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HOW TO INCREASE TREATMENT EFFECTIVENESS AND EFFICIENCY IN PSYCHIATRY: CREATIVE PSYCHOPHARMACOTHERAPY

Part 2: Creating Favorable Treatment Context and Fostering Patients' Creativity

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SUMMARY

Any medical or psychosocial treatment has two components, one associated with the specific effects of the treatment itself, and the other related to the treatment context, individual perception, imagination, subjective meaning and psychobiological response. Psychopharmacotherapy is a context dependent practice because different contexts affect the meaning of biological variables in different ways. Creation of favorable treatment context as well as creative collaboration with patients and their families may significantly improve treatment outcome. Positive therapeutic context is fundamental for treatment success in psychiatry because it may significantly increase placebo and decrease nocebo responses. Creative approach to psychopharmacotherapy reflects a creative synergism between clinical pharmacology and positive psychology of creativity in the frame of transdisciplinary holistic, integrative and person-centered psychiatry.

Key words: *creative psychopharmacotherapy - therapeutic context - creative psychology - psychodynamic psychopharmacotherapy - person-centered psychiatry*

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INTRODUCTION

Modern medicine including pharmacopsychiatry is characterized by impersonal activities, excessively legalistic ethics; a fragmented care, sub-specialization in specific area of science and clinical practice and hyperbolic dependence on technology (Jakovljević 2007a). There has been an almost general, but only verbal agreement that psychopharmacotherapy should not be rigid and dogmatic, but creative, individualized and the patient-centered, based on both science and art of communication with a strong subjective dimension. The latter is known also as the psychology of psychopharmacotherapy (Mintz 2005) or psychodynamic psychopharmacotherapy (Murawiec 2009, Vlastelica 2013). Good news is that pharmakopsychiatry is in the process of a paradigm shift. Instead of relatively broad pathological diagnoses, population-based risk assessments, and nonspecific «one-size-fits all» therapies, we are moving to an era of predictive individualized and personalized care, and targeted treatment (Mischel 2007). The success of psychopharmacotherapy is significantly related to patient's experience of it to make it worthwhile and meaningful. Patients are not just neurobiological objects who respond neurochemically to medications, but also as subjects who respond to the meaning that those medications have for them and their psychiatrists (Mintz 2005). Creative psychopharmacotherapy reflects a creative synergism between clinical pharmacology and positive psychology of creativity in the frame of transdisciplinary holistic, integrative and personalized psychiatry (Jakovljević 2007b, 2008). Using creative and positive thinking and systemic information processing strategy (Jakovljević 1995, 2005, 2013a) creative psychopharmacotherapists are oriented to the creation of favorable treatment context and making creative collaboration with patients and their families. Favorable therapeutic context is fundamental for treatment success in psychiatry because it may significantly increase placebo and decrease nocebo responses. Creativity, motivation and self-regulation together are a source of well-being and fulfilled life whereas creative context asserts life, frees the human spirit and helps conquer mental disorders (see Jakovljević 2013a). Creative thinking refers to the original ideas and mental processes leading to a previously unrecognized opportunity for a solution of therapeutic problem in unique and more effective and rapid way. Creative thinking may use preexisting objects, information and ideas, but creates a new relationship between elements it uses, for example creating a more favorable treatment context and more effective and safer drug combinations. Creative thinking helps us see an opportunity in every adversity and create a new better treatment context.

CREATING FAVORABLE TREATMENT CONTEXT IS FUNDAMENTAL

Psychopharmacotherapy is a context dependent practice because different contexts affect the meaning of biological variables in different ways. The term context refers to the particular setting, such as time, place and people present, that gives meaning to an event or treatment. Certain actions are possible or positive in one context, whereas they are negative or not allowed in some other context. Nothing is either good or bad in itself and nothing has meaning only in itself, including

mental health drugs application. Information or an event has always to be understood in the context so that the meaning we derive from any experience depends on the frame we apply. Many of the concepts of mental health, wellness and illness as well as the use of psychiatric medications are often mysterious for patients and their families and filled with myths, misconceptions, prejudice and fears (see Jakovljević 2013a). The patient's beliefs concerning the origin of symptoms and mental health medicines action may contribute positively (placebo) or negatively (nocebo) to drug treatment response. In addition to their pharmacodynamic mechanisms, mental health medications work also on account of meanings, expectations, and relationships. Hence, treatment effectiveness depends on 1.what psychiatrists and patients believe how medications work, 2.quality of a physician-patient relationship including patient's confidence in the physician and in the psychiatry as a whole, 3.communication and emotional expressiveness within the patient's family, 4.respecting patients' human rights. The creation of favorable treatment context as well as a creative collaboration with patient and her or his family may significantly improve treatment outcome increasing placebo or decreasing nocebo response.

