Psychiatria Danubina, 2021; Vol. 33, Suppl. 4 (part III), pp 1065-1080 *Conference paper*
Review

"A GOOD/BEAUTIFUL WORD IS LIKE A GOOD/BEAUTIFUL TREE..." FROM THE PERSPECTIVE OF CREATIVE PSYCHOPHARMACOTHERAPY

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SUMMARY

A good/beautiful word in creative psychopharmacotherapy offers: an environment for purposeful activities, such as creative work, structured work, enjoying the nature of essence and existence; and a feeling of security and safety, according to which it is necessary to act with respect and dignity, and permit the development of a feeling of belonging, value and trust; it is necessary to have time to express one's feelings to other members with sympathy, and active listening; the opportunity and encouragement for developing feelings and drawing conclusions from experience, including illness and its treatment; receiving permission and encouragement to develop a relationship with God or the Absolute; enable people to experience holiness, regardless of the time, place and privacy for prayer and worship; spiritual education, encouragement in faith, a feeling of universal connection and forgiveness.

Key words: *good/beautiful word - creative - psychopharmacotherapy*

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INTRODUCTION

> *"Have you not considered how Allah presents an example - making a good/beautiful word like a good/beautiful tree, whose root is firmly fixed and its branches high in the sky? It produces its fruit all the time, by permission of its Lord. And Allah presents examples for the people that perhaps they will be reminded. And the example of a bad/ugly word is like a bad/ugly tree, uprooted from the surface of the earth, not having any stability."*
>
> *(Quran14:24-26).*

According to the World Health Organization, health is not merely the absence of disease and infirmity, but complete physical mental and social well-being, to which we can also add spiritual well-being. Thanks to spiritual well-being, a person can feel the joy of life and full satisfaction at all times, due to that harmonious connection with the Cosmos that surrounds them. In that state, the feeling of youth, enthusiasm and happiness prevails. This desirable state is possible and attainable (Chopra 1998).

Humans appeared as the peak of evolution, with their bodies and souls integrated in many inter-connected activities, permeated by the spiritual dimension of our existence. It is quite obvious that healthy people are happier than sick ones, and research has shown that happy people are also healthier than unhappy ones.

Initially guided by the verses quoted above from God's Revelation in the Quran, I would like to consider, through the prism of creative psychopharmacotherapy, the meaning of these recommendations published for mankind more than 14 centuries ago, and how far these recommendations can be applied in creative psychopharmacotherapy in contemporary care of people's mental health.

THE BRAIN AND COMMUNICATION

The most refined form of organization of material is the nervous system, whose central part is the human brain, which has the capacity to think, to have ideas and to exchange its thoughts and ideas with others through speech, writing, art, and many other forms of activity. The human brain has the capacity to recognize thoughts/ideas that appear spontaneously in the form of concepts and images, to retain and remember them, and to express and exchange them by various means of communication, both that person with themselves and also with the world in which they live. When thoughts and ideas are materialized, they remain written down, immortalized, to continue and testify to the one they originated with, long after the end of the physical life of the person whose ideas they record. A thought that is expressed, written down, engraved, sung, played, whispered and/or painted is a word.

The Brain

The central nervous system (CNS) consists of the brain and the spinal cord. Both develop from the embryonic ectoderm together with other structures, such as skin. This development begins already in the 3rd and 4th weeks of embryonic life, beginning with the process of neurulation, which is the development of the neural tube. The neural tube closes spontaneously, rostrally and caudally. In the fifth and sixth weeks, prosencephalic development occurs with the first appearance of the brain. The primitive brain consists of the presencephalon, the mesencephalon and the rhombencephalon. The prosencephalon divides further into the telencephalon and the diencephalon, through a series of developmental

phases: formation, splitting and development of the midline. Any form of developmental changes in these stages leads to malformation of the brain as it develops (Rewane & Munakomi 2021).

The brain is programmed to maintain a balance in encounters with new experiences, by processing and assessing stimuli both unconsciously/subcortically and consciously/cortically. Previous experiences are stored in the brain and do not cause any significant disturbance. Through any subsequent experience of stressful situations, the reactions are mild if the stress is mild in intensity, but if the stressful events go beyond the usual human experience they then become a potential threat to survival and require the organism to prepare to defend itself. Excessively stressful events direct the organism's reactions in the wrong direction, and may lead to irreversible psycho-physiological changes. In a period of exposure to stressful circumstances the stress hormone is automatically released into the organism, which causes the primitive fight or flight reaction. A stress reaction also occurs when the brain is exposed to an excessive amount of information which it is not able to process or understand (Gregurek 2011).

The basic brain structures are neurons and glias. About 10 billion neurons are constantly active. Each neuron has several projections, one of which is a long neurite or axon, and there are many short ones called dendrites, which in Greek means branches. The body of a nerve cell is called a perikaryon, and the dendrites bring stimuli into it, whilst the axon removes those stimuli from the perikaryon. Each neuron in the nervous system is connected to a large or smaller number of other neurons through formations known as synapses, of which there are about 10^{27} in the human body. On the ends of the dendrites (branches) there is a thickening formed from presynaptic and postsynaptic membranes, and between them is the synaptic cleft. Chemical transmitters: amino acids, monoamines, cholinergics, neuropeptides and hormones, which transmit information through the synaptic cleft, are deposited at the ends of the dendrites (branches) (Cowan & Kandel 2001) (Figure 1, Figure 2).

Dopamin is an important neurotransmitter for motor skills, and the success and reward system (Insel 2003). If there is too much of it, it causes depression, apathy, memory disturbances and schizophrenia, whilst the loss of dopamin causes Parkinson's disease (Howes et al. 2009).

Noradrenalin is related to the fight or flight reaction, especially in relation to stress and trauma. In high doses it causes anxiety, tension, heightened awareness and reaction to stimuli, as well as a defensive reaction.

Serotonin (the happiness molecule) is related to alertness and sleep, and regulates moods and emotions.

Gamma aminobutyric acid (GABA) is an inhibitory neurotransmitter in the central nervous system (CNS), and regulates neuron excitability, muscle tone, and blocks stress messages in the CNS, reduces feelings of anxiety,

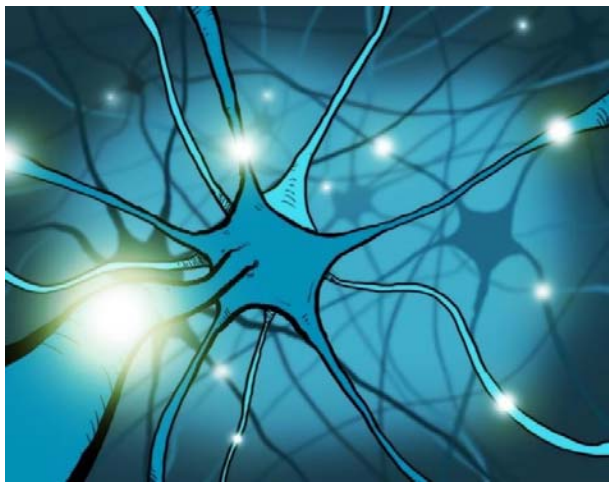

Figure 1. A neuron (tree - dendron) with branches (dendrites) (sketch by Muhammed Hasanović)

