Psychodynamic psychiatry is a new discipline that has emerged from a fusion of psychoanalytic and extra-
psychoanalytic psychology, neuroscience and academic psychiatry. This new discipline is trying to take root in a difficult
intellectual environment. Neither organized psychiatry nor organized psychology presently advocates for the usefulness of
paradigms that integrate biological psychological and social influences on behavior. Psychodynamic psychiatry does precisely
that.

In the consulting room, practitioners of psychodynamic psychiatry are attentive to the discourse of the patient,
considering how the stream of thought and affect reveal meanings and inner conflicts of which the patient may have little or no
awareness. Yet these meanings and conflicts influence symptom formation and character (unconscious process). The
psychodynamic psychiatrist wishes to learn what influences from the past result in foundational attitudes observed in the
patient’s relationship with others, including the psychiatrist (transference). How does the patient ward off painful affects
(defensive structures)? Does the patient idealize or devalue aspects of self or others? How does the patient wrongfully endow
others, or feel endowed by others, with positive or negative attributes (projective mechanisms)? Can dreams, slips of the
tongue, boundary crossings and administrative entanglements be explored fruitfully? How does the psychiatrist feel about the
patient (countertransference)—and how can that experience be turned to the patient’s benefit? These and other questions and
concerns integrated with an appreciation of biological and cultural influences, form the prism through which the psychodynamic
psychiatrist regards the patient, always with an eye to symptom relief and, often, to a beneficial revision of the patient’s
personal narrative and sense of self.

Psychodynamic treatments are based on assessment which is carried out from a developmental perspective. Particular
attention is paid to the person’s present and past psychiatric history, experiences of trauma, strengths, and family history. The
patient’s behavior is reported both descriptively and analytically. The psychiatrist regards the patient, always with an eye to symptom relief and, often, to a beneficial revision of the patient’s personal narrative and sense of self.

Psychodynamic psychiatry accepts concepts that are clinically useful and/or scientifically important but discards those
that have not stood the test of time. Although it enthusiastically endorses research, it also recognizes that much knowledge
about normal and abnormal behavior (however these terms are defined) is based on clinical experience. Thus, for example, the
official journal of the American Academy of Psychoanalysis and Dynamic Psychiatry is entitled *Psychodynamic Psychiatry* and
publishes clinical case discussions as well as scholarly reviews and research investigations. As time goes on, psychodynamic
psychiatry as a body of knowledge will change as more is learned about the relationships between neuroscience,
psychopathology, and individual feelings and behavior.

All psychodynamic treatments are organized around a therapeutic alliance forged by both participants. They include
psychoanalysis, briefer therapies and combinations of therapies including, for example, individual and group psychotherapy,
family therapy and/or pharmacotherapy. Psychodynamically oriented treatments may be of any duration from a single meeting
to weeks to years. They may take place anywhere the practitioner meets with a patient—not only in the out-patient setting but
in inpatient psychiatric services, the emergency ward, and general hospital medical and surgical settings where consultation-
liaison psychiatrists use developmental principles and alliance with the patient to render care. In other words, wherever the
psychodynamically trained psychiatrist interacts with a patient, the practitioner will use a developmental approach to understand
that person and help him or her get better.

Practitioners of psychodynamic psychiatry view “illness” in terms of the whole person and not simply the psychological
manifestations of disorders of the nervous system. They endorse the value system expressed in the Hippocratic Oath taken by
medical practitioners upon graduation from medical school and are mindful of the bioethical principles of self-determination,
confidentiality, professionalism and social justice. In addition psychodynamic practitioners need to be committed educators
who teach psychodynamic concepts to psychiatric residents and other trainees.