Understanding non-pharmacological factors that influence treatment response is very important. Patients' previous bad experiences, intrapersonal and interpersonal conflicts, negative mental representations, dysfunctional attitudes, ambivalence, resistance, and negative transference, to mental health medications and wrong illness perspective (the individual's attitudes, misbeliefs and negative values about living with a disease) may result in misuse of medication, non-adherence, lack of effectiveness, suicide attempts or the repeated emergence of untoward adverse events (see Mintz 2005). For depressed patients, the prescription of mental health medications may result in feelings of punishment, confirmation of self-blaming beliefs, reinforcement of masochist trends, or resignation regarding the painful feeling of loneliness and isolation, and imply as the medications could replace the human relationship (Frey et al. 2004). For a manic, medication may interrupt the search for reward, remove creative and grandiose power and risk the feeling of euphoria and well-being which defends subject from depression. The medication may elicit the patient's ambivalence. On the one hand, the patient may fear the omnipotent primitive object-physician, fantasized being poisoned, manipulated, seduced or rejected; 'the MD is prescribing a medication in order to not listen to me anymore'. On the other hand, the patient may believe in a 'magic cure' by the good MD. Therefore, the prescription may represent either a narcissistic wound for some patients, or a relief from anxiety and a reinforcement of hope for others (se Frey et al. 2004). Some patients may be pharmacophylics or pharmacomanics, whereas others are pharmacophobics what may have significant influence to drug treatment adherence. Pharmacophylia can be manifested in different ways, from a craze for using or for trying drugs and a chronic fascination with medicines to an uncontrollable or morbid desire to take medicines. Pharmacophobia can also vary from a slight displeasure and mild anxiety to a fear of medication that can cause severe panic attacks and/or various subjective symptoms in a person. Patients with trend to somatic-zations may project in the medication the responsibility for their disturbing feeling like pseudo-side-effect (Frey et al. 2004). Assessing personality type, dysfunctional beliefs, explicit and implicit attitudes about medications, attachment style, intrapersonal conflicts, typical interpersonal patterns and conflicts, and the place and importance of the sick role in the patients' life may be essential for creating favorable treatment context. Such an assessment alerts patients that the psychiatrist is interested in all aspects of their life and not just their symptoms and may contribute to establishing the therapeutic rapport and alliance (Mintz 2005).

Creation of the favorable treatment context is based on the human rights philosophy, shared decision model, managing patients' mental models that improve their personal mastery as well as on the shared learning with patients. Learning in this context does not mean getting more information, but expanding the ability to produce the results we truly want (Senge 2006) in psychiatric treatment. Mental models are deeply ingrained beliefs, assumptions, generalizations, or even pictures and images that influence how human beings understand the world and how they take action. Personal mastery goes beyond competence and skills, as well as beyond spiritual unfolding or opening, it means living life from a creative as opposed to reactive viewpoint (Senge 2006). Managing patients' mental models involves surfacing, testing and improving their internal pictures of how world works as well as how they function in health and illness to increase their creative capacities. Creative collaboration with patients and their families includes building the shared treatment goals as well as the pictures of their future that foster their genuine commitment and enrollment more than simple compliance. A shared vision is the first step in allowing people who mistrusted each other to begin to work together (Senge 2006). A human rights FREDA (fairness, respect, equality, dignity, autonomy) approach to health care is based on premise that ignoring and violating patients' human rights has a detrimental effect on their health, and vice versa, using this approach can improve health outcomes and deliver better quality, person-centered health-care (Curtice & Exworthy 2010).

The psychology of taking mental health medications is very complex (see Doran 2003). Linking medication usage to the patients' individual goals and desires may significantly contribute to the achieving better treatment outcome. Motivational interviewing with matching, pacing and leading techniques is an essential step in

establishing a creative treatment context because it helps the patients to articulate personally meaningful goals, while taking medications may facilitate achieving their goals. Being able to set and pursue personal goals provides much of the motivation for better cooperation and active participation in treatment. As patients develop more personal mastery over their symptoms, they become able to better master over their lives and to realize their own vision of recovery. Building shared vision of treatment goals with patients and their families is a key component of favorable treatment context and creative psychopharmacotherapy.

