Psychoanalysis and public health: Potential for integration?

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Abstract
Psychoanalysis and public health appear to have an important but uneasy and rarely discussed relationship. Both fields have made significant contributions to mental health, despite major differences in their concepts and methods. Although controversies exist, we suggest that there are important areas of overlap and potential integration, with benefit to both fields and the understanding of human development and mental health.

In order to explore these issues, we will first examine some of the early connections between psychoanalysis and public health. Next, we will focus on various assets and liabilities of each field. Third, we will look at one example of this integration, namely, physical punishment and violence. Finally, we will explore the question of resistance to social activism in the two fields.

KEYWORDS
children-at-risk, epidemiology, outcome, prevention, psychoanalysis, public health, resistance

1 | INTRODUCTION

Psychoanalysis and public health appear to have an important but rarely discussed relationship. Both fields have contributed profoundly to mental health issues, despite differences in goals, methods, populations, and explanatory hypotheses. However, this relationship seems to be an uneasy one. Critics of psychoanalysis contend that it treats too few patients, especially the disadvantaged, is weak scientifically, and does not focus enough on long-term outcome. Critics of public health suggest that in focusing on populations, it fails to adequately treat individuals within those groups and that it does not take full advantage of the in-depth knowledge of human development provided by other sciences.
Yet, despite these controversies, we suggest there are important areas of overlap and potential integration. Psychoanalysis has had, and can have in the future, significant impact on public health. Public health, in turn, has developed epistemological, statistical, and epidemiological concepts, which can be of benefit to an expanding view of psychoanalysis. We wish to explore this relationship with an eye to enhancing the potential integration of these two fields.

This paper is divided into four parts. First, we will briefly explore some of the early connections and overlap between psychoanalysis and public health. Second, we will examine some of the assets and liabilities each brings to the area of mental health, focusing on the potential for integration and synergy. Third, we will study one example of this integration, namely, physical punishment. Fourth, we will look at the question of resistance to social activism in these two fields.

2 | BRIEF HISTORICAL CONTEXT

Although we cannot cover in detail here the history of relationships between psychoanalysis, public health, and mental health, we will attempt to address some of the major themes and trajectories.

3 | PSYCHOANALYSIS

We turn first to the tendencies of psychoanalysis to incorporate public health concepts and ideas. The early psychoanalysts seemed to be increasingly aware of the potential impact on public health of the nascent discoveries of psychoanalysis during the first quarter of the 20th century. Two issues stand out: the importance of childhood antecedents and sexuality and the efforts to convey analytic ideas to the general public.

First, Freud and his early colleagues were quite interested in the larger role of their findings about childhood antecedents, sexuality, and psychopathology. For instance, the Minutes of the Psychoanalytic Society of Vienna from December 18, 1907 document the discussion about sexual education. Freud wondered, “Might sexual education not prove to be a sort-of preventive vaccination against trauma? Probably not, but it could counterbalance its effects” (Geissman & Geissman, 1998, p. 37).

The issue of sex education was an intriguing topic for the Vienna group. On May 12, 1909, Freud noted that sexual education should be a task for the school. He added, “Sexual education should above all make them understand that these are loving acts, that in doing this the parents show how much they love each other. As to sexual intercourse, children should be enlightened on the subject at school, in biology lessons” (Geissman and Geissman, 1998, p. 38).

This is consistent with what Freud said in his summary of the Little Hans case: “If matters had lain entirely in my hands, I should have ventured to give the child the one remaining piece of enlightenment which his parents withheld from him. I should have still further diminished his unsolved residue, and put an end to his stream of questions. I am convinced that this new piece of enlightenment would have made him lose neither his love for his mother nor his own childish nature, and that he would have understood that his preoccupation with these important, these momentous things must rest for the present—until his wish to be big had been fulfilled. But the educational experiment was not carried so far” (1909, p. 145). What is interesting here is that we see Freud and the Vienna group working with preventive concepts, on both individual as well as public health levels.

Second, a number of the early analysts wrote explicitly for the public on such topics as development, sexuality, education, parenting, physical punishment, castration threats, and so on. Many of Freud’s writings were directed at the general public as well as professional colleagues. Another prominent pioneer writing with a public health voice was Hermine Hug-Hellmuth (1871–1924), one of the first child analysts. In addition to writing on child analysis per se, she was prolific in her lecturing and writing for the public. She wrote a remarkably comprehensive book titled...
New Ways to the Understanding of Youth: Psychoanalytic Lectures for Parents, Teachers, Educators, School Doctors, Kindergarten Teachers, and Social Workers (1924). The chapter titles are revealing, and include Ways and Goals of Childrearing, Basics of Freudian Theory, Basics of Psychoanalytic Terminology, The Sexual Drive, Children's Dreams, and Children's Play. Major works of Anna Freud, Melanie Klein, and others for the general public were to come later, as discussed below.

