

THEORY IN PSYCHIATRY

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- Addresses the need for high quality theoretical research, and the current lack of balance between empirical and theoretical approaches in psychiatry and clinical psychology
 - Promotion
 - Guidelines
 - Assistance
 - “There is nothing so practical as a good theory.” (Kurt Lewin)
 - www.psychiatrytheory.com or www.theorypsychiatry.com
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Published Research Articles

- Cognitive Regulatory Control Therapies. *American Journal of Psychotherapy*, 2013; 67(3): 215-236.
 - Therapeutic Dissociation: Compartmentalization & Absorption. *Counselling Psychology Quarterly*, 2012; 25(3): 307-317.
 - Psychosis: A Synthesis Of Motivational And Defect Perspectives. *The American Journal of Psychoanalysis*, 2012; 72: 152-165.
 - Augmenting Behavioural Activation Treatment With The Behavioural Activation And Inhibition Scales. *Behavioural and Cognitive Psychotherapy*, 2012; 40: 233-237.
 - A Cognitive Regulatory Control Model Of Schizophrenia. *Brain Research Bulletin*, 2011; 85: 36-41.
 - Repetitive Maladaptive Behavior: Beyond Repetition Compulsion. *The American Journal of Psychoanalysis*, 2010; 70: 282-298.
 - Personality Disorders: A Dimensional Defense Mechanism Approach. *American Journal of Psychotherapy*, 2010; 64(2): 153-169.
 - Motion Sickness: A Negative Reinforcement Model. *Brain Research Bulletin*, 2010; 81: 7-11.
 - Hypomania: A Depressive Inhibition Override Defense Mechanism. *Journal of Affective Disorders*, 2008; 109: 221-232.
 - How Psychiatric Treatments Can Enhance Psychological Defense Mechanisms. *The American Journal of Psychoanalysis*, 2006; 66(2): 173-194.
 - Psychological Defense Mechanisms: A New Perspective. *The American Journal of Psychoanalysis*, 2004; 64(1): 1-26.
 - Delusions and Self-Esteem (B Bowins & G. Shugar). *Canadian Journal of Psychiatry*, 1998; 43: 154-158.
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Format-Theory In Psychiatry

- Section 1: The History & Role of Theory In Psychiatry
 - Section 2: How To Conduct Robust Theoretical Research
 - Section 3: In Session Development of Concepts and Theories
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Section 1: History & Role of Theory - Themes

- Theory can help synthesize biological and psychological approaches
 - Theoretical and empirical approaches oscillate but are rarely synthesized
 - Research problems arise from lack of theory and deficient conceptual reasoning
 - A balance of theoretical and empirical approaches enhances true research outcomes
 - Theory fulfills several key roles that can strengthen psychiatry
 - Good theory fosters very practical approaches to treatment. “There is nothing so practical as a good theory.”
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The History of Theory In Psychiatry

Topics covered include:

- Biological perspectives
 - Psychological perspectives
 - Modern day drug company era & research bias
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Biological Theories & Approaches Early Theories

- Toxins in the colon: Since the Middle Ages toxins in the colon were hypothesized to produce insanity
- The toxin perspective and laxative cures were a constant theme even into the 19th and 20th Centuries

- Could Irritable Bowel Syndrome symptoms have contributed to this concept?
 - The theory of irritable nerves, in line with George Cheyne's earlier "English malady" (1733) nervous illness perspective, was widely accepted
 - Johann Reil in the early 1800's believed that irritable nerves had to be settled by reducing stimulation, an approach with some validity for manic patients
 - "Spa Therapies" became increasingly popular in the 19th century
 - Water was a key ingredient and hydrotherapy was used to calm agitated patients
 - Electrotherapy involving mild electrical stimulation comprised another intervention, often applied in combination with massage
 - In 1869 the American electrotherapist George Beard theorized that physical exhaustion of the nerves-neurasthenia-was a distinct disease entity
 - The concept of neurasthenia helped form a link between organic influences and psychological symptoms foreshadowing chronic fatigue syndrome
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Biological Theories & Approaches

Dangerous Theories

- Degeneration concept: Benedict-Augustin Morel proposed in 1857 that psychiatric illness became more concentrated in families over generations
 - Pathological organic characteristics of the previous generation are recapitulated in succeeding generations
 - Degeneration was the basis of the eugenics movement and became an official part of Nazi Germany ideology
 - In addition to Jewish people numerous mental "degenerates" were executed to stop the accumulation of illness in succeeding generations, thereby purifying the race
 - If the degeneration concept had of been empirically tested the whole eugenics movement and Nazi focus on it might not have occurred
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Biological Theories & Approaches

A Question of Diagnosis

- Linking of signs and symptoms to disease entities was a key focus
- What diagnosis involves the following signs and symptoms?

