

## The Third Transformation



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In May 2010 the London Division of the Royal College of Psychiatrists hosted a conference, 'Who wants to be a psychiatrist?' We learned some disturbing facts. Only 1% of newly qualified doctors from British medical schools want to be psychiatrists. Job applications average only 1.1 for every job advertised. The Dean spoke of a recruitment crisis and the serious consequences that were already evident.

Now in 2012, the recruitment crisis continues. So what's the underlying cause? Might the crisis be in psychiatry itself? These questions are beginning to be asked. Oyebode and Humphreys (British Journal of Psychiatry, December 2011) ask whether psychiatry is facing extinction, as happened to the apothecaries. Their solution is a closer relationship with acknowledged medical specialties. What does psychiatry need to bring it alive – a stronger link with established science, or a radical rethink, even a transformation?

During the past 120 years there have been two transformations in psychiatric practice. The first started with Sigmund Freud in the 1890s and the second with the use of psychotropic medication in the 1950s. The Freudian transformation was based on psychological determinism, seen from a developmental viewpoint. Fundamental to psychoanalysis was Freud's acknowledgement of the significance of the Unconscious. The psychotropic drug transformation was in tune with biological determinism. It was driven by developments in the pharmaceutical industry. Each transformation was a child of its time. The first provided treatment for the elite, the second brought treatment to the masses. Each was transformative, but neither was fully effective.

I believe that we are ready for a third transformation. Where shall we find it? Or, rather, how can we generate it?

Two areas, in particular, have received growing recognition over the past decade. These are the effects on mental health of (1) psychological trauma and (2) spiritual influences.

Of trauma, there is evidence to show that it is a far more potent aetiological agent than was previously thought. Its covert influence is evident in many severe conditions such as in borderline personality disorder, dissociative disorders, persistent self harm, anxiety, addictions and schizophrenia.

Spiritual influences, as with trauma, are often hidden and difficult to identify. Here there are encouraging developments. In 1999 the College supported Andrew Powell's initiative in starting a Special Interest Group in Spirituality and Psychiatry. It began with 120 members. Now, in 2012, membership has reached more than 2,600. At meetings, the spiritual dimension of healthcare is acknowledged and valued. The

College published the book 'Spirituality and Psychiatry' in 2009 and just this year has approved the position paper, Recommendations for Psychiatrists on Spirituality and Religion, which underlines the importance of spiritual considerations. Working with unconscious material would open doors to extending our understanding and therapeutic influence in both these areas.

Hypnosis was Freud's first key to the Unconscious. He seems to have given up hypnosis in favour of psychoanalysis because of difficulty in using what was then a ponderous technique. There is no space here to argue the case, but the use of hypnosis was strongly endorsed by the British Medical Association in 1955 and by the American Medical Association in 1958. Since then there have been great advances in technique. Hypnosis is a vital tool for those wishing to access unconscious material.

Since Freud's time, the impracticality of large-scale psychoanalysis and the convenience of physical treatments have taken us continents away from the study of the Unconscious, and the hidden dynamics of our patients' problems. But where has it taken us? We remain ignorant of the causes of most psychiatric illness. Medication, while transformative in some cases, has disappointed in others, and psychotherapy has been largely reduced to CBT. There is little in current psychiatric practice to attract newly qualified doctors.

So how should we be pushing forward? In order to explore the Unconscious, we need therapists with the time to think big thoughts and the time for intensive study and treatment of individual patients. This cannot be done while leading a mental health team or running an academic department, nor is it a job for statistically sophisticated researchers or epidemiologists. Even the rare NHS consultant psychotherapist gives more time to supporting colleagues than to individual patient interaction. We need to recruit a group of therapists (psychologists included) who have a passionate interest in human behaviour, a desire to help severely damaged individuals and a commitment to therapeutic excellence and invention.

What should these spearhead clinicians be doing? Exploration of the Unconscious will be their remit. Here are some instances of work in the spiritual dimension. Wilson Van Dusen (1972) studied the 'voices' of psychotic patients and described their inner worlds. Edith Fiore (1987) described and treated patients with attached spirits. Richard Schwartz, (1995) has contributed to the substantial literature on sub-personalities. Thomas Zinser (2011) has just taken a giant step forward in describing new concepts and therapeutic techniques on levels far beyond what is currently known or accepted. Given space, much might also be said about multiple personality, the Great Teacher, at present adjudged imaginary or off-limits by British psychiatrists. There is much to learn from our American colleagues and from many, non-medical, British psychotherapists on this condition, which inhabits the realms of both trauma and spirit.

We could now be watching the dawn of modern psychiatry's third transformation. If we focus on the roles of trauma and spiritual experience we shall introduce a dynamism that has been lacking in recent decades. Clinicians, with training in hypnosis, will be equipped to enter this fascinating world, with its many therapeutic possibilities. They will bring vigorous new investigative and healing processes into clinical practice. In recognizing these other dimensions of the self and reality, the

new psychiatry will acquire the stature of a new science of consciousness. It will then become a leader rather than a poor relation to other medical specialties. This is a time of opportunity. The sun is on the horizon. Is it rising or setting?

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