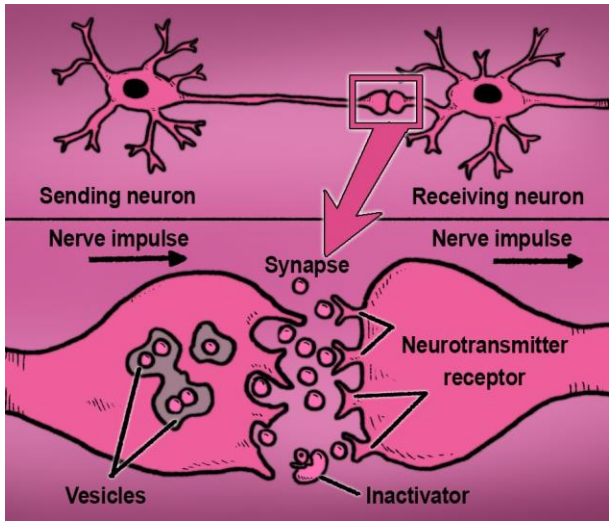

Figure 2. Synapse (sketch by Muhammed Hasanović)

and calms stress caused by emotions. It improves sleep and the sleep cycle, has a powerful effect on stabilizing blood pressure, and has a strong analgesic effect in chronic diseases.

Neuropeptides (endorphins, enkephalins, oxytocin, vasopressin and neuropeptide-Y) control pain, pleasure and the reward system. Endogenic endorphins act as anaesthetics, but they have been linked to dissociation and self-harming (Trezza et al. 2011). For the growth and development of the human brain, the ratio of monoamines and neuropeptides is of crucial importance (Gregurek 2011, Fernández-Teruel 2011). The human brain is shaped by selective stimuli of neurons by external stimuli and experiences, which group and join together in the neural networks. In the early phase of brain development, a large number of neurons are created, which is known as neuronal plasticity. Over time, due to the processes of pruning and apoptosis (cell death), the number of neurons decreases, the previously formed synapses are eliminated due to lack of use or ineffectiveness, and, with new stimuli and new experiences, new synapses are formed (Chugani et al. 2001).

The limbic system is the most sensitive part of the brain, and it reacts to external stressors in early childhood. It is responsible for generating, and control or inhibition of emotions. It is included in interpreting facial expressions and risk assessment, as well as the fight or flight reaction in stressful circumstances, and also integrating emotional reactions and connecting them with physical reactions (Patterson & Schmidt 2003). Parts of that structure are involved in implicit and explicit memory.

The human brain continues to develop after birth so that its volume grows over the first five years of life. The process of growth of new neurons (neurogenesis) continues, especially in the hippocampus and the prefrontal cortex, in regions important for a person's psychological functioning (Imayoshi et al. 2008).

The living environment, preconception, conception, life in the uterus and birth

The environment in which a new life begins is of extreme importance for the overall destiny of the future person, but unfortunately people do not think about this in good time. There is increasing evidence that the period before conception and during conception is an opportunity to prevent future health risks, both for the parents and their children (Stephenson et al. 2018, Barker et al. 2018).

Whether children, at the end of their developmental path, will become healthy, independent adult individuals, loyal to their social community, depends entirely on their initial development. Good initial development is ensured by nature through the existence of a bond between the mother and her child, a bond that we call love. If, therefore, you love your child, it has a good start on its path of life (Winnicott 1980) even before conception.

The first environment in which a person is created and develops is spiritual, and depends on the desires of the future parents. This is the matter of wanting a child, and creating an intrapsychic picture of being a parent. Mothers begin their relationship with their children even as little girls, by playing with dolls, bathing them, dressing them, feeding them, holding them in their arms, talking to them and getting them ready for bed (Winnicott 1980).

Another environment is the biochemical setting in which the child is conceived while it is still in the protected space of the uterus. It is not the same if children are conceived during acute or chronic intoxication with psychoactive substances, or in a clean cellular biochemical environment. It is not the same if the mother takes psychoactive substances during pregnancy, or if she is under-nourished without adequate quantities of vitamins and other important nutritious ingredients. It is not the same if the mother's health is undermined during pregnancy so she has to take medication, in relation to other healthy pregnant women who do not need medication. Pregnant women who are exposed to stressful situations during pregnancy are under the constant influence of the secretion of higher levels of stress hormones. Elevated cortisol in pregnancy and during birth disturb the well-being of the foetus or new-born, as well as disturbing the well-being of the pregnant woman or new mother (Gillespie et al. 2018). The mental health of women in the perinatal period is affected by many factors, including genetic predisposition, a history of mental illness, and an anxious temperament, a lack of birth or social support, and stressful life events (Taylor et al. 2009). On the other hand, oxytocin (OT), a nanopeptide hormone, plays a role in maternal behaviour, and the increase in OT from early to late pregnancy correlates with a stronger bond between the mother and the foetus (Levine et al. 2007). After the birth, there is clear bonding interaction between the new-born and the mother, during which oxytocin remains stable over time, and the levels of oxytocin in early pregnancy and in the postpartum period are linked with a clearly defined set of maternal behaviours, including gaze, vocalization, positive affect and nurturing touch; thoughts related to attachment; and frequently checking up on the infant. During pregnancy and after the birth, oxytocin may play a role in the occurrence of behaviour and mental states in the mother typical for bonding (Feldman et al. 2007).

Wanted children and the risks of their development and growing up

Children in their mother's uterus who are wanted are the reason for the mother's blessed condition, and she bears them with joy and pleasant expectation, continuously whispering good/beautiful words to her child in her womb. Children who survive birth, if their mother survives, can have a secure environment for healthy growth and development. However, children who are born but their mother does not survive the birth, or if she falls into post-natal depression or some disorder (Pašalić & Hasanović 2018), do not have a secure environment at the beginning of their life beyond the womb, so their growth and development are disturbed in various ways. Also, children whose parents are killed in a war or in peacetime are left to the care of the community, and they do not have the chance to grow up in the arms of parents who love them (Hasanović et al. 2006). Due to the effect of genetics, but partially also due to damaged interaction between a parent and their child due to the parent's illness, especially of the mother, there is a greater risk of child abuse. These children show three to five times greater risk of developing mental problems which require treatment throughout their lives. They show abnormalities in the social, cognitive and emotional realms. Untreated mental disorders and related behavioural problems in children often become chronic, and lead to permanent damage to their emotional, social and intellectual development (Schlüter-Müller 2020).

Unwanted children and risks for their development and growing up

However, not all children who are conceived are also wanted. There are also unwanted conceptions, unwanted pregnancies and unwanted new-borns, whether in war (Hasanović 2017) or in peacetime (Hasanović 2015). Although future mothers dream of having children even when they are still children themselves, in adolescence they often approach conception irresponsibly.