- Difficulty in pronouncing a phrase such as, “God save the Commonwealth of Massachusetts.”
 - Toppling over if asked to stand straight with eyes closed-A positive Romberg’s sign
 - Abdominal pain and high-stepping gait
 - Psychosis often involving grandiose delusions
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Biological Theories & Approaches Neurosyphilis

- Neurosyphilis: The “disease of the century” from 1800-1900
 - 5-20% of the population was infected with syphilis, and 6% of those with it developed neurosyphilis that was always fatal with dementia and paralysis
 - Antoine-Laurent Bayle demonstrated chronic inflammation of the meninges (linings of the brain) in 1826, linking an organic pathology to signs and symptoms
 - Julius Wagner-Jauregg, a Viennese psychiatrist, devised the “fever cure” for neurosyphilis in 1917 based on observing psychosis resolve in a patient with streptococcal infection and fever; he received the Nobel Prize in 1927!
 - Malaria was used to induce fever and was treatable with quinine
 - Although not a “cure” patients survived and improved markedly
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Biological Theories & Approaches The Impact of Organic Pathology

- Neurosyphilis, stroke induced aphasia, and multi-infarct dementia demonstrated a clear organic basis, and at least in the case of neurosyphilis an organic treatment
 - Biological psychiatry was dominated by the quest for clear organic pathology
 - The absence of organic signs and symptoms for most mental illnesses might have suggested an interaction of biological and psychological influences
 - The failure to apply good theory to the process helped maintain the futile quest for definitive organic pathology
 - Even today few if any psychiatric illnesses demonstrate a clear organic basis
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Biological Theories & Approaches

Sleep Therapy

- The theory arose that a lack of deep sleep played a role in mental health
 - Sleep therapy started with “bromide sleep” treatments
 - Neil MacCleod in 1897 applied the first drug therapy in psychiatry, effectively treating a woman’s mania with potassium bromide
 - Cleaner barbiturates, replacing bromides, were used to induce profound narcosis
 - Empirical testing would have established the benefit of sleep therapy for mania, but its application to other conditions probably would not have been supported
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Biological Theories & Approaches

Insulin Coma For Schizophrenia

- Manfred Sakel (1920’s) used insulin coma to treat morphine withdrawal
 - Sakel theorized that the treatment could be useful for schizophrenia and tried it in 1933
 - Insulin stimulates glucose uptake in muscles producing too low levels in the blood and brain to sustain consciousness in the case of insulin coma therapy
 - Approximately 20 comas of 20 minutes duration were induced and the patient revived with sugar solutions
 - Improvements in psychotic symptoms occurred thought impossible to this point, however, the fatality rate was 1/100!
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Biological Theories & Approaches

Convulsion Therapies

- Doctors noted that epileptic patients who developed schizophrenia had less epilepsy
- Ladislav von Medusa, a Hungarian psychiatrist, theorized that it might also work the other way-Seizures might reduce schizophrenia symptoms
- He used camphor to induce seizures and it proved effective
- Electroconvulsive therapy (ECT) replaced camphor due to its unreliability

- Lucio Bini found a way to make a experimental procedure applied to dogs safer, and in 1938 his supervisor, Ugo Cerletti, successfully treated the first patient
 - Muscle relaxants, namely succinylcholine, made the procedure much safer
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Psychological Theories & Approaches

Hypnotherapy

- Hypnotherapy arose during the late 1700's with Franz Anton Mesmer, and resurfaced in the late 1800's with Jean-Martin Charcot and others
 - The first documented use of the term “psychotherapy” occurred in an Amsterdam hypnotherapy setting-Clinic For Psychotherapeutic Suggestion-established in 1887 by Frederik Willem van Eeden and Albert Willem van Renterghem
 - Suggestion was theorized as the active ingredient of hypnotherapy and other approaches such as spa therapies
 - Hypnotic and non-hypnotic suggestion was actively applied to patients
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Psychological Theories & Approaches

The Birth Of Psychotherapy

- A theory developed that if benefit occurred via the psychological aspects of the intervention, such as suggestion, then just talking to the patient might work!
 - Based on the notion that talk therapies could help people psychotherapy was born
 - Initially psychotherapy was performed by internists and neurologists; psychiatrists provided asylum care even until the end of World War II
 - Numerous lucrative psychotherapy clinics arose in the late 1800's and early 1900's
 - Paul Dubois, an internist, was the most influential early psychotherapist writing a book in 1904 presenting the theory that “persuasion” based on the doctor-patient relationship and medical advice was crucial to improvement and cure
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Psychological Theories & Approaches