4 | PUBLIC HEALTH

Public health has been defined as the art and science of dealing with the protection and improvement of community health by organized community effort and including preventive medicine and social science. Thus, public health efforts aim at both prevention and treatment.

The overarching method of study in public health is epidemiology. Epidemiology is the examination of distribution and determinants of disease frequency (MacMahon & Pugh, 1970). Epidemiology, therefore, is concerned with discovering relationships that offer possibilities of disease prevention. For this purpose, “a causal association may usefully be defined as an association between categories of events or characteristics in which an alteration in the frequency or quality of one category is followed by a change in the other” (MacMahon & Pugh, 1970, p. 17–18). John Graunt (1620–1674) is widely regarded as the initiator of two important quantitative aspects of epidemiology: biostatistics and demography. John Snow (1813–1858) was a physician who is often referred to as the father of epidemiology.

Two major types of epidemiologic studies exist: natural experiments (or experiments in nature) and intervention studies. Natural experiments involve using current circumstances to conduct nonexperimental testing of hypotheses (e.g., Snow's documentation of the possible sources of cholera in London). Intervention studies involve experimental methods of understanding the etiology of disease (e.g., Lind's fresh fruit treatment of scurvy in 1747, Jenner's experiments with cowpox vaccination in 1796, and experiments on the mosquito-borne transmission of yellow fever by Finlay in 1881 and Reed in 1900 [MacMahon & Pugh, 1970]).

The preventive and treatment efforts of public health classically have been conceptualized as primary, secondary, and tertiary (Barnard, Morisset, & Spieker, 1993). Primary prevention refers to efforts to prevent illnesses before they begin (e.g., immunizations, water fluoridation, and prenatal care). Secondary prevention involves interventions with those who are identified as being at high risk for some illness or outcome. Tertiary prevention includes treatment efforts after the illness or disorder has already manifested. In addition to the treatment itself, this is preventive in that the development of sequelae or related disorders may be attenuated or prevented.

Public health interest in understanding and treating serious mental disorders has existed for some time, for example, increasingly humane hospital conditions. Mental health initiatives, which incorporated psychoanalytic perspectives and had important public health implications, appeared about halfway through the 20th century. Grinker and Spiegel's Men Under Stress (1945; which examined post-traumatic stress disorders and psychosomatic illnesses in World War II combatants) and Hollingshead and Redlich's study Social Class and Mental Illness: A Community Study (1958) are examples. However, even as late as 1970, the major textbook in public health epidemiology (MacMahon & Pugh, 1970) had very few references to mental health and none at all to psychoanalysis.

Public health and mental health seemed further integrated in the mid-1900s with the emergence of psychiatric epidemiology and such investigations as Leighton et al.'s Stirling County Study (1959). Such psychiatric epidemiologic community studies increased, and the Centers for Disease Control (CDC) provided more data on suicide, homicide, motor vehicle accidents, alcoholism, and violence.

Public health's use of psychoanalytic ideas increased dramatically during the mid-to-late 1900s with the work of Spitz, Bowlby, Fraiberg, and many others on attachment and loss, leading to a variety of intervention programs. In primary prevention, psychoanalytic influence was seen in many ways related to better understanding of early development. Secondary prevention, dealing with at-risk populations, was manifested by programs dealing with
attachment, loss, and early learning. For example, programs involving high-risk families utilizing prenatal and postnatal home visitation have showed dramatic success in outcome studies (Kitzman et al., 1997; Olds et al., 1997, 1998). Tertiary prevention, or treatment proper, was marked by various child and adult treatments utilizing psychodynamic concepts (Fonagy et al., 2014; Galatzer-Levy, Bachrach, Skolnikoff, & Waldron, 2000; Shedler, 2010).

5 | ASSETS, LIABILITIES, AND INTEGRATION

What are the assets and liabilities of psychoanalysis and public health, and how might they be beneficially more integrated? The focus here will be on aspects of each field, which might have potential for integration.

5.1 | Psychoanalysis

The assets of psychoanalysis include in-depth work with individuals, allowing for profound characterological change and better understanding of the psychodynamics of children and adults and the nature of change (e.g., Galatzer-Levy, 2004; Gedo, 2005; Schlessinger & Robbins, 1983); detailed understanding of human development, including such issues as infant and child development and reactions to such factors as deprivations and loss (e.g., Altschul, 1988; Spitz, 1945; Stern, 1985); intergenerational transmission of psychodynamics and pathology (e.g., Fraiberg, 1980; Fraiberg, Adelson, & Shapiro, 1975); the proliferation of therapies (e.g., psychoanalysis and the various psychotherapies); and the effectiveness of psychodynamic treatment (e.g., Fonagy et al., 2014; Galatzer-Levy et al., 2000).