Many risk factors have been identified for early sexual initiation. The greatest risk was found for boys, when they frequently drink vodka and beer, use amphetamines, play truant and attend a vocational school. For girls the greatest risk was related to frequent truancy, daily smoking and spending a large amount of time away from home. Many risk factors were related to peers and psychoactive substance use (Woynarowska & Tabak 2008).

Pregnancies between under-aged girls and under-aged boys are frequent. They are apparently physically mature, but psychologically and emotionally immature for the role of mother or parent. Sexual behaviour in adolescents is a sensitive question and may have immediate and long-term consequences, both medical and psychological in character. Kuzman, Pavić Šimetin & Pejnović Franelić (2007) in their study found that sexual experience before reaching the age of 16 was reported by 28.6% of boys and 16.5% of girls. Early sexual experience in boys was related to smoking, drinking alcohol, taking marijuana, and physical fighting and violence. For girls the same variables were related to early sexual relations, the use of marijuana being the strongest independent predictor, and daily smoking was the strongest predictor for both sexes. Girls who had early sexual experience tended more towards dissatisfaction with their health, and with communication with their father and mother, and reported more psychosomatic symptoms. For both sexes, the chances were greater if they had good communication with a close person of the opposite sex. Evenings spent socializing with friends were related to early sexual experiences in boys and girls, as well as with poor academic success. Early menarche was related to the probability of being involved in an early sexual relationship, as well as smoking cigarettes, use of marijuana, and psychosomatic symptoms. So, early sexual relations are linked to unhealthy behaviour in young people such as smoking tobacco, abuse of narcotic drugs, aggressive behaviour and low psychosocial well-being (Kuzman et al. 2007).

Unwanted, under-aged pregnancies are a major problem for girls or young women who become pregnant with irresponsible adult males, in relationships where they most often conceive after being forced into a sexual relationship under threat of blackmail, due to poverty or under psycho-physical coercion (Kyegombe et al. 2020), or under the influence of psycho-active substances, most often alcohol, psycho-stimulants, and marijuana.

Pregnancy and birth before the age of 18, when physical development is not yet complete, carries increased health risks for the adolescent mother and her child. The risky nature of adolescent pregnancies, especially for younger adolescents, lies in the biologically and psychosocially younger organism, and immaturity. The most frequent health risks for under-age pregnancies are anaemia, bleeding during pregnancy, EPH gestosis (pre-eclampsia), extended birth and therefore more frequent Caesareans, and the health risks for the child are significantly lower birth weight, asphyxia, higher perinatal and post-natal morbidity and mortality, more frequent malformations etc. The risks also increase due to less frequent pre-natal check-ups, which begin later in the pregnancy, especially when a well-advanced pregnancy is discovered late, so the under-aged pregnant girl has fewer check-ups during her pregnancy. Additional risk factors in pregnancies of adolescent mothers are: smoking, sexually transmitted diseases, stress, emotional instability, isolation from the family etc. (Stanić 2010).

Most studies confirm that unwanted children are significantly worse off in comparison with wanted children. Unwanted children have more illnesses, poorer academic success with the same IQ, greater frequency of nervous and psycho-somatic disorders, and worse social adjustment (Sulová & Fait 2009).

Some unwanted children are never even born because they are sacrificed by the deliberate ending of the pregnancy, because there is no room for them in this world (Zulčić-Nakić et al. 2012). If they are born, they are placed in children's homes or are given up for adoption (Hasanović & Sinanović 1999). Various studies show that the absence of parents in early life leads to harmful effects for the development of the CNS. It is thought that this is largely because evolution dependent stimuli are necessary for the appropriate post-natal development of the young brain, which is sometimes also known as "a brain waiting for experience", and parents provide the necessary entry data for the development of normative synaptic connections and the survival of the appropriate neurons. Contemporary scientific discoveries indicate that a long-term deficit exists in the response of monoamines after the early absence of the mother, and they confirm and expand earlier findings that the early absence of parents has harmful consequences for the development of the monoamine system, and these consequences are modulated by the 5-HTT genotype (Wood et al. 2021).

The environment in which new-borns and children live, play and learn, together with their relationships with their family, teachers and peers, have a powerful effect on their health and development. For example, a developing brain is very sensitive and susceptible to problems, which is related to a child's cognitive and emotional functioning, and affects outcomes such as readiness for school, academic success, and long-term mental health (Lomonowska et al. 2017).

In combination with emotional alignment, human speech creates the possibility of supporting neurogenesis and integration. A child who is left in silence without interaction with his or her parents due to the parents' inability to converse about their internal experiences, cannot develop the capacity to understand their own intrapsychic life. In order for integration of the neural structure to take place, and experiences to be organized on a conscious level, verbal expression is vital. The neural organization and structure of abused or neglected children, as part of their physical, psychosocial and spiritual functioning, is disturbed.

Human speech, language, communication

Speech is a human's optimal aural communication by the formation of syllables, words and sentences that give speech rhythm, and it plays an important role in people's lives. Because of the complex process involved and the early development of speech in children, it is vital that the parents, teachers and the environment are aware of how to help children and encourage the development of their speech, as well as their overall development (Škarić 2007).

Speech is closely related to anxiety and fear. Stressful situations prompt emotional responses and activate the appropriate cortical regions, which stimulate or inhibit human activity and interest, but at the same time lead to the development of cognitive and behavioural capacities, as well as acquiring the ability to speak.

Parent-child conversation in the context of an emotional relationship

Rohner (1984) established the Rohner model of parenting, with the presumption that there is only one dimension of parenting, that is, parental warmth with two poles - parental rejection and parental acceptance. Parental rejection implies the absence of parental warmth, whilst parental acceptance implies the existence of parental warmth. According to this model, there are two types of parent: parents who accept their child and parents who reject their child. Parents who accept their child support him/her verbally and physically, cuddle, praise and encourage him or her, in contrast to parents who reject their child and display hostility and anger towards him/her. The consequences of parental rejection and lack of acceptance are related to problems in the child's behaviour, their self-image, poor academic achievement, anxiety and insecurity. According to various studies, we differentiate short-term and long-term outcomes of parenting styles, which consequences for the social and emotional development of the child. Children who are developing in a relationship with rejecting parents show aggression and hostility towards others to a greater extent, and their self-confidence and feelings of competence are weaker. Parental rejection and/or acceptance are shown during the period of growing up through peer interaction, and when the child

Figure 3. The lower arm of a 20 year old girl. Due to abuse in childhood, she harms herself using a hot iron

Figure 4. The upper leg of a 20 year old girl. Due to abuse in childhood, she causes herself pain with shallow cuts using a razor, until blood is drawn

grows up, the consequences are reflected in the personality and behaviour of the individual. Parental acceptance is shown verbally: praise, giving compliments, saying good/beautiful words; physical action: kissing, hugging, stroking; whilst parental rejection is expressed in bad/ugly words: swearing, hostile and cruel words, sarcasm; and the physical actions are: hitting, biting, scratching, pushing, and withdrawing. The non-verbal relationships are physical and psychological absence as well as neglect of the child's needs (Rohner 1986, Rohner et al. 2005, Rohner & Khaleque 2012) (Figure 3, 4, 5, 6).

