

* This English manuscript is a translation of a paper originally published in the Psychiatria et Neurologia Japonica, Vol.125, No.2 p.129-134 which was translated by the Japanese Society of Psychiatry and Neurology and published with the author's confirmation and permission. If you wish to cite this paper, please use the original paper as the reference.

Special Feature Article

Introduction of the Japan Academic Association of Psycho-analytical Psychiatry (JAAPP)

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Psychiatria et Neurologia Japonica 125: 129-134, 2023

Abstract

I would like to introduce The Japan Academic Association of Psycho-analytic Psychiatry. This society is an academic association whose theme is psychoanalytic psychiatry. This society was established in 2003 with Takayuki Kinugasa as the chairperson and currently, there are about 180 members. We hold academic conferences in various places every year and publish an academic journal. Also, from 2021, we have started applying for the qualification certification system.

The characteristic of JAAPP is that we adopt a diagnostic method which combines DSM and ICD, which are cross-sectional symptom diagnoses, and a detailed investigation of the life history of individual patients from early childhood up to the time of consultation, which is a longitudinal diagnosis. We ask questions in the diagnostic interviews including what kind of deprivation experiences and trauma experiences the patient him/herself has, who his/her caretaker is, how the relationship with the caregiver is from early childhood to the present, and whether his/her family members have any deprivation experiences or trauma experiences. We diagnose patients from such a viewpoint and treat a wide range of patient groups mainly with psychoanalytic psychotherapy, while applying it by changing the technique and changing the treatment goal. The target patient groups include infants, children in puberty, adolescents with personality disorders, and we also provide consultation for liaisons, and school problems.

Then I will explain the basic training for psychoanalytic psychotherapists, diagnostic methods and formulations, and the basics on layered-clothes syndrome.

Keywords: psychoanalytic psychotherapy, cross-cutting/developmental diagnosis, qualification for psychotherapy, layered-clothes syndrome

Introduction

Psychoanalysis is a clinical research method that is practiced mainly by the Japan Psychoanalytic Society, which is recognized by the International Psychoanalytical Association. Psychoanalysis is a psychotherapy that focuses on understanding the unconscious, and consists of sessions 4-5 times a week, using a couch, free association, and interpretations of transference and countertransference, mainly for neurosis and personality disorders. The practice and treatment theory of the Japan Academic Association of Psycho-analytical Psychiatry (JAAPP) is a theory and treatment method for the application of psychoanalysis. This is primarily used in conjunction with drug therapy, and includes the application of psychoanalysis and psychoanalytic psychotherapy to a wide range of patient groups encountered by psychiatrists, such as analytical treatment of children and adolescents, liaison, treatment of groups of patients

with chronic diseases, and treatment of patients with traumatic experiences.

JAAPP has different membership criteria from the Japan Psychoanalytic Society, such as the fact that most of its members are non-physicians and it does not require them to have experience of psychoanalytic psychotherapy themselves. JAAPP members are all psychiatrists, and its membership criteria require that they undergo psychoanalytic psychotherapy themselves, which is in line with international psychoanalytic psychiatry training requirements. Clinically, in addition to symptom-related diagnosis, a developmental dynamic diagnosis is made, and the target of treatment is a group of patients with severe symptoms who require a psychoanalytic psychotherapeutic approach with the use of medication.

First, I would like to explain the purpose and significance of JAAPP.

The main feature of JAAPP is that it uses psychoanalytic diagnostic methods to facilitate diagnosis and treatment that takes into account the patient's

dynamic conflicts. In particular, it is characterized by the appropriate use of psychoanalytic psychotherapy, but it also responds to a variety of patient groups by varying treatment goals, treatment structure, and treatment techniques.

The most distinctive feature is that the diagnostic interview is conducted from two basic diagnostic perspectives: cross-sectional symptomatic psychiatry and longitudinal psychoanalytic (dynamic) psychiatry. ICD and DSM are representative of the first cross-sectional diagnostic method. It focuses on current symptoms and behavioral disorders. This method is important for basic psychiatric diagnosis and treatment methods centered on drug, physical, and social therapies.

The second longitudinal historical diagnostic method presents the characteristics of the diagnostic method of psychoanalytic psychiatry. It is a historical and longitudinal diagnostic method that focuses on the interrelationship between a patient's personal life history and family history. It is also a method that takes into account the effects of the patient's own conflicts, painful experiences, deprivations, traumatic experiences, etc., as well as similar experiences in the family. Furthermore, it also considers the effects of social

relationships from infancy to adolescence.

Psychoanalytic psychiatry uses this cross-sectional and longitudinal diagnostic method. The core of clinical practice is to provide psychoanalytic psychotherapy and its applied techniques for appropriate patient groups. In addition, most patients often require social therapy, such as drug therapy and day care.