Turning to the liabilities of psychoanalysis, one might include the small numbers of people treated and studied, the difficulties associated with assessing the effectiveness and nature of change in a hermeneutic discipline (Tamez, 2017), and the relative paucity of outcome studies.

5.2 | Public health

The assets of public health models and epidemiology include larger numbers of people studied, allowing for information on populations (assessment of incidence and prevalence); the associations that are found in larger studies, allowing for better understanding of environmental factors (MacMahon & Pugh, 1970); and large- and small-scale outcome studies, with the use of sophisticated biostatistics.

The weaknesses of the public health approach include the following: Focusing on larger populations may allow for better understanding of environmental associations (e.g., poverty, etc.) but obscures more detailed individual aspects of pathogenesis; similarly, the nature of change and treatment efforts are less well understood; and primary, secondary, and tertiary public health interventions do not utilize the detailed understanding of psychodynamic models to the extent that they might.

One might say that no productive integration is possible—that psychoanalysis focuses on a small scale (individuals and small groups), and public health deals on a larger scale (larger groups, communities, and populations); that the methods of assessing their results are significantly different; and the treatments of the problems they are addressing differ markedly. On the other hand, there appear to be overlaps and possibilities for integration.

5.3 | Integration

There exist important areas of integration of psychoanalysis and public health both historically and currently. Some of the historical examples were noted above, but further elaboration would be useful.
For example, Anna Freud and Dorothy Burlingham established the Hampstead War Nursery around World War II for children disrupted by the war, and they addressed the issue of parent–child separation during the war (A. Freud & Burlingham, 1944). Donald Winnicott contributed a series of public health discussions during the 1940s–1960s on the British Broadcasting Corporation, dealing with early development and mother–infant relationships. A number of other individuals began to communicate psychoanalytic ideas to the public, for example, Karl Menninger, Benjamin Spock, and Terry Brazelton.

This integration increased further during the second half of the 20th century and more recently, particularly with respect to advances in infant and child development. For instance, developmental theory and research were enhanced by John Bowlby, Margaret Mahler, Erik Erikson, and others, with Daniel Stern's work showing that infancy and early childhood were marked not by disorganization but by relatedness and learning (1985). Increased understandings of affect theory and character structure (Tomkins, 1962, 1963) were introduced to psychoanalysis by Basch (1976) and to public health by Holinger (2000).

A large and significant literature also emerged to explore psychoanalysis in relation to groups and organizations and social and political issues. Rustin wrote compellingly about the importance of integrating psychoanalysis with a variety of other fields (Rustin, 2010a), stating, "It is argued that psychoanalytic institutions...need to develop a more active relationship to academic methods of enquiry" (p. 380). Such work has greatly enhanced an awareness of the contributions of clinical and theoretical psychoanalysis to these additional areas (e.g., Hinshelwood, 2005; Hinshelwood & Chisea, 2001; Main, 1957; Rustin, 2010b).

Significant topics such as bullying, violence, war, terrorism, and genocide also benefited from an integration of psychoanalysis with public health. Twemlow (2005), Twemlow and Sacco (2013), and Volkan (1987, 1999) have contributed extensively to these issues. Volkan observed, "...I noted that knowledge gained from clinical psychoanalytic work, rather than the theoretical component of psychoanalysis, is of most value to policy analysts" (Volkan, 1999, p.129). Kohut's work on narcissism (e.g., Kohut, 1971; Kohut, 1984) has been followed by important studies on self-pathology, narcissistic rage, and the fundamentalist mindset (Strozier, Terman, & Jones, 2010; Terman, 2010a), Terman’s "paranoid gestalt" (Terman, 2010b), and a large literature on shame, humiliation, and shame-honor cultures (Kobrin, 2014, 2016).