The Psychoanalytic Era

- Psychoanalysis dominated from the late 1800's to the 1960's when the success of neurotransmitter research and medications won out
- A complex set of theoretical propositions and psychotherapy techniques
- Sigmund Freud, graduated medical school in 1881 taking 8 years to complete the degree due to distractions arising from his scientific curiosity
- Intrigued by his study of the nervous systems of marine life he did a residency in neurology and opened a private clinic
- A prominent Jewish family doctor, Josef Breuer, referred hysterical Jewish girls
- Studies on Hysteria by Freud and Breuer was published in 1895, containing Breuer's history of a young woman he named "Anna O" and some of Freud's cases
- Freud's patient population, consisting almost exclusively of young middle-class Jewish women, was a crucial influence on his theories
- These women grew up in very conservative Viennese families where sexuality could not be expressed, at least for women
- Edward Shorter (A History of Psychiatry, 1997) argues that the sexuality of these women needed expression and psychoanalysis provided it, and proposes that if Freud's patients were less sexually repressed lower-class Christian women his theories would have been different
- Freud core doctrine was that neurotic symptoms represent a trade-off between sexual and aggressive drives and the requirements of reality
- The Viennese psychiatrist, Emil Raimann, who knew Freud and his patients expressed that Freud was able to "persuade" his patients to the point of "suggestion," and they were aware in advance of what presentation was expected
- Toadyism was prevalent in his circle of influence-Freud handed out patient referrals preferentially to analysts who supported his views
- Freud did not appreciate the suggestive impact he had on his followers, misleading him into thinking that his findings were confirmed by independent observation
- If opposition arose with patients or analysts "resistance" was at work
- Rebellion in the ranks was required for independent thinking, and prominent analysts such as Alfred Adler, Carl Jung, and Eugen Bleuler, broke away

- Opposition grew to Freud's views on the sexual causes of mental illness
 - Gustav Aschaffenburg, a psychiatry professor in Cologne, expressed in 1906 that the whole edifice of psychoanalysis was a triumph of suggestion
 - Ironically, WWII might have extended the dominance of psychoanalysis!
 - Psychoanalysis being largely Jewish in terms of patients and analysts virtually disappeared in Central Europe when it was already in decline
 - Leading analysts migrated to the United States and Britain where many such as Freud became virtual celebrities, breathing new life into psychoanalysis
 - To be an analyst in the U.S. a psychiatry degree was required, and training in psychoanalysis was often necessary for a psychiatrist to become prominent
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What Went Wrong With Psychoanalysis? Lessons For Robust Theory Generation

- There are 3 major strategies to ensure that a theory is robust-Fit with existing research data, fit with clinical data or experience, and empirical data generation designed to test a theory
 - Frequently only #3 is considered but all three are crucial for robust theory, and in some disciplines such as history #3 is not an option
 - Psychoanalysis largely failed in terms of all three strategies leading to its decline, instead of what could have been more limited but very solid and enduring growth
 - A self-perpetuating intellectual structure was created with theories generated in line with select patient observations, confirmed by ensuing limited observations, leading to further questionable theories, and so on and so forth
 - For example, psychosexual stages of development
 - The prominence of psychoanalysis is largely a story of political influence and the impact of suggestion on patients and those trained in the discipline
 - The sad part of this story is that many psychoanalytic concepts are actually highly robust and interventions following from them can help many people-The notion of early life influences, unconscious material and how it interacts with consciousness, transference, and defence mechanisms (perhaps the most robust)
 - One of the reasons why theoretical and empirical approaches are currently so unbalanced is the reaction to the weak theorizing that characterized much of psychoanalysis, replaced with more grounded biological empirical data
 - It is time to move on and embrace theory in balance with empirical approaches!
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The Modern Day Drug Company Era & Research Bias: The Amine Hypothesis

- Neurotransmitters were discovered in the latter half of the 20th Century-Serotonin in 1952 and dopamine in 1957
 - Antipsychotics were developed producing a radical shift in the treatment of schizophrenia and deinstitutionalization
 - In 1974 Solomon Snyder of John Hopkins University discovered that antipsychotics work by attaching to dopamine receptors thereby blocking its action
 - Catecholamines, such as noradrenalin and serotonin were linked to depression
 - Tricyclic (TCA) and later SSRI's were developed to treat depression and anxiety
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The Modern Day Drug Company Era & Research Bias: Marketing Success

- Simple and easy to follow stories sell
 - The one neurotransmitter one disease amine hypothesis has sold extremely well
 - In 2010 antipsychotics and antidepressants placed in the top five “bestsellers” generating \$16.9 and \$16.1 billion, respectively, in that year alone!
 - Research funding has shifted since the 1980's from public to industry based
 - Research outcomes are expected to both generate and market product
 - The current status quo in medicine and certainly psychiatry is product based
 - Solid theory and conceptual reasoning can counter much of the resulting bias
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Research Bias: Panic Disorder