This longitudinal historical diagnostic method of psychoanalytic psychiatry involves several consultations lasting over 30 minutes. In a medical insurance system like Japan's, it is extremely difficult to provide this kind of consultation on a daily basis in medical institutions that provide very low-cost medical care for general psychiatric diagnoses and psychoanalytic psychotherapy. In fact, among the developed countries of the world, including South Korea and Taiwan, Japan has the lowest number of staff due to low medical fees, and it has the lowest rate of taking a psychoanalytic approach to psychiatry.

I. History, Organization, and Activities of the Society

1. Background to Society Establishment

For almost 10 years from 1993, the author held monthly seminars on object relations theory in Tokyo, with about 30 members. In addition, there were 15

members of the study group in Hiroshima, and 10 years later, in 2003, the Japanese Association for Analytical Psychoanalysis (JAAPP) was founded with these two groups as its core. At that time, I was the president of the society, and I have continued to serve in this role to the present day. The number of members gradually increased from about 80 to the current membership of about 180.

2. Academic Conference

The first conference was held in 2003 in Hiroshima, with the Hiroshima City Mental Health and Welfare Center as the main office. Since then, academic conferences have been held every year in various locations, including Tokyo, Kochi, Kobe, Nagoya, Osaka, and Okayama. The main office is located in Hiroshima, and the secretariat for the academic conference is located in the Kanto region.

1) Symposia

Symposia at the annual conference are held on topics, such as: severe personality disorder, borderline personality disorder, social withdrawal, child psychiatry, projective identification, enactment, and developmental theory. In addition, we have conducted clinical assessments, treatment structure theory, and treatment techniques.

2) Special Lectures

We ask university professors in the host city to give the special lectures.

3) Special Lectures by Invited Speakers from Overseas

We ask a psychoanalyst to give a lecture and clinical seminar as a special invited lecture from overseas.

3. Academic Journal

The academic journal is entitled: “Japanese Journal of Psychoanalytical Psychiatry”, and it has been published once a year for the past 10 years. The contents mainly involve original and clinical research, and many articles are based on clinical practice.

4. Steering Committee of Society

Elections are held every three years for the Steering Committee, which is composed of candidates and nominees from all over Japan. At present, the Steering Committee has 36 members and its functions are divided into: Education Committee, Editorial Committee, Public Relations Committee, Qualification Examination Committee, and Society Administration Committee.

II. Establishment of Certification System - Basic Training Course for Qualification

The basic guidelines for the certification system were decided in 2019, and applications have been

accepted since 2022. In addition to the following requirements, several years of clinical training are required to apply:

(i) The applicant must be a specialist of the Japanese Society of Psychiatry and Neurology.

(ii) The applicant must join the prescribed seminars [e.g., Seminars on Psychoanalysis in Hiroshima (including Freud, object relations theory, ego psychology, self-psychology, and child psychoanalysis, with 150 hours of study over 2-3 years)].

(iii) Experience in treating cases under psychoanalytically structured conditions, i.e., a fixed time and place, 1-3 times a week, based on neutrality and free conversation between the patient and doctor, is required. It is also necessary to be supervised by two different supervisors involving two cases for at least two years.

(iv) Psychiatrists themselves need to receive educational analysis from a senior leader once to three times a week.

(v) Participation in regular academic society-led study groups is necessary.

(vi) In addition to the above, it is necessary to make presentations at JAAPP academic conferences and publish clinical papers in JAAPP journals.

III. Characteristics of Cases in Psychoanalytic Psychiatry (Table 1)

Table 1 shows the characteristics of cases treated in psychoanalytic psychiatry.

The main targets of psychoanalytic psychotherapy are various personality disorders. For such disorders, individual psychoanalytic psychotherapy is the main approach, but group therapy may also be used.

There are many groups of disorders based around personality disorders. In the clinical practice of child and adolescent psychiatry, psychoanalytic and dynamic approaches also play important roles. Liaison services involve patients with various physical illnesses and psychological symptoms. In addition, there are many disorders and issues in each age group, such as issues related to death and chronic diseases. We will examine these in detail and discuss therapeutic approaches that can be applied from a psychoanalytic perspective, including applicable approaches, treatment goals, treatment structures, and treatment methods. We will also consider issues such as the psychology of object loss in relation to disorders and declines in physical and mental functioning, and the psychology of self-blame and persecution in relation to people with physical disabilities and chronic mental disorders. We will also use day care and social therapy in this context.

The range of applications for psychoanalytic psychotherapy is wider than that for psychoanalysis. It can be used to treat a wide range of disorders, and treatment is possible by changing the treatment structure and techniques. Depending on characteristics of the disorder, the treatment method can be partially applied, and the treatment goal also changes depending on the disorder.