As one might expect with prevention being a priority in public health, these areas often involve children-at-risk. Zeanah's many editions of the Handbook of Infant Mental Health (e.g., Zeanah, 1993; Zeanah, 2000) include several papers dealing with early intervention strategies in parent–child pathology. Nearly all such strategies (e.g., Gross, Fogg, & Tucker, 1995) utilize psychoanalytic affect theory as their therapeutic basis (Holinger, 2000). One of the best-known examples of work blending psychoanalytic and public health ideas and methods are those of David Olds and his colleagues (Kitzman et al., 1997; Olds et al., 1997, 1998). These large intervention studies of high-risk families utilized weekly nurse home visitation with an emphasis on maternal functioning and personal development. The visits were practical and also psychodynamically oriented, reminiscent of, for example, Anna Freud and Selma Fraiberg's work. The process involved creating an alliance and working through resistances, addressing prior losses, neglect, and so on. Olds and his colleagues found focused prenatal and postnatal visits reduced premature births, neglect, abuse, and psychopathology among the infants and children of the treatment group as compared with control families who received standard prenatal and postnatal medical care; a 15-year follow-up documented reduced psychopathology among the adolescent children of the treatment group as compared with the adolescent children of control families.

5.4 | Collaboration

Three specific methodologic issues stand out as possible areas of collaboration. The first is biostatistics. Public health has developed very sophisticated methods for evaluating treatment strategies. Utilizing these sophisticated methods is only recently being seen in the psychodynamic psychotherapy area (e.g., Shedler, 2010).
Second, although psychoanalysis has a strong focus on theory, technique, and treatment, there remains a paucity of long-term outcome studies of psychoanalytic treatment. There are some exceptions, for example, Pfeffer (1959), Schlessinger and Robbins (1983), Cohen and Cohler (2000), and several individual case studies. The public health field tends to prioritize longer term outcome studies, and its methods and focus on such work could be of benefit to psychoanalysis.

Third, public health work often fails to use the sophisticated psychodynamic findings of psychoanalysis in its strategies. For instance, the early intervention strategies and studies of at-risk children often overlook analytic findings and treatments, which would enhance the public health work, for example, a greater focus on the specific nature of the disadvantage or loss, neglect, and attachment.

6 | PHYSICAL PUNISHMENT AND VIOLENCE: A PUBLIC HEALTH AND PSYCHOANALYTIC INTEGRATION

We have discussed psychoanalysis and public health concepts and overlaps from what might be considered a higher level framework of assets and liabilities. So what does an integration of psychoanalysis and public health, theory and action, look like on a practical level? Might the contributions of each field be sufficient to bring value to such a collaboration? We will attempt to address this issue by exploring a specific example, that of physical punishment and the violence and psychopathology associated with it.

Physical punishment has an increasingly large literature, a review of which is beyond the scope here (see Holden, 2020; Holinger, 2020; Kalin, 2020; Lippard & Nemeroff, 2020; Straus, Douglas, & Medeiros, 2014; Young-Bruehl, 2012). We will instead provide a summary and context of the major issues and highlight the contributions of public health and psychoanalytic ideas to understanding physical punishment, its sequelae, and possible solutions.

Physical punishment has been defined as "the use of physical force with the intention of causing a child to experience bodily pain or discomfort so as to correct or punish the child's behavior" (Gershoff, 2008, p. 9; e.g., spanking, hitting, pinching, slapping, and the like). Physical abuse has been characterized by "the infliction of physical injury" as a result of punching, beating, kicking, burning, or otherwise harming a child (Gershoff, 2002, p. 540). However, recent work questions the traditional physical punishment–abuse dichotomy: Most physical abuse occurs during episodes of physical punishment (Fortson, Klevens, Merrick, Gilbert, & Alexander, 2016).

The data documenting the associations between physical punishment and psychopathology and sociopathy are compelling. For example, Gershoff (2002, 2008) and Gershoff and Grogan-Kaylor (2016) conducted comprehensive meta-analyses of studies examining the association between parental physical punishment and child and adult outcomes. Bitensky (2006) presented a detailed summary of the international findings regarding physical punishment. Durrant and Ensom (2012) provided an eloquent historical review and summary of recent research.

Most recently, Straus et al. have done a remarkable job summarizing the research on associations between physical punishment and various psychopathology, sociopathy, and violence (Straus et al., 2014). They found 15 major trends associated with physical punishment: increased antisocial behavior and delinquency as a child and as a young adult; greater approval of other forms of violence, such as the belief that torture is sometimes justified to obtain information critical for national defense, or that there are occasions when it is justified to slap a wife or husband; greater impulsiveness and less self-control; poorer parent–child relationships; more risky sexual behavior as a teenager; greater juvenile delinquency; more crime perpetrated as an adult; poorer national average mental ability; lower probability of graduating from college; higher probability of depression; more violence against marital, cohabitating, and dating partners; more violence against nonfamily members; more physical abuse of children; more drug abuse; and more sexual coercion and physically forced sex.