- The pharmaceutical industry insider term for Panic Disorder was “Upjohn Illness”
- In 1964 a study by Donald Klein proposed panic as a discrete illness that could be treated with medication (funding by Geigy and Smith & Kline & French)
- Klein's influence on the DSM-III Anxiety and Dissociative Disorders subcommittee led to Panic Disorder in DSM-III (1980)

- Prior to this change panic was logically seen as a more extreme expression of anxiety-Anxiety Neurosis, “characterized by anxious over-concern extending to panic and frequently associated with somatic symptoms” (DSM-II)
 - In 1981 Upjohn marketed Xanax (alprazolam) for Panic Disorder despite its own research showing little support for a separate illness; Xanax was a massive success
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Research Bias: Scientism

- Scientism defined in terms of improper science has replaced good science according to Edward Shorter (A History of Psychiatry, 1997)
 - “As often happens in medicine, the availability of a treatment leads to an increase in recognition of the disorder that might benefit from that treatment” (David Healy)
 - The Upjohn Illness is such an example, and even more so is the extension of SSRI treatment to virtually everything including mild anxiety and dysphoria
 - In 1994 Newsweek said “Prozac has obtained the familiarity of Kleenex and the social status of spring water,” an ideal scenario for Eli Lilly
 - The current push to apply second generation antipsychotics to the treatment of anxiety disorders, depression, and sleep disturbances is a major concern
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Research Bias: Origins & Sources

- Human social cognition emphasizes reciprocity-95% of our 200,000 year evolution occurred in hunting-gathering societies where reciprocity was crucial
 - Funding establishes a motivation to reciprocate producing bias, as for example defining the public good as product generation noted with biotechnology research involving genetically modified organisms (Busch et al, 2004)
 - “Publish or peril” leads to “distort or despair” for researchers, contributing to research bias
 - Sources of research bias: Statistical, reporting and publication, funding and conflict of interest
 - Theory applied to empirical research can counter these sources of bias, thereby increasing success in achieving true outcomes as for example with statistics
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Research Bias: Statistics

- The crucial significance of “a priori” probability
 - The probability of a research result being true prior to testing guides the interpretation of positive results (John Ioannidis, Plos Med, 2005)
 - If the a priori probability of an outcome being true is low, then a positive result only measures bias!
 - Ioannidis believes that most medical research results (even top tier) are false given their low a priori probability of being true; research by industry confirms it
 - Bayer 64% (43/67) of the most promising oncology, women’s health, and cardiovascular disease research not replicable (Prinz et al, 2011)
 - Amgen 89% of prominent cancer results not replicable (Begley & Ellis, 2012)
 - Transitivity: If drug A is better than drug B, and drug B is better than drug C, how can drug C be better than drug A? The a priori probability issue applies
 - Research comparing drugs of the same class such as SSRI’s incur transitivity, but research funding and marketing efforts are often oriented to such comparisons
 - Factor Analysis and personality disorder research: How many solutions underlie a given factor analytic data set? Answer: An infinite number, hence no right solution
 - Normal personality dimensions have been derived from countless factor analytic studies gravitating to similar solutions
 - DSM-V personality disorder changes that were proposed lacked the same rigour thereby scuttling the effort
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Research Bias: Reporting & Publication

- Erick Turner et al (2008) examined 12 antidepressants approved by the FDA between 1987-2004, the studies involving 12,564 patients
 - 51% of the studies were deemed to be positive, and all but one was published
 - Of the 49% deemed not positive 11 were published as positive, 22 were not published, and only 3 published as not positive
 - Reported effect sizes exceeded that derived from FDA reviews by an average of 32%, and these studies used “pure” subjects known to amplifying the effect size
 - Kirsch et al (2008) found that 40% of SSRI trials were not published, and these failed to show a benefit resulting in a calculated placebo response of 82%
 - Negative results for antidepressants are not published or published as positive
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Research Bias: Funding & Conflict of Interest

- A link between SSRI's and breast and ovarian cancer has been suggested: Cosgrove et al (2011) reviewed 61 studies examining the link and found that 20 reported a linkage and none of these studies had industry funding, while industry funding occurred in 15 finding no linkage
 - Funding bias effects presentations at conferences-Sen & Prabhu (2012) examined 278 medication trial abstracts presented at the APA 2009 and 2010 conferences: 97.4% of industry sponsored trial abstracts were positive towards the medication, 2.6% mixed, and none negative
 - 100% of the DSM-IV Mood Disorder and Schizophrenia and Other Psychotic Disorders panel members had one or more financial link to the pharmaceutical industry (Cosgrove et al, 2006); the same applies to DSM-5
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Research Bias: Concepts