In particular, cross-sectional and longitudinal diagnostic interviews of patients are important in the application of psychoanalytic psychotherapy. Basic training in the treatment of personality disorders is the most central part of the training required for certification as a psychoanalytic psychotherapist. By actually learning these treatment techniques, you will be able to acquire basic psychoanalytic thinking and consider treatment goals and techniques for each individual patient group.

IV. Theoretical Characteristics of Psychoanalytic Psychiatry

1. Unique Cross-sectional and Longitudinal Diagnostic Methods

In addition to the cross-sectional diagnoses of DSM and ICD mentioned above, it is also important in psychoanalytic psychiatry to clarify an individual's upbringing and the

characteristics of the object relationship with his/her caregivers. For this reason, it is necessary to focus on the unconscious motives and conflicts of individual patients. In addition, we clarify the personality characteristics that have been formed in life and methods (defense mechanisms) for processing conflicts, and we look at the current state of activity in the mind.

2. Important Theoretical Perspectives Introduced from Psychoanalysis

1) Dynamic Theory

The human mind is in a state of unconscious conflict and shows dynamic relationships. It is unable to cope with excessive anxiety, which is considered to be related to the formation of symptoms.

2) Anxiety and Defense Theory

Understanding that each individual has experienced anxiety and developed their own unique defense mechanisms in response to it.

3) Object Relations Theory

This approach examines the complex relationships that each individual has experienced with his/her caregivers from infancy to the time of counseling from an object relations perspective, thereby attempting to understand the process of the patient's personality formation and its defenses.

4) Developmental Theory

This approach emphasizes the process of mental development from

infancy to the point at which the patient presents with symptoms such as neurosis and consults a psychiatrist. The focus is on the fact that each individual's unique personality is formed during the growth process, and that this personality has the function of processing various conflicts.

5) Structural Theory of the Mind

The mind is divided into the unconscious, pre-conscious, and conscious, and further divided into the ego, superego, and id, which have different functions. In recent years, there have been developments in personality research and self-structure theory that integrate these elements.

V. Psychoanalytic Psychiatry, Psychoanalytic Psychotherapy, and Training

1. Psychoanalytic psychotherapy

In order to acquire basic clinical skills of psychoanalytic psychiatry, it is necessary to attend the prescribed seminars, gain at least two years of clinical experience involving two or more cases under supervision, and for the therapist to undergo training therapy with a senior instructor. This exposes him/her to the perspective and therapeutic techniques of a psychoanalytic psychotherapist and forms the basis of all psychoanalytic psychiatry.

2. Basic Perspectives of Psychoanalytic Psychiatry and Psychoanalytic Psychotherapy

The basic perspectives of psychoanalytic psychiatry and psychoanalytic psychotherapy involve a simplified version of psychoanalytic methodology. The treatment targets are the subjects of individual therapy, such as personality disorders and liaison.

3. Treatment Structure and Theory in Training

Training is conducted with a structure of 1 to 3 times a week in a psychoanalytic treatment room setting.

The theoretical perspective is based on the application of psychoanalytic theory as it is. This includes: developmental, local, structural, anxiety defense, object relations, and adaptation theories.

4. Therapeutic Techniques

Therapeutic techniques also adopt the basic methods of psychoanalysis. The therapist must be neutral, and it is important to understand and interpret the need for acceptance and empathy, as well as transference and countertransference. The therapist must understand the nature of anxiety and defense, and pay attention to internal object relations, as well as understanding and interpreting personality defenses.

5. Treatment Goals

Treatment goals vary depending on the disorder. Therapeutic techniques are also modified accordingly for disorders in the personality disorder group.

6. Analytic Group Therapy

Analytic group therapy is a powerful therapeutic technique in psychoanalytic psychiatry.

VI. Diagnostic Interview in Psychoanalytic Psychotherapy

Generally, four 45-minute sessions are conducted. First, a cross-sectional diagnosis is made using DSM and ICD, and then a longitudinal diagnosis is made. First, the patient is asked to talk about their life history, from child- to adulthood, and their world of experience. They are also asked to talk about their relationship with their family, as well as the structure of and personalities within their family, experiences of deprivation, trauma, etc. In addition, the patient is asked to talk about their dreams and earliest memories in order to understand their imagination and sense of time. Then, a formulation is created based on the material from the diagnostic interview at the time of diagnosis.