Internationally, the United Nations and many countries are addressing the physical punishment problem: Over 100 countries have prohibited physical punishment in schools, and over 50 have banned it in all settings, including the home. The laws and consequences tend to be more educative (about development and alternatives to physical punishment) than punitive.
In the United States, the CDC have recently and formally come out with a policy asserting that physical punishment is child abuse and that it should be banned (Fortson et al., 2016). This stance is in response to consistent data showing physical punishment to be associated with increased violence and emotional disorders. Approval of physical punishment in the United States has declined over the past 40 years but still remains above 50%. There are no federal laws prohibiting physical punishment, and 19 states still permit physical punishment in schools.

Both public health and psychoanalytic studies have contributed to understanding the problems of physical punishment, albeit on different conceptual levels, as one might expect. Public health studies have provided much of what is known about the associations between physical punishment and psychopathology and the longer term outcomes (Durrant & Ensom, 2012, 2017; Gershoff & Grogan-Kaylor, 2016; Straus et al., 2014). Epidemiologic data and time series analyses have enhanced the understanding of patterns of violence in populations and related risk factors (e.g., age, population shifts, and economic cycles; Holinger, 1987; Holinger et al., 1987). Biostatistical concepts and work with larger populations have made these advances possible.

Physical punishment appears to be a final common pathway with multiple motivations. Psychoanalysis has provided much understanding about the individual causes of physical punishment, for example, identification with the aggressor; sadism, rage, and tension-regulatory problems; displacement of rage onto the child; helplessness, fatigue, frustration, and distress of the parents and the contagious quality of anger; religious beliefs; lack of understanding of development and affect; and transgenerational pathology. The notion of ambivalence toward the object—love and hatred—and hatred toward children underlie many of these dynamics and actions (e.g., Beiser, 1989; Hoffman, 2003; Miller, 1990; Rosenblitt, 2009; Winnicott, 1949). Winnicott’s Hate in the Countertransference outlined 18 conscious and unconscious reasons for hatred of infants and children. Beiser (1989) discussed the dynamics of infanticide from a historical as well as psychoanalytic perspective. Hoffman (2003) focused on mothers’ intense ambivalence toward their children. Rosenblitt’s Where Do You Want The Killing Done: An Exploration of Hatred of Children further highlighted the dynamics of hostility toward children, violence, and war (Rosenblitt, 2009). Psychoanalytic work has also provided much of the foundation for the solutions proposed by various public organizations: using words instead of actions (i.e., affect theory and semiotic; Katan, 1961; Kircanski et al, 2012); setting a good example (internalization of positive rather than negative behaviors; Gedo, 2005); and using positive reinforcement rather than negative (e.g., fear, shame). Here is clearly an area in which public health and psychoanalysis collaborate.

7 RESISTANCE

This example raises another interesting question as well: Why is there not more of an outcry about physical punishment? The data, both with respect to individuals and large populations, are clear and compelling (Straus et al., 2014). There is much justifiable and important discussion about bullying, delinquency, domestic violence, and other psychopathology. However, there is curious inattentiveness or blindness to the association of these issues with physical punishment and violence in childhood.

What is the nature of the resistance to comprehending these connections and the resistance of public health officials and psychoanalysts to speaking out and social action? In the United States, although the CDC has urged prohibition of physical punishment (Fortson et al., 2016), the Surgeon General has been silent on this issue. Several psychological and medical organizations have position statements calling for ending physical punishment (e.g., American Psychoanalytic Association, American Academy of Pediatrics, and National Association of Social Workers), but approval of physical punishment remains above 50%. The reasons seem multifaceted and complex and may include a persistent lack of dissemination and awareness of the accumulating data, fear of speaking out against opposition in light of potential retribution and shame, and characterological tendencies toward understanding rather than action and inhibitions about acting. The study of resistance, both conscious and unconscious, has been central to psychoanalysis (e.g., repression, disavowal, denial, etc.). Psychoanalysis historically tended to focus on the internal world with a de-emphasis of environmental influences—thus repeating in a sense the fantasy/reality conundrum, the
seduction hypothesis controversy, the Dora dilemma... as we struggle to bridge the gap and connect the two. However, over the past several decades, with a shift from one-person to two-person and object-relations theories, this may be changing. These shifts may allow for an expanded understanding of and solutions to large group resistances in situations such as physical punishment and violence.

8  |  CONCLUSIONS

At first glance, psychoanalysis and public health seem to be strange bedfellows. In one sense, they are very much two distinct fields of importance in their own right. But when one examines them more critically, the overlaps and collaboration between the two become apparent. This awareness may allow for greater cooperation and scientific understanding between the two fields, with potential gains in such issues as physical punishment and violence. Increased educative efforts in each field about the other may be of use. This collaboration may be useful in overcoming the resistance to recognizing and solving some of our greatest problems surrounding the complexities of early development.

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