- Empirical research combined with solid conceptual reasoning enhances true research outcomes
 - Empirical research lacking a solid conceptual basis often leads to weak outcomes
 - Resources are wasted as with transitivity related research
 - Solid conceptual reasoning has to be applied to all sources of research bias-statistical, reporting and publication, funding and conflict of interest-if we are to achieve true research outcomes
 - An emphasis on theory can advance conceptual reasoning, and hence research outcomes
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Lessons To Be Learned From History

- It has been said that the only thing we learn from history is that we learn nothing from history (Friedrich Hegel)-From the history of theory in psychiatry we can hopefully learn the following:
 - How theory plays a crucial role in both biological and psychological approaches, and can help synthesis these approaches
 - The importance of ensuring that theory represents a best of fit with both existing research data and clinical experience, and that it be subject to empirical testing when feasible
 - That a healthy balance of theoretical and empirical approaches maximizes true research outcomes, such as by generating promising hypothesis and countering bias in empirical studies
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The Role of Theory In Psychiatry: Key Points

- Brings creative intellectual processes to bear on major issues
 - Facilitates shifts from fixated to more productive lines of enquiry
 - Produces viable answers to complex questions
 - Provides focus and direction
 - Generates testable hypotheses
 - Helps synthesis disparate data
 - Creates a meaningful context for interpreting empirical findings
 - In balance with empirical studies enhances true research outcomes
 - Improves conceptual understanding of statistics
 - Fosters cross discipline knowledge often hampered by other research methods
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Section 2: How To Conduct Robust Theoretical Research

Two subsections:

- 1) Theoretical research guidelines
 - 2) Practical examples from theory development
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Theoretical Research Guidelines

- Guidelines from The Centre For Theoretical Research in Psychiatry & Clinical Psychology: www.psychiatrytheory.com or www.theorypsychiatry.com
 - Following these guidelines will greatly increase the chances of success
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Spirit of Open-Mindedness, Curiosity, and Creativity

- Openness to experience is one of the Big 5 temperament/personality dimensions
 - Observing clinical scenarios in an open-minded fashion is a starting point
 - Appreciate how embedded we are in the status quo
 - Detaching from the status quo fosters fresh perspectives
 - Realize that in time the current status quo will likely not be considered valid
 - An inquisitive, curious, and creative nature greatly assists; research as a way of life and not a means to an end
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Ask The Right Question

- A critical component of theoretical research is asking the right question
 - The nature of a question guides responses
 - Novel questions lead to novel solutions
 - For example, instead of “How should we treat hypomania?” shift to “Might hypomania be a treatment for depression?”
 - Fixated perspectives aligning with the status quo are shifted towards creative possibilities
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Research, Research, Research!

- Theorizing should never occur in a knowledge vacuum
 - Research reveals the current state of knowledge and existing theoretical propositions for a given topic
 - Access to academic search engines is crucial (Medline, Embase, PsycInfo)
 - Develop skill in selecting search terms that yield the most information
 - Non-academic search engines can also be very useful
 - Read, read, read!
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Think, Think, Think!

- Theoretical research is a 24/7 way of life
 - Isaac Newton when asked how he came up with his concepts replied, “By thinking about these things for a long time.”
 - Play with ideas utilizing creativity, free association, and concept linkage
 - Mentally travel down various paths, many only leading to dead ends
 - Short and even longer term breaks are essential for overcoming fixations
 - Research and idea generation must exist in balance, and balance in life facilitates success in theory development
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Apply A Cross-Discipline Approach

- The truth does not respect artificial man-made boundaries between disciplines
 - A robust theory will usually consider and incorporate diverse perspectives
 - The sub and sub-sub specialized focus of academic medicine ironically works against good theory generation!
 - Apply knowledge from psychiatry, psychology, biology, neuroscience, sociology, evolution, anthropology, and even physics
 - To acquire this knowledge cross-discipline research and reading is essential
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Best of Fit

- There are 3 ways to test a theory: Fit with existing research data, fit with experiential data, and empirical testing
 - Theory generation in psychiatry and clinical psychology utilizes best of fit with research data and clinical experience
 - Extensive clinical experience with a wide range of patients is a major asset
 - In select instances small-scale empirical data can be generated to test ideas
 - Theory does not necessarily have to be empirically testable, at least at the present time, and even when feasible can be highly subjective and biased due statistical, reporting, and conflict of interest influences
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Be Flexible With Your Ideas

