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More to psychiatry than just neuroscience

In his editorial “Advancing clinical neuroscience literacy among psychiatric practitioners” (From the Editor, CURRENT PSYCHIATRY, September 2017, p. 17-18), Dr. Nasrallah states, “All psychiatrists are fully aware that brain pathology is the source of every psychiatric disorder they evaluate, diagnose, and treat.” Although it is true that as psychiatrists we need to be fully informed of the latest advances in neuropsychiatry—and the implications of these advances—there is still more than the reductionist aspects of neuroscience underpinning a lot of what makes our patients’ struggles in life so difficult. In current psychiatric practice, I see far more neglect of the “old-fashioned” psychological treatment skills and understanding

by psychiatrists who focus solely on psychopharmacologic treatment.

I find that many of my patients look for more or different drugs to fix their dysfunctional patterns in life—many of which stem from their dysfunctional and traumatic childhoods. Thus, it is more than just drugs and neurochemical pathways, more than just the “dysregulated neural circuitry,” that we need to focus on in our psychiatric practice.

I finished my psychiatric residency in 1972, before we knew much about neuroscience. Since then, we have learned so much about neuroscience and the specific neuroscience mechanisms involved in the brain and mind. Those advances have done much to aid our core understanding of psychiatric disorders. However, let us not forget that there is more to the mind than just neurochemistry, and more to our practice of psychiatry than just neuroscience.

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Dr. Nasrallah responds

It is now widely accepted in our field that all psychological phenomena and all human behaviors are associated with neurobiological components. All life events, especially traumatic experiences, are transduced into structural and chemical changes, often within minutes. The formation of dendritic spines to encode the memory of one’s experiences throughout waking hours is well established in neuroscience, and hundreds of studies have been published about this.

Psychotherapy is a neurobiological intervention that induces neuroplasticity and leads to structural brain repair,

because talking, listening, triggering memories, inducing insight, and “connecting the dots” in one’s behavior are all biological events.^{1,2} There is no such thing as a purely psychological process independent of the brain. The mind is the product of ongoing complex, intricate activity of brain neurocircuits whose neurobiological activity is translated into thoughts, emotions, impulses, and behaviors. The mind is perpetually tethered to its neurological roots.

Thus, reductionism actually describes a scientific fact and is not a term with pejorative connotations used to shut down scientific discourse about the biological basis of human behavior. By advancing their clinical neuroscience literacy, psychiatric practitioners will understand that they deal with a specific brain pathology in every patient that they treat and that the medications and psychotherapeutic interventions they employ are synergistic biological treatments.³

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2. Nasrallah HA. Out-of-the-box questions about psychotherapy. *Current Psychiatry*. 2010;9(10):13-14.
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The impact of childhood trauma

I enjoyed Dr. Nasrallah’s article “Beyond DSM-5: Clinical and biologic features shared by major psychiatric syndromes” (From the Editor, CURRENT PSYCHIATRY, October 2017, p. 4,6-7), but there was only 1 mention of childhood trauma, which shares

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features with most of the commonalities he described, such as inflammation, smaller brain volumes, gene and environment interaction, shortened telomeres, and elevated cortisol levels. The Adverse Childhood Experiences Study¹ taught us about the impact of childhood trauma on the entire organism. We need to focus on that commonality.

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Reference

1. Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med.* 1998;14(4):245-258.

Dr. Nasrallah responds

It is worth pointing out that childhood trauma predominantly leads to psychotic and mood disorders in adulthood, and the criteria I mentioned would then hold true.