Psychotherapy and new emotionally corrective experiences

The 1990's are known as the decade of the brain. Far-reaching progress was achieved in neuro-science, which tries to understand the biology of mental functions. Through the development of new technologies for brain imaging, scientists had the opportunity to study mental and biological processes directly in living human beings. Neurobiological research, as one of the branches of neuroscience, researches how genes and proteins affect behaviour and biological processes (Swift 2001). Eric Kandel, an American psychiatrist and neuro-scientist who received the Nobel Prize made a major contribution to the development and new aspects of the dialogue between neuroscience and psychotherapy. In his study, "Psychotherapy and the Single Synapse" (1979) he explained how the productivity of synapses

Figure 5. A 21 year old girl, sexually abused in childhood, cuts her lower leg with deep cuts using a razor

Figure 6. A 21 year old girl, sexually abused in childhood, cuts her stomach, sides and back with deep cuts using a razor (Photos by Mevludin Hasanović)

can be modified by the process of learning, and which molecular mechanisms participate in that process. With the appearance of a new learning process, the genes responsible for protein synthesis become involved and act by remodelling neural circuits, strengthening the connections between neurons and the interconnection of neuronal groups (Kandel 2001). In other words, psychotherapy as a process, or as a learning experience, in the end acts by the inclusion and exclusion of genes, and thereby remodels neural circuits (Swift 2001).

The ability to learn from experience is certainly the most important aspect of human behaviour. We are in many ways the embodiment of what we have learned. In humans, as well as in other animals, most forms of behaviour include some aspects of learning and memory. Moreover, it is thought that many psychological and emotional problems are learned, that is, it is thought that they are at least partially the result of experience. If psychotherapeutic interventions are successful in treating mental disorders, it is assumed that they succeed in creating new experiences which enable people to change (Kandel 2001). In the therapy situation, here and now, a real encounter is created with a new, emotionally corrective experience, which expels the old pathological experience.

Hormonal factors, stress, learning and social interaction change the binding of transcriptional regulators in the regulatory regions of DNA, and in that way affect the speed at which the coded regions translate their genetic information and cause the creation of the appropriate proteins. Transcription, therefore, is sensitive to environmental factors, and this is a process known as epigenetic regulation. This is one of many ways that show the sensitivity of the development of the brain to social factors. Through their regular function, genes create the underlying functional anatomy of the brain, through environmental factors, and this dictates how the genotype will be transformed into a phenotype, depending on the course of development (Joëls 2018, Meaney et al. 2007)

Thoughts/words as regulators of the transmission of neurotransmitters

Thoughts function in the brain, with their direct repercussions for the body, through neurotransmitters in the synaptic cleft as the transmitters of nerve impulses or action potential from cell to cell, through the synapses, or ultra-fine spaces, through which the entire nervous system controls the course of life.

Positive social interactions are key for emotional well-being and the correct development of behaviour in young individuals. Adolescence is characterised by deterioration of the experience of anxiety, fear or threat on the one hand, and an increase in the search for reward (the reward system) and risk taking on the other. It seems that the growth in these apparently contradictory processes, that is, anxiety and the search for sensations related to risk, stem from the relatively lower top-down inhibition of the amygdala and the striatal circuits by the regulatory systems (e.g. the prefrontal cortex, the hippocampus), which mature later. The septo-hippocampal system (especially the ventral hippocampus) may be the key region for regulation of conflicts in avoiding access, and also for choice of the most appropriate responses in adolescence, whilst experience enriched with pleasant life events (in contrast to problems in earlier life) shows that the neuroplasticity caused by these experiences may lead to better top-down inhibition and "more balanced" reactions in adolescents to the challenges of their environment (Fernández-Teruel 2021).

Happiness and healthy brain chemistry

It is quite obvious that healthy people are happier than the sick. Through research it is now becoming increasingly clear that the opposite is also true: happier people are healthier than the unhappy. It seems that happiness, that is, the state in which a person has happy thoughts for most of the time, causes biochemical changes in the brain which, in turn, have a very positive effect on physical physiology (Chopra 1998).

Sad or depressive thoughts, on the other hand, produce changes in the chemistry of the brain that have a harmful effect on physical physiology, through the neurotransmitters secreted in the synaptic clefts, of which about thirty different types have been identified in brain tissue. The relationship between neurotransmitters changes

according to the circumstances and the mood in which the person finds themselves. Since thoughts are under our conscious control - because we can consciously decide which thoughts we will have - it becomes clear that the chemistry of the brain, although it is very difficult to analyse scientifically, can be controlled very easily. To think, or to speak, means to exercise the brain's chemistry, directly affecting the secretion of hormones from different parts of the brain, such as the hypothalamus and the hypophysis, which then transmit the message to the distance organs of the body (Chopra 1998).

Unhappy thoughts are angry, hostile, and prompt a sympathetic response: an accelerated pulse, raising the level of blood pressure, causing the face to blush. Anxious thoughts can also accelerate the pulse and raise blood pressure, as well as causing the hands to shake, a cold sweat, stomach cramps and general weakness, like when we say that someone "died of fear". Seriously disturbed thoughts have long been connected with damaged brain chemistry. "There are no distorted thoughts without a distorted molecule".

In contrast, happy thoughts are thoughts of love, calm, friendship, goodness, generosity, gentleness, warmth and intimacy, which produce the appropriate physiological state, with the help of the flow of neurotransmitters and hormones in the central nervous system. The deep physiological changes caused by happy thoughts lead to good health because the neurotransmitters that cause them in the body have a stimulating effect. If the endocrine-immunological system of the body weakens, through feelings of anger, apathy, hostility, scorn, conflict and turmoil, happy thoughts serve to increase the body's resistance to illness on the basis of a similar but reverse action (Chopra 1998).

"How to get rid of freedom of speech, the captivity of arbitrariness of words without responsibility, how to do good to ourselves and others with our speech? The exalted Creator of the Universe and Man, whom he made his Representative on Earth says:

Tell to My servants that they should speak that which is best. Surely, Satan creates discord among them. Indeed, Satan is an open enemy to mankind. (Quran 17:53)

A graceful word and forgiving is better than charity followed by causing hurt. Allah is All-Independent, Forbearing. (Quran 2:263)

And God's Messenger, Muhammed, may God's prayers and peace be with him (S.A.W.S.), underlines: *"Whoever believes in Allah and the Day of Judgement should only say that which is good, otherwise remain quiet."* (Hasanović 2012).

We can see precisely this in the "placebo effect" where mere thoughts determine the final outcome of a disease. Doctors noticed that a placebo produces results, but they thought those results were some strange psychological side effect. Today we know that the placebo initiates the healing mechanisms of the body itself. If we look far enough into the future, we can see that a placebo could be the best medicine of all time. We see a placebo as a kind of permit which the mind gives itself for healing to commence. Norman Cousins, whose books aroused public interest in terms of that possibility, wrote: "*The placebo then is not so much a pill as a process... The placebo is the physician inside us"* (Chopra 1998).