- If a theory does not represent a best of fit with research data and clinical experience revise or scrap it-Avoid forcing a square peg into a round hole
 - However, be wary of isolated results that are most likely non-reproducible
 - Be careful not to rigidly adhere to early viewpoints because theory generation usually involves an evolution of ideas
 - Modify the theory to incorporate new evidence or insights
 - Apply a flexible approach throughout the process, not just with idea generation
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Simplify Your Theory

- A theory that cannot be explained to a child is probably not of much use according to Einstein
 - Law of parsimony: The simplest theory is usually the most accurate because ultimately the truth is simple!
 - The fewer words to explain a theory the more robust it is likely to be
 - A good theory provides a story that often resonates with people
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Discuss Your Theory

- Theory creation qualifies as a “lonely art”
 - Isolated research assists in detaching from the status quo, thereby helping foster novel perspectives
 - The isolation can also produce distorted perspectives that do not fit with research data or clinical experience
 - Discuss your theories with a trusted colleague/s willing to play devil’s advocate
 - Adopt the devil’s advocate role applying it to your own theories-You should be your toughest critic!
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Learn How To Write

- Publication of your theory in a peer-reviewed journal or book is an important goal requiring writing ability
 - Clear and economical writing challenges and sharpens the precision of your theory; ideally the thesis can be expressed in a few sentences at most as in an abstract
 - Write in a fashion that can be followed by a diverse audience to facilitate cross-discipline communication
 - The best way to learn how to write is simply to write, even journaling ideas
 - Manage “writer’s block” by understanding the performance-motivation relationship- Performance is optimal with moderate levels of motivation; most instances of “writer’s block” involve excessive motivation due to anxiety
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Select The Right Journal

- There is too much emphasis on high impact factor journals-To advance careers researchers focus on these journals and conduct the type of research that sells
 - Select a journal that fits with your topic particularly if the journal has published similar or relevant articles, thereby demonstrating editorial interest in it
 - At times the same basic theory can be published in different journals with divergent foci and audiences, so long as the theory is oriented accordingly
 - Pay attention to the submission requirements of the journal you select, such as maximum word count for the abstract and article
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The Dark Side

- Substantial resistance to theory is present in psychiatry, and certainly compared to neuroscience and physics
 - Editors of many journals seem to serve as guardians of the status quo, and theory by its very nature challenges the status quo
 - Many psychiatry journals do not publish theoretical articles, or only do so via “invited” or “solicited” articles aligning with the editors’ views
 - Editorial bias is a major problem in academic publishing and one that typically does not favour theorists
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Bringing Light To The Dark

- The lack of balance between theoretical and empirical approaches in psychiatry limits progress and impedes the success of research in achieving true outcomes
 - Novel well-developed ideas and approaches are needed to achieve balance; fresh perspectives should be encouraged not discouraged
 - Framing a theoretical paper as a review article makes it easier for open-minded editors and reviewers to accept it, and a good theoretical publication typically includes a solid review of the relevant literature
 - Psychotherapy journals tend to be more open to theoretical perspectives
 - Learn to work with reasoned feedback from open-minded reviewers, and to persevere through reviews by those clearly biased against theory
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Be Conscientious

- Conscientiousness is one of the “Big 5” dimensions of temperament/personality
 - The strongest predictor of career and job success is conscientiousness
 - Good theory requires a high degree of conscientiousness pertaining to research, concept generation, fitting of concepts to research data and clinical experience, revising and refining ideas, applying a devil’s advocate approach, writing, editing, and responding to reviewers’ feedback
 - Developing solid routines and habits assists in generating a momentum and even “flow” experience
 - For those who are naturally low in conscientiousness the challenge is much greater, but solid adherence to the guidelines provided can compensate
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Be Confident

- Appreciate the value of theory for good science
- Understand that various perspectives pertaining to a complex topic can each have merit, meaning that there might not be a single right answer
- Realize that the current status quo of psychiatry and medicine is highly oriented to short-range product generation

- Although theory does not align with market objectives in the short-term, fresh ideas and novel approaches are likely to hugely benefit long-term product generation; in business innovation equates with growth
 - The “right thing” for psychiatry is a balance of theoretical and empirical approaches to enhance true research outcomes, requiring a major ramping up of the former
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Practical Examples From Theory Development

- Psychological Defense Mechanisms: A New Perspective. The American Journal of Psychoanalysis, 2004
 - Hypomania: A Depressive Inhibition Override Defense Mechanism. Journal of Affective Disorders, 2008
 - A Cognitive Regulatory Control Model Of Schizophrenia. Brain Research Bulletin, 2011
 - Cognitive Regulatory Control Therapies, American Journal of Psychotherapy, 2013
 - Repetitive Maladaptive Behavior: Beyond Repetition Compulsion. The American Journal of Psychoanalysis, 2010
 - Personality Disorders: A Dimensional Defense Mechanism Approach. American Journal of Psychotherapy, 2010
 - Motion Sickness: A Negative Reinforcement Model. Brain Research Bulletin, 2010
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Psychological Defence Mechanisms

