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Psychodynamics: The State of the Art

PSYCHODYNAMIC CONCEPTS IN GENERAL PSYCHIATRY

Harvey J. Schwartz, MD with Efrain Bleiberg, MD and Sidney Weissman, MD editors
American Psychiatric Press, Inc., in press.

Robert Hall, M.D.

Whither psychodynamic psychotherapy in the era of managed care? This is the central question raised (and answered) in a new text edited and, in part, authored by Harvey J. Schwartz, MD. In his introduction, Schwartz says, "This book is intended as an invitation. An invitation to get to know how a number of psychoanalytic psychiatrists think about their patients, their work, and in the process, themselves." His book, however, ends up being a great deal more than that.

The early chapters entitled "Basic Concepts" serve as an introduction to the history and theory of psychodynamics. The heart of the text deals with the application of psychodynamic principles to various currently recognized diagnostic entities. In taking this approach, Schwartz makes the case over and over that psychodynamic psychotherapy has a broader application throughout the whole range of psychiatric illnesses than most residents would have imagined. He seems to be saying "... yes, most of us agree that psychodynamic psychotherapy is important and the transmission of its core concepts should be preserved, but how can we *apply* the techniques to specific treatment settings and clinical syndromes?" By having the various contributors respond within very specific diagnostic areas, Schwartz has chosen to meet the question head-on. In these central chapters, the biases of the individual authors certainly show through but overall we are presented with a wealth of informative and, more importantly, useful material. The latter chapters deal with a few specialty areas including interruptions in treatment, research and psychodynamics, and the psychology of prescribing and taking medication.

In the book's final chapter, "A Recommended Curriculum for Psychodynamic Training," Allen Tasman sums up the importance of the issue at hand when he says, "At stake is our vision of the future psychiatrist." From a resident's point of view, this last chapter should probably be read first. The questions he raises are, "Do we think the future psychiatrist should/will be an applied neurobiologist who should know only the *indications* for exploratory psychotherapy, so as to make appropriate referrals to psychologists and social workers as many neurologists and family practitioners now do? Do we think that the remarkable new knowledge of neurobiology . . . , will render

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psychotherapy obsolete?" The prevailing treatment modality of the 1950's, psychodynamic psychotherapy is now one of several, sometimes competing treatment choices. The debate over the continually evolving place of psychodynamic psychotherapy rages most heatedly within the psychiatric community itself and therefore, within individual residency training programs. Tasman candidly states that psychodynamic teaching and supervision are increasingly relegated to part-time and unpaid faculty; a practice which gives the appearance that such instruction is on a different footing than other areas of residency training. He then goes on to make specific curriculum recommendations in a two-tiered fashion; one for most residency programs and another for implementation in "resource poor" areas.

By giving us an historical overview as well as a broad perspective of the application of psychodynamic principles, Harvey Schwartz has sought to summarize the state of psychodynamic psychotherapy today. As such, it is a forward looking text and a very timely one which arrives at a moment when we can ill afford to look in any other direction for too long.