Placebo and nocebo responses are fascinating, confusing, mystifying and challenging. They are truly social, cultural and psycho-biological phenomena which can significantly alter the overall outcome of treatment. The placebo-nocebo phenomenon is a very good model to help us better understand the role of the context of treatment and how much words, indexes, symbols and icons act on our brain. The placebo effect is related to expected rewards and the easing of anticipatory anxiety, whilst the nocebo effect is related to a lack of reward/ positive expectations, and an increase in anticipatory anxiety. Placebo-nocebo effects are mediated through changes to various cortico-subcortical networks and psycho-physiological systems. Despite the many existing complementary theories and the still growing research into placebo and nocebo effects, the application of our current knowledge to benefit basic research, clinical trials and routine clinical practice is still sparse (Jakovljević 2014).

Gentleness is stronger than strength

Gentleness breaks down all obstacles and always wins. Brahma asked Strength, "Who is stronger than you?" Strength replied, "Gentleness".

Wisdom is to avoid criticizing others, as far as possible. Human souls are sensitive and so we must be very careful towards people. Sincere praise is preferable to rebuke, if at all possible. Teaching and gentle instruction are preferable to judgement.

Internal impulses rebel against reproach in a man, calling for resistance.

And so if criticism is necessary, it should be gentle, compassionate, full of understanding.

Do not judge and you will not be judged (Confucius).

Culture anima

"Nomen est omen" (Lat. The name speaks for itself) - Titus Maccius Plautus.

"In principio erat Verbum, et Verbum erat apud Deum, et Deus erat Verbum. Hoc erat in principio apud Deum". Lat: "In the beginning was the Word and Word was in God and the Word was God. It was with God in the beginning" (Jelaska & Novak-Milić 2012).

"Kun fa yakûn" (Arabic: "Be, and it is!") "If we want something, We simply say, "Be!" and it is". (Qur'an, 16:40)

Mental health is closely linked to psycho-culture, that is, the culture of the soul (culture animi) Culture represents the way we live and the values we follow and create.

Culture plays an important role in shaping our health, and it is no less important than the role of our genes. The way in which we define ourselves, others and the world significantly shapes our behaviour and our personality, in health and sickness. Each of us is a unique and irreplaceable person, with a specific life history, belief system and style of communication.

Increasing mental, social and spiritual capital, that is, promotion of good interpersonal relationships, a clean environment, spiritual and moral values, are closely linked to improving mental and spiritual health (Jakovljević 2019).

The media and information crisis, and the century of the creative mind

"Save me, O God, from knowledge which is of no use"
Hadith/saying of the Messenger of God Muhammad (S.A.W.S.)

The crisis that has been deepening increasingly over recent years has a negative effect both on the health of individuals and on the health of an entire nation, and since it is a global crisis, it is also a matter of civilizations. The media offer an abundance of theories and information about mankind, the meaning of our existence, the motives for our behaviour, about mental health and mental disorders.

The problem is not in a lack of information, but what to do with the veritable jungle of contradictory information, the increasing banalization of everything and everyone, the increasing divisions in society, growing barbarism, the lust for the spectacular, narcissism, hyper-sexualisation, pornography, exhibitionism, mediocrity...

When making important decisions, it is necessary to know how to interpret systematically, evaluate critically, correctly understand and synthesize information, and use it rationally, logically, creatively and with good intentions.

The possibilities of manipulating people were never greater than now, but also the possibilities of creative cooperation in building civilizations of peace, love and general well-being.

Of the 21st century it is said that it will be *"a century of the creative mind, or it will not be at all"* (Jakovljević 2021).

Instead of being a slave to the media in a crisis, we can choose good/beautiful words, and speak well - credibly and conscientiously, like our father Adam, peace be upon him, (A.S.) to whom the angels bow when he speaks before them what he has learned from His Creator. Only in this way can our speech be FOR us. Only in this way will our thoughts, feelings and intentions, which ascend in the air that flows from our lungs, blow across both worlds, not like a raging storm, but like a fruitful wind that bears a bountiful rain (Hasanović 2012).

Our speech, all our words, are a solemn act because *"...no word does he utter without the ready watcher beside him"* (Qur'an, 50:18), therefore let us pay the attention to speech that it deserves, and not trivialize words. Let us try, like Hazrat Maryam's relatives as they witnessed the speech from the cradle by the newborn Issa (Jesus) (A.S.), to marvel at that priceless gift given by our Creator. Let us shape the world we live in using words, more than our hands. We cannot take any pharmaceutical preparation for healthy, good, and powerful words, but our speech, washed in sincere faith and self-control, will inevitably shine with true beauty. For success in this world and the next, let us speak well, and... *tell of the favours of your Lord!"* (Qur'an, 93:11) (Hasanović 2012).

PSYCHOPHARMACOTHERAPY AND PSYCHOPHARMACOLOGY

The field of psychopharmacotherapy has grown at a significant rate, even after the decade of the brain, with many controversial concepts and treatment paradigms, creating both new opportunities and challenges.

The appearance of a significant number of effective drugs for mental health, which are well tolerated, has increased our capacity to treat the main mental disorders in a more successful way, with many better treatment outcomes, including complete recovery.

Modern psychopharmacotherapy sees itself as scientific, rational, technical and very evidence based. However, there is an enormous difference between our capacity to achieve very high effectiveness in treatment, and the poor results in clinical practice (Jakovljević 2007a).

Despite the huge progress in psychiatry and psychopharmacotherapy, as well as all the scientific and clinical achievements, which we almost regularly apply in practice, sometimes we come across cases in which all our knowledge and experience fail to achieve satisfactory results.

Clinical pictures are increasingly varied, even individualized, which means that in these cases we need to resort to creative solutions, for the sake of the well-being and mental health of the individual.

When you have a patient before you with uncharacteristic symptoms of a disorder which do not react to psychopharmacotherapy, and at the same time they are developing unusual side effects or subjective difficulties, the possibilities for action are small, and it is possible that it is a matter of a patient who at the same time is seeking and refusing help (Ružić et al. 2011).

Modern psychopharmacotherapy is currently in contention both outside and within the field of psychiatry. Conventional psychopharmacology paradigms focusing just on a disease perspective, biological narrative and a "one size fits all" treatment are often regarded as inadequate and disjunctive. A significant proportion of psychiatric patients achieve no improvement or only partial improvement in their symptoms, while many of

them suffer adverse and even toxic effects from the medication. Psychopharmacotherapy as the sole form of treatment may carry the wrong message that patients do not have to change their life style and do not have to learn any new skills, they just have to receive their medication on time because the only problem is in their brain chemistry. Evidence-based psychopharmacotherapy and person-centred narrative psychopharmacotherapy are not competitors, but a complementary duality, as intimately connected as the brain and the soul. Narratives preserve individuality, distinctiveness and the therapeutic context, whereas quantitative methods and evidence-based guidelines offer a solid foundation for what is reliably and generally correct. The purpose of person-centred psychopharmacotherapy is to empower the patients to control their disease, to re-author their problematic life story, to obtain full personal recovery, and to regain control over their lives (Jakovljević 2015).

