

or those with a hypochondriacal attitude. Hystorionic or hysteroid patients see a physician as a phantom or an illusion, and sharp changes in symptoms are due to frustration from an illusionary expectations. While attentively listening to their complaints, a physician needs to make patients aware of the relationship based on facts.

Hypochondriac patients have little experience in forming appropriate emotional ties with their parents in their infancy. The patient-physician relationship is often tainted with a sadomasochistic color. Maybe this is a case of repeated desire to seek a parent's reassurance. They need the emotional support of "here and now" which is mentioned later.

### **(2) Non-compliance, distrust, and doubtfulness of patients**

Negative attitudes and feelings toward treatment interfere with the smooth progress of treatment and are detrimental to the interests of patients themselves. This is common in actual medical practice. These irrational attitudes and feelings of a patient are attributable to transference-countertransference as it is called in psychoanalysis. A symposium on the "patient-physician relationship and its effectiveness on treatment" was held at the annual meeting of the American Psychiatric Association (APA) held in Chicago in May 2000. Dr. Allan Tasman the APA president took part in the symposium and discussed issues of patient non-compliance. In America, more than half of the prescriptions written by physicians are not used, or drugs are not taken as directed. To prevent such non-compliance, the patient and physician need to cooperate with each other. To be effective, a physician needs to create a relationship in which he/she uses "we" in addressing a patient, and lets the patient speak out fully. Tying a patient and physician together with "we" is a new paradigm in the patient-physician relationship.

### **(3) Depression, retreat, and pessimism**

Recently, depression has been categorized a common disease, which is often found in medical specialty departments other than the department of psychiatry. Moreover, 25% of depression is chronic and re-

fractory to treatment. Fifteen percent of patient commit suicide. Depression must be understood and treated with a bio-psycho-social model. Psychoanalytically, however, object-loss is understood to be of concern. A loss of an important love object and emotional care in infancy represents a defeat in personality development and is a frustrating experience in the present life, which can serve as an impetus to develop depression. Needless to say, biological changes in the brain have to do with the development of symptoms.

However, depression requires psychotherapy to cure the object-loss experience. That means establishing a relationship in which a patient realizes that his/her existence as a human being is recognized, accepted, and encouraged by a physician.

### **Characteristics of Contemporary Psychoanalysis and their Implications for the Patient-physician Relationship**

Let me<sup>4</sup> briefly describe various characteristics of contemporary psychoanalysis and their implications for the patient-physician relationship in medical practice (Table 3).

Psychoanalysis, which was initiated by Sigmund Freud about 100 years ago, was first aimed at treating neurosis and elucidating its etiology. In his hypothesis, people have a conflict over a drive which is not recognizable by the conscious mind, but they repress it and pretend that it does not exist. When the conflict is not resolved in the unconscious world, it manifests itself in the form of symptoms. Treatment aims to resolve this unconscious conflict by achieving self-understanding or insight. The conflict was repressed because it was painful; therefore bringing it to light produces resistance. In the therapeutic process, the conflict is reproduced between the patient and therapist in a process called transference. The application of this psychoanalytic theory should not be limited to the neurotics but also used with ordinary people. Freud asserted that the oedipus complex forms the nucleus of that unconscious conflict. Today, it is criticized as a product of the father dominant era and society.

Psychoanalysis as developed in the past 30 to 40 years, is called post-Freudian psychoanalysis. Con-