- Psychological Defense Mechanisms: A New Perspective, The American Journal Of Psychoanalysis, 2004
- Two major defence templates-Positive cognitive distortions and dissociation: The power of open-minded observation
- Dimensional aspect of these two defence templates, mild to extreme expressions: Understanding how nature is organized dimensionally, although to manage complexity we prefer to see discreteness
- The crucial role of emotional information processing: The value of cross-discipline research

- Universal primary emotions-sadness, fear, anger, disgust, shame, happiness, interest, and surprise-also present in primates and many mammals
 - Cognitive activating appraisals with core themes trigger primary emotions
 - The crucial role of intelligence and its evolution in humans
 - What happened when human intelligence was superimposed on primary emotions? Emotions were amplified (the Amplification Effect) via the impact of intelligence on cognitive activating appraisals; depression as amplified sadness and anxiety as amplified fear: Asking the right question
 - Fitness diminishing aspects of depression and anxiety disorders
 - The evolution of defence mechanisms to compensate (compensatory evolution)
 - Explaining classical defence mechanisms-An inverse relationship between the maturity level of a defence and degree of cognitive distortion: Playing with ideas
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Hypomania

- Hypomania: A Depressive Inhibition Override Defence Mechanism, Journal Of Affective Disorders, 2008
 - Concept of depressive inhibition: Inhibition of mental and physical volition the key aspect of depression (Kraepelin, 1904): Research, research, research!
 - Role of the Behavioural Inhibition and Behavioural Activation Systems (BIS & BAS): Value of cross discipline research
 - Depression involves low BAS and high BIS
 - Seasonal Affective Disorder (SADS) and responsiveness to BIS and BAS cues
 - The enduring nature of depressive inhibition compared to SADS
 - The true nature of hypomania-Time frame, prevalence, and adaptive aspects
 - Might hypomania be a treatment for depression? Asking the right question
 - Hypomania cannot eliminate it so how might it work? Overriding or interrupting depressive inhibition to restore adaptive functioning in the moment; precedents for an override defence mechanism exist in humans
 - Hypomania reverses the BAS/BIS profile present with depression
 - Hyperthymia: Hypomania as a personality variant representing a proactive defence
 - How mania fits in? A defence over the edge with deficient regulatory control
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Cognitive Regulatory Control: Psychosis & Schizophrenia

- A Cognitive Regulatory Control Model Of Schizophrenia, Brain Research Bulletin, 2011
 - We have a natural capacity for psychosis derived from the evolution of human intelligence: Accepting that we are not that different from patients
 - Why though do we not routinely experience psychosis? During sleep when reality congruency is not a concern we do with dreams expressing psychotic equivalents
 - To facilitate reality congruency necessary for adaptive functioning cognitive regulatory control processes block psychotic level cognitive distortions, thought form variants, and sensory-perceptual experiences from the conscious and awake state; during sleep these cognitive regulatory controls are relaxed
 - Defence mechanism functioning can also deactivate cognitive regulatory controls
 - The prefrontal cortex (PFC) represents the brain's master controller accounting for a third of the human cortex!
 - Evidence for reduced PFC regulatory activity with psychosis and related states- Dreaming, creativity, psychedelic drugs, Toxoplasmosis Gondi, and dopamine
 - Relationship between negative and positive symptoms in schizophrenia- The disease state underlying negative symptoms damages or impairs the cognitive regulatory control processes allowing psychosis into the conscious and awake state
 - Explaining psychosis in mania; a cognitive regulatory control explanation
 - A humanistic and parsimonious explanation for psychosis: Importance of fitting a theory to research and clinical data
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Cognitive Regulatory Control Therapies

- Cognitive Regulatory Control Therapies, American Journal of Psychotherapy, 2013
- Deficient cognitive regulatory control processes play a key role in a wide range of mental health problems including depression, anxiety disorder, bipolar disorder, psychosis and schizophrenia, and personality disorders
- A common feature is excessive limbic system activity and impaired ability of the PFC and related structures to dampen this activity
- Deficient cognitive regulatory control processes also appear to allow adaptive

hypomania to progress to maladaptive mania, and psychosis to intrude into the conscious and awake state on a persistent basis