There is a great deal of room for improving clinical practice in the field of psychopharmacology (Niculescu & Hulvershorn 2010). The concept of creative psychopharmacotherapy could improve everyday clinical practice and overcome that lack. The task of creative psychopharmacotherapy is to provide practical knowledge, skills and abilities in the realm of psychoculture, mental and spiritual health. Its foundation on scientific evidence, and applicability and usefulness in everyday life are its fundamental principles. The knowledge and information offered are aimed at developing the techniques for self-help and mutual help necessary for more successful and timely recognition, and resolution of various forms of psycho-social, spiritual and health problems (Jakovljević 2010).

CREATIVE PSYCHOPHARMACOLOGY

The term Creative Psychopharmacology was coined in 1992 by Dr Jonathan Cole (1925-2009), and relates to "the rational use of multiple medication simultaneously to treat difficult illnesses" (Bernstein 1995).

Bernstein (1995), according to Jakovljević (2010), underlines: "to properly use medicines in the twentieth century, one needs knowledge, reverence, caution, and enthusiasm; the latter being the origin of the creativity often necessary to achieve an optimal therapeutic result."

Bernstein's concept of creative psychopharmacology relates to:

- the rational and safe combination of multiple medications to achieve clinical improvement where simpler therapy approaches have failed/are missing;
- the use of novel drugs or those approved for non-psychiatric diseases to treat mood and behavioural disorders;
- and when prescribing medication it is necessary to think more about the differential effects of monoamine neurotransmitters and their imbalance on behaviour than in terms of a strict diagnostic categorization.

What creative psychopharmacology is not

Creative psychopharmacology is not authorization to practice quackery or to treat patients with alternative remedies without scientific knowledge of rational mechanisms to support the novel therapy (Bernstein 1995, according to Jakovljević 2010). Deficient dopaminergic function may be operative in generating inertia and behavioral retardation, since this transmitter appears to be important in governing goal-directed behaviour. Noradrenergic deficiency may be seen as underlying anhedonia, therefore restoring adequate functional levels of this transmitter may result in reawakening the depressed patient's ability to experience pleasure. Serotonin on the other hand may partially function as a regulator of mood, aggression, and anxiety," (Bernstein, according to Jakovljević 2010).

This approach is very similar to the concept of functional psychopharmacology and goal-directed, dysfunction-oriented psychopharmacotherapy (van Praag 1993).

CREATIVE PSYCHOPHARMACOTHERAPY

Despite recent advances in clinical psychopharmacology, mental disorders are still the leading cause of disability in the world. Treating mental disorders with drugs alone is unfortunately too often linked to partial remission, frequent or occasional recidivism, as well as permanent residual symptoms, suffering and a low level of well-being and satisfaction with life, and a low quality of life. The practical failure of psychopharmacotherapy in improving satisfaction with life and well-being is linked to the focus of treatment on the psychopathology and reducing the illness, and not on the development of well-being, the purpose of life and creativity. Neuro-linguistic programming (NLP), life training and wellness therapy can significantly improve the effectiveness of psychopharmacotherapy, creating an effective and well-thought out context of treatment, to achieve complete recovery (Jakovljević 2007).

Creative psychopharmacotherapy represents the art and practice of organizing learning within the framework of transdisciplinary holistic, integrative and personalized psychiatry (Senge 2004, Jakovljević 2007, 2008).

It is based on creative thinking and a strategy of systematic processing of information (Jakovljević 1995, 2005), integration of reason and intuition, as well as creating a favourable context for treatment and creative cooperation with patients and their families (Jakovljević 2010).

In order to achieve our potential intelligence, we have been given reason and intuition, which are designed to work in harmony for us, whilst systems thinking may hold the key to their integration (Senge 2004). For a more complete experience of the interrelationship of multiple illness and aspects of their treatment, and to see the whole, and not parts, systems thinking is vital. Every patient belongs to different systems on different levels, such as family, community, culture, society and the uni-

verse, since they are composed of different biological and psychological systems. Treatment applied intervenes in one system, which may cause changes in other related systems.

Original ideas and mental processes, leading to a previously unrecognised opportunity for a solution to a therapeutic problem in unique, and more effective and rapid ways, are the foundations of creative thinking. Creative thinking may use pre-existing objects, information and ideas, but it creates a new relationship between the elements it uses, for example creating a more favourable treatment context, and more effective and safer drug combinations. Creation of a favourable treatment context is based on the shared decision model, managing patients' mental models that improves their personal mastery as well as the shared learning with patients. Our aim of learning in this context is not obtaining more information, but we endeavour to broaden the possibility of producing the results we truly want (Senge 2004) in psychiatric therapy (Jakovljević, 2010).

The way human beings understand the world and how they take action is affected by mental models that are deeply embedded convictions, assumptions, generalizations, or even images and notions that are very stubborn and resistant to necessary change. In contrast to the reactive point of view, creative living of one's own life requires personal mastery that goes beyond competence and skill, as well as the continuation of spiritual development or opening (Senge 2004).

To increase the creative capacities of our patients, it is vital to include management of their mental models, bringing them to the surface, testing and improving their internal images of how the world functions, and also how they function in health and sickness. Building shared goals for therapy, as well as a picture of the future which nurtures their true dedication and inclusion, is more than a simple agreement, and it is only possible through creative cooperation with both the patients and their families. The first step in enabling people who do not trust one another to begin to work together is a shared vision (Senge 2004).

Some general principles of creative psychopharmocotherapy

Principle 1.

Creative psychopharmacotherapy is only a cornerstone of holistic and integrating treatment of mental disorders, according to Jakovljević.

Principle 2.

Creative psychopharmacotherapy is always highly personalized.

Principle 3.

Creative psychopharmacotherapy is strictly individualized. It is important to choose medications that:

- can also treat comorbid conditions present,
- avoid a particular side-effect,
- avoid complicating a medical condition,
- avoid an interaction with another medication, .
- have side-effects that may be to the patient's benefit,
- are proffered by the patient,
- have been effective in a close relative of the patient,
- are affordable for the patient (Doran 2003, according to Jakovljević 2010).

Principle 4.

Creative psychopharmacotherapy is directed by psychopathological mechanisms or processes, and not a particular diagnosis oriented practice.

Principle 5.

Creative psychopharmacotherapy is a context dependent practice. So, treatment effectiveness also depends on:

- what the psychiatrists and patients believe about how medications work,
- the quality of the physician-patient relationship, including the patient's confidence in the physician and in psychiatry as a whole,
- communication and emotional expressiveness within the patient's family,
- the respect of the patients' human rights

Principle 6.

Appropriate medications should be applied at every phase of treatment

Principle 7.

Psychopharmacotherapy must follow the principles of a human rights-based (FREDA) approach to health care. The patient's human rights should be protected in clinical practice during psychopharmacotherapy by adherence to the core values of fairness, respect, equality, dignity and autonomy - FREDA) (Curtice & Exworthy 2010).

Principle 8.

Building a shared vision of treatment goals with patients and their families is an important component of learning organization and a favourable treatment context.

Principle 9.

