THE ROLE OF THE PSYCHOANALYST IN
COMMUNITY MENTAL HEALTH

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Recent social and political developments in the United States have fostered a great expansion in the field of mental health. In this presentation the relevance of psychoanalysis to community psychiatry will be discussed. Current trends could develop a schism between "analytically-oriented" professionals and the practitioner dedicated to the concepts organized psychoanalysis represents. Lip service is paid to traditional psychoanalytic concepts (e.g., conflict, resistance, unconscious, etc.). For reasons, some conscious and some unconscious, the real contributions which the psychology of psychoanalysis could make tend to be de-

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leted. The intention here is to clarify what the psychoanalyst can contribute, and why, and how he should participate. It is important that his identity as a psychoanalyst be clearly in focus. A thread will run throughout this presentation. It will be returned to from time to time because of its paramount importance. In brief, it has to do with the ever-persistent influence of our inner life on what we perceive, what we think, and how we behave.

It is not a new phenomenon for psychoanalysts actively to apply their professional knowledge to community problems. An historical sample is herewith presented. During the twenties and thirties, the Vienna Psychoanalytic Society sponsored a child guidance clinic for young children (Edith Sterba), a child guidance clinic for adolescents (August Aichhorn), discussion groups for teachers with problem students (Willi Hoffer), an experimental day nursery for infants (Edith Jackson, Dorothy Burlingham, and Anna Freud), and a three year postgraduate training course for teachers. The Berlin Psychoanalytic Institute had been similarly busy. Simmel, Staub, and Alexander are examples of psychoanalysts who, in addition to their psychoanalytic explorations, found time to work, lecture and write as hospital psychiatrists, be advisers to the legal profession, to educators, and so forth. Others were Pfister in Switzerland (education) and Vera Schmidt in Moscow (nursery school observation). Some analysts were grappling with political and social issues. Federn was interested in trade unionism and Bernfeld in Zionism. Federn and Schwing worked with psychotics. Bernfeld’s observations of war orphans in a special school were an early part of a deep commitment to youth and education that never ceased.

What is different in the United States? Levin and Michaels (1961) pointed out the consequence of applying psychoanalytic knowledge to military psychiatry during World War II, and the subsequent impact on civilian psychiatry during the post-war years. The authors commented on the fact that “there was a growing realization that the field of psychoanalysis embodied a general psychology of human behavior which could be utilized as a basic frame of reference for the various disciplines studying human behavior (anthropology, sociology, and psychology, as well as psychiatry and medicine).” They detailed the large number of psychoanalysts and psychoanalytic candidates in the Boston area who participate and are leaders in the psychiatric community. A questionnaire by Harrison (1963) confirmed a similar commitment by members of the Los Angeles Psychoanalytic Society. A later paper is planned to study this mixed blessing to organized psychoanalysis. It has contributed to ambiguity and confusion at a time when psychiatry and psychoanalysis need to encourage clear thinking about their basic differences.

**ACTION FOR MENTAL HEALTH: 1955-1965**

The history of the mental health movement in the United States is fascinating, but would take one too far afield. However, it is important to grasp the immensity of the historical, emotional, social, and economic pressures being brought to bear to meet the “needs of the mentally ill.”

Ten years ago the Congress of the United States directed a Joint Commission on Mental Illness and Health to analyze and evaluate the needs and resources of the mentally ill people in America, and to make recommendations for a mental health program. A comprehensive review by Jahoda (1958) attempted to state current criteria for a positive state of mental health. Subsequently, Wallerstein (1963) pointed out how fragmentary our knowledge remains in this area. The Joint Commission (1961) published a final report, “Action for Mental Health.” The plan for action envisaged is only one of the many indications of great involvement at all levels (professional, lay, political).

American medicine is asked to determine what it can contribute. Man’s physical and his social nature are considered the