PERSON-CENTERED PSYCHOPHARMACOTHERAPY

Good clinical practice requires a full attention to be given to the person of the patient and to establishing a genuinely human and therapeutic relationship between MD and patient. This implies a consideration of the patient as a person with his or her life story, human rights, needs, beliefs, values, faiths and spiritual understandings, as an ethical and professional obligation for the psychiatrist. Mental health can be altered by what a patient «has» (disease), how a patient suffers (illness), how a patient is defined by diagnosis and how community respond to his behavior (sickness, stigma, social role), what a patient «is» (personality, narrative self, human being in the world), what a patient «does» (behaviors, morality), what a patient believes in (life philosophy, spirituality), what a patient feels (life satisfaction, well-being), what a patient «encounters» (life stories or script) and what a patient tends to be (life management, life mission, self-actualization). 'Medicine of the person', established by Paul Tournier in 1940, emphasizes an approach in the medical care of the whole person: to the biological, psychological, social and spiritual aspects of health problems (Pfeifer & Cox 2007). "Objectives of Paul Tournier's Medicine of the Whole Person are, among others: to help patients find the meaning of their sickness and their life; to deal with the problem of death; to discover a specific ethical approach to their environment; to open sources of love for themselves and for their fellow-men; to sense the meaning of suffering ... to find strength through the community for a new responsibility towards themselves and their fellow-men» (see Pfeifer & Cox 2007). The 'person' in medicine of the person includes both the person of the doctor (or of the health professional) and that of the patient, as well as their personal relationship illuminated equally by faith and by science, that healing body, mind and spirit. Tournier stressed that an integration of body, mind and spirit is necessary for health and wholeness (Pfeifer & Cox 2007). The ancient Greek philosophers and physicians taught that «if the whole is not well it is impossible for the part to be well» (Christodoulou et al. 2008). In medicine of the person patients are not only carrier of symptoms, disease and illness, they are primarily human beings, persons and personalities with their power, autonomy, history, context, needs, values, purpose and sense of life and life project in addition to disease experience (Jakovljević 2007b, Christodoulou et al. 2008). Disease has to be cured, but the person of the suffering patient has also to be met, helped and healed. Nowadays, 'medicine of the person' represents an important paradigmatic shift in contemporary health care systems. Unfortunately, the personal aspects of treatment have been commonly neglected in the current era of evidence-based depersonalized medicine with treatment guidelines and algorithms which are intended for the benefit of the majority of patients, but without consideration of the person (Ruedi 2007). According to some opinions treatment guidelines are, in and by itselves, treacherous beacons offering clinical pseudo-certainty, but offer lawful safety.

Conventional health care paradigms focusing just on a disease perspective and a «one fits all» treatment are often regarded as inadequate and disjunctive (Jakovljević 2007b, Ruedi 2007, Mezzich & Salloum 2008). Simply treating a psychiatric diagnosis or a disease as only a brain disorder, without treating the whole person, is commonly very detrimental. Good news is that there is a trend of developing a personalized, complex systems approaches which integrate many diverse inputs and perspectives into a unique network (see Jakovljević 2013b), like „the five P's approach to case formulation or case presentation (Macneil et al. 2012). As more perspectives are integrated, the structure of the system network is refined and becomes more complete, enabling the development of new diagnostic and therapeutic tools. The seven perspectives model with well-being therapy and life coaching (see Jakovljević 2007a, 2008, Jakovljević et al. 2012) is a methodological supplement to the medicine (psychiatry) of the person and „the five P's case formulation" (the presenting problem, predisposing factors, precipitating factors, perpetuating factors, and protective/positive factors) approach because it helps to organize and apply personalized and individualized care. Each perspective (the disease/illness, dimensional, cognitive-axiological, behavioral, spiritual/transcendental, narrative and systems perspective) can contribute to the formulation of a clinical problem in a different way, so a simple one-to-one application of perspective to a case is not enough. How much each perspective will contribute depends on the clinical characteristics of the case as well as on the treatment phase. At each particular case or phase of the treatment, the psychiatrist needs to select the primary perspective that best fits the patient and then integrate the other perspectives into the case formulation and treatment. When applied secondary to the disease perspective, the dimension perspective is mindful of the patient's personality strengths and weaknesses as the patient encounters the limitations imposed by the

disease or post-treatment condition. The dimension perspective is focused on helping the patient to use personality resources to respond to the demands and challenges of the actual life situation and increase her or his well-being. The behavior perspective is secondary to the disease perspective for cases in which a specific behavior pattern is associated with the disease process or condition. When the behavior perspective is the primary perspective, the focus is on stopping unwanted or starting wanted behaviors.

A useful distinction between disease and illness is relevant for our understanding of the personalized psychopharmacotherapy. Disease is a disruption of biological structure or function, e.g. brain; its treatment mitigates or eradicates the symptoms and signs and does not demand attention to the whole person. Illness is a subjective experience, cultural and interpersonal manifestation of a disease. Illness is a problem of the whole person, not of a single organ or organ system. The goals of integrative and holistic well-being oriented treatment are not only to reduce, eliminate or prevent distressing and disabling symptoms of mental disorders, but also to improve neuroplasticity and help patients to learn new ways of thinking, feeling and behavior, to recover and achieve a meaningful, satisfying and valued life and winner life stories. *Love* (attachment, connecting, belonging), *freedom* (choice, independence, autonomy, self-realization, self-direction), *power* (learning, achievement, control), *joy* (fun, play, pleasure, enjoyment) and *purpose* (meaning, sense of life) are not only basic human needs, but also fundamental dimensions in which people live in health, and less in the illness. To paraphrase William Osler „ good physicians treat diseases, great physicians treat individual patients with diseases“, using creative psychopharmacotherapyand helping them to create more love, freedom, joy, purpose and power. One of the key features of creative psychopharmacotherapy is to know when to ignore guidelines; and to recognize when the primacy of the individual patients and his/her needs have not been covered in a simple way that a guideline may indicate. Sometimes, it is close to the Aristotle's concept of phronesis or the practical wisdom and art of knowing what to do when you don't know what to do according to treatment guidelines.