- Impaired regulation of impulses also occurs in some conditions, such as schizophrenia and personality disorders
 - Cognitive behavioural and related techniques can compensate for inadequate cognitive regulatory control, and their success equates with this capacity
 - Techniques like cognitive reappraisal, dissociating from adverse stimuli, altering the stimulus-response association, and activating psychological defensive processes can enhance PFC activity reducing excessive limbic system activity
 - The conversion of hypomania to mania can be blocked by applying a novel cost-benefit approach
 - Psychosis can be “normalized” by strategies such as by having patients provide evidence for their beliefs, test them, and generate alternative explanations
 - Personality disorders such as borderline benefit from improved regulation of defences facilitated by bolstering mature defence mechanisms
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Repetitive Maladaptive Behaviour

- Repetitive Maladaptive Behavior: Beyond Repetition Compulsion, The American Journal Of Psychoanalysis, 2010
 - Maladaptive behaviour that repeats is one of the main reasons people seek psychotherapy
 - Non-traumatic and traumatic versions
 - Non-traumatic form involves internalizing patterns of behaviour from caregivers: Observation of patients and the generation of a parsimonious explanation
 - While typically adaptive, maladaptive patterns can also be acquired and patterns adaptive in one setting can be maladaptive in another
 - Traumatic form involves dissociation
 - A biologically based learning process forges the cognitive and emotional aspects of experience into a psychological program (Bowlby 1988; Kutz, 1989)
 - Trauma related emotions and cognitions naturally enter consciousness based on the evolutionary importance of attending to traumatic events
 - Conscious linkage of the emotional and cognitive aspects can be experienced as too painful and is defensively avoided via dissociation
 - The dissociated aspects of the traumatic experience repeat endlessly as not fused
 - Practical treatments: Non-traumatic-Unlearn maladaptive patterns by over learning the alternative; Traumatic-Reactivate the grieving process
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Personality Disorders

- Personality Disorders: A Dimensional Defense Mechanism Approach, The American Journal Of Psychotherapy, 2010
 - Categorical versus dimensional models
 - The trait approach supports a dimensional model but there are limitations to factor analysis: The role of theory in understanding statistics used in research
 - Disordered personality as an extreme of normal personality, and the importance of specifying exactly what aspect of normal personality is overextended
 - Defences that are adaptive in a mild to moderate form become maladaptive when expressed in an extreme and enduring fashion
 - Examples of personality disorders as extremes of normal defensive styles:
 - Avoidant Personality Disorder: Avoidance is a very natural defence against damaging agents, but blocks rewards if excessive and persistent
 - Antisocial Personality Disorder: Involves a unique and extensive variant of dissociation facilitating the acquisition of resources via deceit
 - Narcissistic Personality Disorder: Strengths naturally compensate for weakness; profound insecurities and intense compensation occur with narcissism
 - Borderline Personality Disorder: Early life trauma fixates immature defences in personality, and impairs the regulation of defence mechanisms
 - Simple and practical treatment strategies follow from this approach
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Motion Sickness

- Motion Sickness: A Negative Reinforcement Model, Brain Research Bulletin, 2010
- The value of exposure to a variety of research material
- Proximal and ultimate causation
- Proximal causation theories: Sensory conflict and postural instability
- Ultimate causation theories: Toxin and motion program
- Problems with ultimate causation theories, such as the relative absence of motion sickness in infants and toddlers when the mechanisms proposed should be most active, cast doubt on their validity

- Aberrant motion, either sensory conflict or postural instability based, would have diminished evolutionary fitness via injury and/or predation
 - A negative reinforcement mechanism evolved to discourage aberrant motion-Motion sickness with its profoundly adverse physical and emotional feeling states
 - Cessation of motion eliminates the adversity and hence is negatively reinforced
 - Similarity to the negative reinforcement mechanism involved in pain
 - The model can explain the absence of motion sickness in children-Motivation to end aberrant motion does not make sense until a child is old enough to act on this motivation
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What We Need To Do

- Focus on true research outcomes
 - Appreciate the valuable and extensive role that theory can play
 - Achieve a healthy balance of theoretical and empirical approaches
 - Make theoretical research a recognized component of psychiatry
 - Ensure greater openness to theoretical articles on the part of academic journals and editors
 - Offer instruction in theoretical research within academic departments, including training in how to become a theoretical researcher
 - Bring the power of thought to a discipline that is ultimately based on the mind!
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Section 3: In Session Development of Concepts & Theories

- Ideas are requested
 - Open discussion of topic/s
 - Although we cannot conduct research the combined knowledge will compensate
 - Feel free to ask questions regarding any portion of the course
 - Contact me via the website to ask questions, discuss issues, or request assistance for theory development; help make the “lonely art” of theory development less lonely
 - www.psychiatrytheory.com or www.theorypsychiatry.com (Centre For Theoretical Research in Psychiatry & Clinical Psychology)
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