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Analyzing Analysts

Shrinks documents psychiatry's new focus on medical treatments of mental illness
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The publication of the third edition of the Diagnostic and Statistical Manual of Mental Illness in 1980 was a pivotal moment in the history of medicine. DSM III eliminated all references to etiology (causes of illnesses) that were not supported by empirical data, to “depressive neurosis” as a diagnosis, and to the value of excavating the unconscious of patients or interpreting the latent symbolism of their dreams. According to Jeffrey Lieberman, a professor of psychology at Columbia University College of Physicians and Surgeons and former president of the American Psychiatric Association, DSM III “permanently banished psychoanalytic theory” from psychiatric theory and research.

In Shrinks, Lieberman reviews psychiatry’s “tumultuous history,” and its increasing emphasis on the medical treatment of severe mental illnesses, including schizophrenia, Alzheimer’s disease, and Autism Spectrum Disorders.

Along with “prescient insights,” he demonstrates, Freud’s theories were “full of missteps, oversights, and outright howlers”: Freud’s less credible conjectures (like his claim that boys want to marry their mothers and kill their fathers) would have been swept away had they “been treated as testable hypotheses rather than papal edicts.” Lieberman’s heroes are neuro-scientists: Eric Kandel’s laboratory experiments on California sea slugs, he reveals, produced groundbreaking discoveries about memory (and the isolation of a protein involved in memory formation in the hippocampus) that enhance our understanding of anxiety disorders, schizophrenia, addiction and aging.
Lieberman makes a compelling case for the effectiveness of drugs in the treatment of severe mental illnesses. He maintains, however, that psychiatry fares best when it avoids “both the extremes of reductionist neurobiology and pure mentalism.” Since the brain, unlike other organs in the body, is affected by such stimuli as loneliness, humiliation and fear, he writes, mental illness must be treated by simultaneously addressing the “psychodynamic element inherent in existential disease” and the body (i.e. by using brain-imaging technology and listening to patients’ accounts of their experiences, emotions, and desires).

That said, Lieberman does not devote all that much attention to “talk therapy.” To be sure, he asserts that cognitive-behavioral therapy (CBT) has had “an energizing and liberating effect on the field.” Whereas psychoanalysis was “undefined and open-ended,” CBT has concrete instructions for therapists (who engage, support, and challenge patients, cardinal sins in psychoanalysis), sets specific goals, and entails a finite number of sessions. Its impact, according to Lieberman, has been validated in controlled experiments.

Important questions about talk therapy and the profession in general, however, remain unasked and/or unanswered in Shrinks. In DSM III and successor volumes, has psychiatry actually drawn “a bright clear line between the mentally ill and the mentally well”? Have psychiatrists continued to pathologize normal behavior by treating “neurotic” patients, sometimes for years? Is there precision in the diagnosis, for example, of anxiety and ADHD? Are too many patients these days being diagnosed with a specific disorder and medicated? Is there a concrete, substantive difference in the talk therapy provided by psychiatrists, as compared to psychologists or psychiatric social workers?

A work in progress (inherent in every vital and vibrant field), psychiatry has, indeed, come a long way since the days of stigmatizing lunatics and chaining them in “cold stone cells.” And, as Lieberman indicates, there is evidence that films like A Beautiful Mind and the television series Homeland are giving millions of Americans a more accurate understanding of mental illnesses and appropriate ways to treat them.

Thanks largely to the burgeoning field of neuroscience, which is attracting immensely talented young men and women, Lieberman sees a bright future for his profession. Genetic signatures, he writes, are now permitting earlier identification of individuals who are vulnerable to mental illness; new drugs are being developed and brain-stimulation therapies are producing results.

Nonetheless, it seems to me, Lieberman is right to end his important and informative book by quoting Winston Churchill: “This is not the end. It is not even the beginning of the end. But it is, perhaps, the end of the beginning.”