VII. Differential Diagnosis of Layered-

clothes Syndrome (Table 2)

Patients with various psychiatric symptoms may have mild developmental disorders in the background. In particular, if they have clinical symptoms of personality disorders, treatment that takes into account the developmental disorders in the background is necessary, rather than bringing them directly into psychoanalytic psychotherapy. In some patient groups, when there is a marked neurotic conflict in addition to autistic tendencies, they may be suitable for individual psychoanalytic therapy, but there are often specific autistic tendencies. In many cases of layered-clothes syndrome, therapeutic and supportive approaches and medication can be effective, but there are also groups of patients who require rehabilitation and social therapy, such as day care. In most patients, the influence of predisposing factors is considered to be significant, but because patients with early traumatic experiences also present with symptoms similar to those of layered-clothes syndrome, it can be difficult to distinguish between the two. The author presented the concept of layered-clothes syndrome in 2004, and published research papers on the subject in subsequent years.¹⁾

Conclusion

As described above, I have explained the history of JAAPP, its membership structure, qualifications for psychotherapy, characteristics of the diagnostic method, wide range of patients who can be treated, and characteristics of layered-clothes syndrome.

There are no conflicts of interest to disclose in relation to this paper.

Editor's note: This feature was planned by the author of this article, based on the symposium held at the 117th Annual Meeting of the Japanese Society of Psychiatry and Neurology.

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表 1 精神分析的臨床医学の分野と症例の特徴

精神分析的臨床医学の分野	症例の特徴
乳幼児臨床医学	乳児期発達論の重要性
児童臨床医学	発達論的特性
思春期青年期臨床医学	発達論的特性
ライフサイクル臨床医学	成人, 中年期, 壮年期, 老年期の発達心性
パーソナリティ障害	病理組織の形成過程, 基本的視点
心身症	
リエゾン	慢性病の心性, 死の臨床, 対象喪失の視点
家族の精神保健	虐待, 家庭内暴力, 引きこもり
学校の精神保健	不登校, 非行, いじめ, 校内暴力
職場の精神保健	アルコール依存, うつ病, 出社拒否
社会病理	災害, 犯罪被害者 (PTSD)
地域臨床医学	デイケア, リハビリテーション, 集団ダイナミクスの理解

Table 1: Fields of psychoanalytic psychiatry and characteristics of cases

Field of psychoanalytic psychiatry	Characteristics of cases
Infant psychiatry	Importance of infant development theory
Child psychiatry	Developmental characteristics

Adolescent psychiatry	Developmental characteristics
Life-cycle psychiatry	Developmental psychopathology of adulthood, middle age, and old age
Personality disorders	Pathogenesis, basic perspectives
Psychosomatic disorders	
Liaison	Psychopathology of chronic illness, clinical death, perspective of object loss
Family mental health	Abuse, domestic violence, social withdrawal
School mental health	Truancy, delinquency, bullying, school violence
Workplace mental health	Alcohol dependence, depression, refusal to go to work
Social pathology	Disaster, crime victim (PTSD)
Community psychiatry	Day care, rehabilitation, understanding of group dynamics

表 2 重ね着症候群の定義

- 1) 精神科受診：18 歳以上の患者（広義には 16 歳以上）
- 2) 症状・現症の臨床診断としては、神経症，パーソナリティ障害，躁うつ病，統合失調症，依存などほとんどの精神科疾患をカバーしている。
- 3) 精査を行うと、背景に軽度の高機能型発達障害が存在している（ほとんどはアスペルガー症候群のクライテリアを十分満たさない）。
- 4) 高知能（IQ 85 以上）のために達成能力が高く、就学時代は発達障害とはみなされていない。
- 5) 一部に、児童・思春期に不登校や神経症，うつ状態，精神病様状態などの症状の既往がある。しかし発達障害を疑われたことはない。
- 6) ほとんどが遺伝的素因が関係していると考えられる。
- 7) 乳幼児期からの外傷体験をもつ個人が、同様の自閉的傾向を示すこともある。これらの鑑別は、困難なことが多い。
- 8) 小児期に発達障害が発見されて成人に達した個人や、アスペルガーの診断基準を最初から表現形として現症として満たす者は、「重ね着症候群」に該当しない。

Table 2: Definition of layered-clothes syndrome

- 1) Psychiatric consultation: Patients aged 18 or over (16 or over in a broad definition)
- 2) Clinical diagnoses of symptoms and current conditions cover most psychiatric disorders, including neuroses, personality disorders, manic depression, schizophrenia, and addictions.

- 3) On closer examination, there is mild high-functioning developmental disorder in the background (most cases do not fully meet the criteria for Asperger's syndrome).
- 4) Because of patients' intelligence (IQ 85 or above), they have high achievement potential and are not considered developmentally disabled during their school years.
- 5) Some patients have a history of symptoms such as truancy, neurosis, depression, and psychotic-like states during childhood and adolescence. However, they have never been suspected of having a developmental disorder.
- 6) It is considered that most cases involve a genetic predisposition.
- 7) Individuals who have experienced trauma from infancy may also show similar autistic tendencies. It is often difficult to distinguish between these cases.
- 8) Individuals diagnosed with a developmental disorder in childhood but have since reached adulthood, or those who have met the diagnostic criteria for Asperger's from the start, do not fall under the category of "layered-clothes syndrome".