PERSONAL RECOVERY FOCUSED PSYCHOPHARMACOTHERAPY

Concept of creative psychopharmacotherapy supports a shift from deficit models of mental disorders and demoralizing prognostic skepticism towards optimism and broadening treatment goals beyond symptom reduction and elimination. Due to the present psychopharmacological arsenal, achieving personal recovery has become a real strategic goal. Recovery-orientation has become a guiding principle in many countries, while recovery-oriented services promote a new culture of care and therapeutic relationships (see Amering 2012). Mental disorders are usually associated with negative or auto-destructive sense of self or loss of a sense of self, loss of power, including agency, choice and personal values, loss of meaning, such as through loss of valued social roles, loss of hope, leading to giving up withdrawal (see Slade 2011a). Some patients complain on spirit breaking interactions with mental health professionals engendering feeling of being disrespected, discouraged and hopeless (see Slade 2011b). Lack of hope has detrimental consequences in terms of non-adherence with treatment and prevalence of nocebo responses. Creation and fostering hope, meaning, personal responsibility, spirit of optimism and commitment can significantly contribute to overall positive response to pharmacotherapy, but in the other way round drug treatment can contribute to creation and fostering hope, meaning, personal responsibility, spirit of optimism and commitment. Hope, which includes perceived external resources, perceived internal resources and positive expectations, is recognized as the starting point for personal recovery. Patients with high hope are more likely to cope successfully with future adversity. Recognizing or finding meaning in life is fundamental issue for everybody, with or without mental disorder, and it is associated with making sense of experience and generating a story. The story is a natural framework for a very different conclusion about how we live and what we do; and what is the meaning of everything. Personal recovery is associated with the cognitive rebuilding of a viable assumptive world view which integrates the realms of vulnerability, resilience, meaning and self-esteem in order to create a better new life story. The message is this: psychopharmacotherapy may help setting the stage for beneficial changes and personal growth. Namely, personal recovery is related to the potential for spiritual and psychological growth what means that episodes of mental disorders, although clearly distressing and disabling, may be also developmental and educative experiences. Patients who want to live healthy must reformulate their inner values and deep beliefs, shift their identities and develop a dominant life-oriented illness perspective instead a disease-oriented illness perspective.

Personal recovery is related to working towards better mental health, regardless of the presence of mental disorders (Slade 2011c). It is closely associated with stress coping skills, self-care and self-management (Slade 2011d). Self-care refers to the practice of activities that patients initiate and perform on their own behalf in maintaining life, health, and well-being; whereas self-management refers to activities which patients perform to live well with mental disorder managing illness and utilizing resources. A normal life can be achieved through various self-management strategies focusing on life perspective („increase

wellness, decrease illness concept"). When patients learn to live with mental disorders, they strive to reconstruct life as normal. They are "actively engaged in working away from Floundering (through hope-supporting relationships) and Languishing (by developing positive identity), and towards Struggling (through framing and self-managing mental illness), and Flourishing (by developing valued social roles)" - (Slade 2011c). Stress-coping and problem-solving skills, self-management and self-care in addition to psychopharmacotherapy may significantly influence therapeutic outcome, leading to better functional ability, life-satisfaction, fewer symptoms, and fewer complications.

CONCLUSION

With available mental health medications, it is possible to achieve a more positive impact and better treatment outcome by individualizing and personalizing treatments in a more creative and rational manner. Creative psychopharmacotherapy is the bedrock of holistic and integrating treatment of mental disorders. According to many experts psychoharmacotherapy alone is generally insufficient for complete recovery. A creative approach to psychopharmacotherapy recognizes that the healing process is more than chemical equilibration related to mental health drugs bioavailability in the blood and brain. Framing a positive therapeutic context in which mental health medicines are prescribed and used by patients is of an essential importance. Attention to promoting healthy life styles, general well-being, social integration and spirituality are very important elements of holistic and integrating treatment that enhances favorable drug response, and vice versa psychopharmacotherapy supports better mental and social integration, self-directedness, cooperativeness, and spirituality. An integrative and holistic creative approach involves simultaneous and synergistic application of mental health medications, psychological, interpersonal and family interventions in the context of well-being oriented treatment and life coaching.

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