The risk-benefit evaluation is one of the basic tenets when planning a treatment strategy. The cardinal principle is: "*primum non nocere*" – "first of all do not harm", and treatment benefit must be significantly greater than the treatment risks. It is obligatory to watch carefully for the appearance of adverse events through the entire course of psychopharmacotherapy, as well as to respond promptly and suitably (Jakovljević 2009a).

Principle 10.

Achieving complete remission as soon as possible Creative and rational polypharmacy means multiple drug treatment with "only as many drugs as necessary, each for a specific target symptom, each evaluated individually for efficacy and side effects and adjusted

optimally, with the elimination of each one that is no longer necessary" (Joseph 1997, according to Jakovljević, 2010). Combined medications should provide synergistic benefits, and mitigate or eliminate adverse effects by using lower doses of each medication and targeting complementary physiological (compensatory) mechanisms (Niculescu III & Hulvershorn 2010).

Principle 11.

Careful monitoring over the entire course of treatment. It is necessary to continually look for the further possible improvement of the patient's well-being. It is very important to monitor treatment adherence, the patient's commitment to treatment goals and the possible development of medication tolerance. Good adherence to drug treatments is associated with better-tailored treatments that lead to more satisfied and insightful patients, and to fewer undesirable side-effects and better treatment acceptability in patients (Jakovljević 2010).

Treating mental disorders from seven perspectives, and creative psychopharmacotherapy

The clinical complexity of mental disorders demands assessment, understanding and formulation, using seven perspectives, if we want to achieve a reliable diagnostic model and effective therapy. The different perspectives are not mutually exclusive, but mutually complementary in creating a diagnostic and therapeutic model. In some phases of treatment, there is usually one primary perspective, and the others are secondary, but they are not any less important (Jakovljević 2016).

1. *The perspective of illness:* "The good physician treats the disease; the great physician treats the patient who has the disease" (William Osler);
2. *The personal perspective:* "It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has" (William Osler)
3. *The cognitive-axiological perspective:* (Values-based medicine – VBM) in psychiatry. According to Fulford (2004) the theory of VBM is based on five principles:
   3.1. The two feet principle;
   3.2. The squeaky wheel principle;
   3.3. The science driven principle;
   3.4. The patient perspective principle;
   3.5. The multi-perspective principle;

VBM is the theory and practice of effective decision-making in health care in situations when legitimately different (and therefore potentially conflicting) value perspectives are in play. VBM is primarily drawn from the perspective of philosophical theory. As a theory, VBM is the value counterpart of evidence-based medicine, or EBM. VBM and EBM are a response to the growing complexity of decision-making in health care. EBM is a response to the growing complexity of the relevant facts; VBM is a response to the increasingly complexity of the relevant values. As a practice, VBM is a counterpart founded on the skills of the currently dominant quasi-legal form of clinical bioethics. Quasi-legal ethics prescribe good outcomes in the form of increasingly complex ethical rules and regulations. VBM emphasizes the importance of a good process particularly in the form of improved clinical practice skills (Fulford 2004, according to Jakovljević 2016). The practice of VBM is founded on the following principles:

- By carefully choosing words in a given context we raise awareness of values - the principle of blindness to values
- Many empirical and philosophical methods make it possible to improve our knowledge of other people's values.
- Ethical evaluation of differences in values and not looking for the correct one.
- Communication skills have a substantial and not an executive role in decision-making.

Notwithstanding ethicists and lawyers (VBM) and scientists and statisticians (Evidence Based Medicine-EBM) decision-making is returning to where it belongs: to patients/services beneficiaries and clinicians/service providers (Fulford 2004, according to Jakovljević 2016).

4. *The behavioural perspective. "We are what we repeatedly do,"* Aristotle;
5. *The transcendental/spiritual perspective* relates to the spiritual dimension, that is, to what a person could be and become if he adheres to certain spiritual values. It is related to the transcendental capabilities of the brain (Jakovljević 2016).
6. *The narrative perspective* (narrative based medicine - NBM) is focused on the story of the psychiatric patient which facilitates an easier understanding not only of the patient's acute condition, but also the meaning, sense, and process of how the symptoms occurred. It includes understanding the significance of the patient's thoughts, feelings and behaviour (Jakovljević 2016)
7. *The systematic perspective* is founded on system theory, and relates to the fact that people consist of various systems and simultaneously belong to different systems (Jakovljević 2016).

The narrative perspective

In post-modern psychiatry, narration-based medicine is mentioned as a counterpart to evidence-based medicine (EBM), but these principles are not mutually exclusive. In NBM, the organizational principle is individuality and subjectivity towards the illness and treatment, but an attempt is made, through the narrative, to standardise practice, with the individual and subjective as the starting point. In practice, the boundaries between EBM and NBM are fluid and unclearly defined. Medical practice and knowledge through taking medical histories, and diagnoses are in fact narratives. Hippocrates introduced the presentation of cases (pathography), and

psychoanalysis and neuropsychiatry are founded on the presentation of cases. Patients need to be encouraged to be the authors of their own stories and prompted to create happy endings. Alignment of the patients' and the doctors' stories into a combined complementary story, is linked to the skill of therapeutic communication.

Mental disorders represent an opportunity to interrupt wrongly established life goals and values, and transform them into authentic values through new forms of thought, experience, behaviour and the creation of successful life stories. The depathologization of life is an explicit therapeutic goal in some forms of psychotherapy. The therapist and patient together recognize and activate the vitalizing parts of their self-narrative, in order to develop and form a coherent life story in a new perspective (Jakovljević 2016).

In group analysis (GA), this is the achievement of a new corrective emotional experience, and in the EMDR psychotherapy technique it is the principle of Adaptive Information Processing (AIP model), about which Dr. Mohammed Shafi (2014) speaks in an original way in his book: "Freedom from the Self: Sufism, Meditation and Psychotherapy".

Taking medication may ease and even completely suppress the symptoms of mental disorders, but psychopharmacotherapy alone cannot change relationships in the family or the patient's life story, although it can help to change those relationships for the better.

Knowing the patient and creating a therapeutic relationship: Person-centred psychotherapy

"Be patient with your patient to help the patient to become patient" (Mevludin Hasanović)

Personal recovery is the final goal of treatment

The aim of therapy is not only to halt the process of the disease and achieve clinical recovery, but also to encourage the salutogenetic potentials our patient has, and help him to achieve the most complete healing possible. Important parts of personal recovery and health are: love (intimacy, attachment, belonging), freedom (choice, independence, autonomy), power (the ability to have influence, belonging), happiness (enjoyment, gratitude, fun, play), and purpose (meaning, significance). Mentally disturbed and ill people suffer due to a lack of unconditional love, due to a feeling of powerlessness and inferiority, because of a lack of an authentic meaning in life, the impossibility of choice, and the impossibility of experiencing true happiness and gratitude. Although psychopharmacotherapy improves neuroplasticity and helps the patient to think positively about himself and others, about the world and life as well, to express himself better and more easily, and with more assertive behaviour, psychological interventions and psychotherapeutic techniques are also necessary for the patient to find his new self successfully, to rewrite his script, and to reconstruct his life story. We can achieve this by aiming our psychotherapeutic skills and activities at seven important areas of life learning:

- creating a personal identity,
- developing spirituality, recognition of the true purpose of life and behaving accordingly,
- improving communication skills,
- realization of one's own life integrity with one's own potentials,
- learning cognitive skills,
- creating quality interpersonal relationships,
- understanding the past to create the desired future, according to one's authentic wishes and needs (Jakovljević 2016).

