at Balint group has enhanced my understanding of psychoanalytic/psychodynamic principles.’

68% felt attending these groups had improved their understanding of psychoanalytic/psychodynamic ideas

Stigma

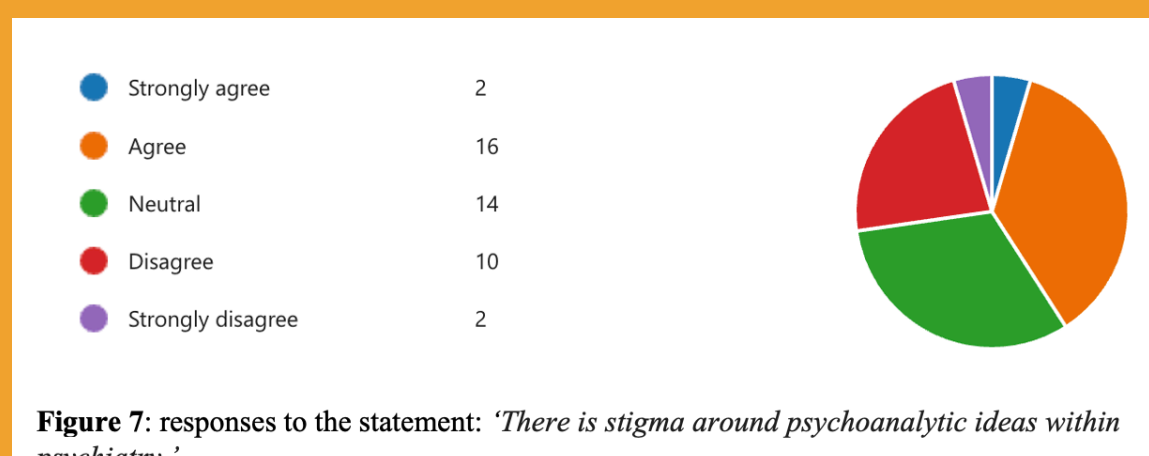


Figure 7: responses to the statement: ‘There is stigma around psychoanalytic ideas within psychiatry.’

41% felt there was stigma around psychoanalytic ideas within psychiatry

Aims and hypothesis

- Collect data on medical staff attitudes towards psychoanalytic thinking within one NHS Psychiatric hospital.
- Understand how such thinking is used in their everyday practice.
- We hypothesised that psychoanalytic principles would prove to be relevant and useful to psychiatric doctors of all training levels

Methods

- An electronic survey was circulated to **86 medical staff** in Royal Cornhill psychiatric hospital, Aberdeen.
- Inclusions: All long-term psychiatric medical staff
- Exclusions: foundation year 2 doctors and GP trainees
- There were **45 respondents** (52% response rate) one of whom did not give their permission for their answers to be published so were excluded.
- Data was collected via Microsoft Forms and Excel. Ethics approval was not required.

Conclusions

- Many - 86% of - psychiatric staff surveyed agreed that psychoanalytic principles have a place in general psychiatric practice.
- 57% used psychodynamic/ psychoanalytic concepts in their daily work.
- An appreciation of transference, countertransference and splitting were thought to be particularly helpful, as was attendance at Balint group to solidify concepts.
- A significant proportion of respondents, 41%, felt there was still stigma around a psychoanalytic way of thinking within psychiatry.

Further work

Given this small pilot study, further questions arise around:

- How to best combat perceived stigma (and, could increasing the provision of psychodynamic therapy for psychiatric staff be an answer?)
- Could educational programs for trainee psychiatrists in psychodynamic concepts be developed?
- Could attendance at Balint groups, or psychodynamic clinical case discussion groups, be ‘normalised’ within the field for all staff grades (ie not just trainees)?

The above may assist the ‘rehabilitation’ of the image of psychodynamic and psychoanalytic thinking within the field and, as psychoanalytic concepts seem to be pertinent and alive in doctors’ interactions with patients, this would ultimately benefit both mental health practitioners and those they care for.

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