There are five parts to personal recovery through which we need to pass with our patient, asking them to think and respond to several key questions:

- *Vision of hope:* What is going to happen to me? What will my future be like?
- *Identity and life mission:* Who am I? What is my life's mission? What are my goals?
- *The meaning and narrative of illness:* What is happening? What does this mean to me? Have I been written off? Do I need to change something in my life?
- *Personal power:* How far did I contribute to my illness? What is the extent of my responsibility and what are my abilities? What can I do for my own healing?
- *Love:* How much love do I have in life? How do I give and how do I receive love? (Jakovljević 2016).

"What doesn't kill you makes you stronger" (Friedrich Nietzsche)

Illness is most often manifested through three narratives. The restitution narrative implies that it is necessary to cure the illness or overcome it so the patient returns to their state before the illness (repeated episodes of the illness) The chaos narrative implies the belief that the illness disables and destroys the sick person, and that complete cure is impossible (chronic illness, therapeutic resistance). The quest narrative is reflected in the patient's aspiration and search for a deeper meaning, and the belief that every bad thing is for something good, and that after the illness they can become better and stronger (personal recovery) (Jakovljević 2016).

Narrative psychopharmacotherapy is important to achieve personal recovery

Creating the therapeutic relationship: Homo homini remedium est (Lat. One man is a cure for another)

The therapeutic relationship is created through assertive and positive communication (verbal and non-verbal communication and constructive, positive or creative communication vs. non-constructive, negative or destructive communication).

It is vital to establish the best possible partnership relationship with the patient, where the patient is included as an active participant in the therapy, because the doctor-patient relationship is especially important for the outcome of psychopharmacotherapy (Hasanović et al. 2021).

The doctor-patient relationship can be therapeutic when the outcome of therapy is favourable for the patient, anti-therapeutic when psychopharmacotherapy is ineffective (the nocebo effect), or neutral when the outcome is neither positive nor negative. The therapeutic relationship is built through therapeutic communication with the patient, through which we achieve favourable emotional, cognitive and behavioural outcomes, by satisfying their needs and desires. This means that, through therapeutic communication with the patient, we work on their feelings, thoughts and behaviour, and on how they see themselves and the world, their illness and health, guiding them in a positive direction. In other words, creative psychopharmacotherapy is a combination of rational psychopharmacotherapy and positive psychotherapy, so that therapeutic communication encourages the development of a therapeutic relationship and a positive proactive attitude in the patient towards their own healing (Jakovljević 2016, 2021).

Active listening

- The patient's personality and their cooperativeness in treatment;
- Resistance in treatment;
- Encouraging the patient's creativity;
- Therapeutic communication and creatively meeting needs: in-born and acquired;
- - biological, psychological and social needs;
- - authentic (real) and alienated (false) needs.

Table 1. Good/beautiful and bad/ugly words

Good/beautiful words	B/uglyad words
love	hate
good	evil
acceptance	rejection
thankfulness and humility	ingratitude and greed
success	failure
victory	defeat
praise	negative criticism
joy	sadness/sorrow
respect	humiliation
support/help	denial of support/hindrance
giving	taking/seizing
generosity	meanness
victory	defeat
wisdom	stupidity
honesty	dishonesty
patience and tolerance	impatience and intolerance
sympathy and empathy	insensitivity/lack of empathy
finesse	roughness

A GOOD/BEAUTIFUL WORD IS LIKE A GOOD/BEAUTIFUL TREE

"Have you not considered how Allah presents an example - making a good/beautiful word like a good/beautiful tree, whose root is firmly fixed and its branches high in the sky? It produces its fruit all the time, by permission of its Lord. And Allah presents examples for the people that perhaps they will be reminded. Whereas a bad/ugly word is like a bad/ugly tree - uprooted and without stability" (Quran, 14:24-26) (Table 1).

The use of good/beautiful words in creative psychopharmacotherapy, and spiritual skills

In work with our patients, the use of good/beautiful words is an imperative, given as the basis for fruitfully overcoming the mental problems that patients have developed during their personal development that prevent them from living harmoniously and functionally in their environments. By using good/beautiful words, we help patients to continue their disturbed mental development and to continue to mature, as they acquire spiritual skills. By using good/beautiful words, we can:

- be able to create a calm, peaceful state of consciousness (like in meditation);
- be able to remain mentally focused on the present, whilst remaining ready and attentive;
- develop an above average level of empathy, discernment, courage;
- have the capacity to be present and endurance, whilst maintaining hope;
- be self-reflexive, honest with oneself, especially in areas of ignorance and when we are angry, frightened or doubtful;
- have an above average ability to give without exhausting our emotions;
- be capable of appropriate mourning and to stop mourning and to continue living well, having mourned our losses.

Therefore, good/beautiful words in creative psychopharmacotherapy provide:

- an environment for purposeful activity such as creative work, structured work, enjoyment of the nature of essence and existence;
- a feeling of security and safety, being treated with respect and dignity, and being allowed to develop a feeling of belonging, value and trust;
- to have time to express feelings to other members, sympathetically, with active listening;
- opportunities and encouragement to develop feelings and to draw conclusions from experience, including illness and its treatment;
- being given permission and encouragement to develop a relationship with God or the absolute (however

the person sees holiness) regardless of the time and place, with privacy for prayer and worship, education in spiritual things, encouragement in faith, a feeling of universal connection and forgiveness.

More than 14 centuries ago, the exalted Creator of the Cosmos, who created man and gave him the role of being God's representative on Earth, commanded good/beautiful words and forbade the use of ugly speech, as a condition for happiness, success, satisfaction and the creation of harmonious inter-personal relationships.

"Tell My servants that they should speak that which is best. Surely, Satan creates discord among them. Indeed, Satan is an open enemy to mankind." (Quran: 17:53).

The wise men said long ago: "Kind words will unlock an iron door".

"By the time! Surely man is in loss, except those who believe and do good, and exhort one another to Truth, and exhort one another to patience." (Quran, The Time) .

"O thou human being that hast attained to inner peace! Return thou unto thy Sustainer, well-pleased [and] pleasing [Him] enter, then, together with My [other true] servants – yea, enter thou My paradise!" Quran, Daybreak, 27-30.

CONCLUSION

With the drugs available for mental health it is possible to achieve a more positive effect and better outcome of treatment through individualized and personalized treatment, in a more creative and more rational way, by the continuous use of good/beautiful words.

I wonder: "*What is wrong with us? Why do we use bad words at all?" Why would we pull trees up from the roots?*

Acknowledgements: *None.*

Conflict of interest: *None to declare.*

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