

# TREATMENT IN PSYCHIATRY IN A NEW CLASSIFICATION ATTIRE IN THE SHADOW OF SILENCE AND UNPROCESSED TRAUMAS FROM THE PAST. THE IMPERATIVE OF PERFECTIONISM IN THE PRESENT AND SHAME AND DISCOMFORT IN THE FUTURE

Alija Sutović

Department of Psychiatry, University Clinical Centre Tuzla, Tuzla, Bosnia and Herzegovina  
Faculty of Medicine, University of Tuzla, Tuzla, Bosnia and Herzegovina

## SUMMARY

The new classification systems in psychiatry have dressed both patients and psychiatrists in completely new attire. One (DSM -5) is widely used and critics are hardly at peace with the psychiatry of normal living conditions and phenomena and a missed opportunity to 'save the normal'. The second attire is still standing on the mold in tailoring salon in Geneva (ICD-11) and is being ornamented by the online testing through a global network of clinical practice, now around 15,000 clinicians and mental health professionals, before it is distributed to psychiatrists worldwide.

The objective is to (be) treated better and to keep quiet. We remain silent for fear, shame and insecurity in the face of devastating tendencies in the modern world. Unprocessed traumas and mourning from the past in current global setting support various mental disorders. Trauma leaves strong emotions, so if it has not been processed and the loss has not been mourned, these charged emotions get the characteristics of emotional volcanoes or timed bombs that are easily activated. Unprocessed group trauma among political or ideological leaders can become a means of strong manipulation of the masses. And the 'masses' are immersed, globally, in the mentalization of cognitive achievement at the expense of the emotional principle.

By forcing competitiveness, perfectionism and narcissism, people try to 'be successful' at all costs. Perfectionism is a phenomenon that, under the influence of scientific and technological progress, computerization and globalization, increasingly affects the psychosocial development, functioning of the individual and society as a whole. Perfectionism is increasingly associated with anxiety and affective disorders, obsessive-compulsive disorders, eating disorders, and suicidality. Virtual reality, virtual sexuality, pornography, pervasive alienation and loneliness create a position of shame and cultural discomfort, which is so far the price of conformism. But in the Manichean prism, we might also call the new age an era of shamelessness and perversion in the broader sociocultural context leaving open the key question: "Can modern civilization avoid self-destruction?"

**Key words:** treatment in psychiatry - new classification – silence - unprocessed traumas - imperative of perfectionism - shame and discomfort – past – present - future

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## INTRODUCTION

New classification systems in psychiatry have dressed patients and psychiatrists in a new attire. One of them (DSM-5) is widely used, and the critics can barely come to terms with the psychiatrization of normal life states and phenomena and with the missed opportunity to "save the normal." The second suit still stands on a dress form at the Geneva tailoring shop (ICD-11) and is being groomed via online testing through the Global Clinical Practice Network, of now about 15,000 clinicians and mental health professionals, before distributing it to psychiatrists around the world. The goal is to treat (ourselves) better. And to be silent. And we are silent because of fear, shame, and insecurity, confronted with destructive tendencies in the modern world. Unprocessed traumas and mourning from the past in the current global setting support mental disturbances and disorders. The trauma leaves strong emotions so, if the trauma is not processed and the loss is not mourned, these charged emotions obtain the characteristics of emotional volcanoes or time bombs that are easily

activated. With political or ideological leaders, the unprocessed trauma of a group can become a means of strong manipulation of the masses. And the 'masses' are immersed, on a global scale, in the mentalization of cognitive achievements, at the expense of the emotional principle. Forcing competitiveness, perfectionism, and narcissism, one strives to 'be successful' at all costs. Perfectionism is a phenomenon which, under the influence of scientific and technological progress, informatization and globalization, ever more intensively affects the psychosocial development, the functioning of the individual, and the society as a whole. Perfectionism is increasingly associated with anxiety and affective disorders, obsessive-compulsive disorder, eating disorders, and suicidality. Virtual reality, virtual sexuality, pornography, omnipresent alienation, and loneliness create a position of shame and cultural discomfort, which has so far been the price for conformism. But, in the Manichean manner, perhaps the new age could also be termed the age of shamelessness and perversion in a broader sociocultural context. And a key question could be asked: Can modern civilization avoid self-destruction?

New classification systems in psychiatry have dressed patients and psychiatrists in the new attire: the DSM-5 is widely used, and the critics can barely come to terms with the psychiatrization of normal life states and phenomena. The opportunity to “save the normal” has been missed.

“It will be difficult to remain normal when psychiatrists and clinical psychologists begin to apply the diagnostic provisions of the DSM-5 edition in practice” (Kecmanović 2013).

In the years leading up to the publication, a sharp debate developed in the professional circles around the world. The psychiatric authorities argued that the DSM-5 would bring the danger of psychiatrization by lowering the diagnostic threshold of a certain number of disorders (Frances 2013). In his essay “Big pharma, and the medicalization of ordinary life,” Frances expresses concern that lowering the psychiatric diagnostic threshold will result in stigmatization and psychiatric, primarily pharmacological, treatment of millions of people. As an example, he states that the diagnosis of “mild neurocognitive disorder” has been introduced in the fifth edition, which will enormously increase the incidence of mentally disturbed people.

There were also completely opposite thoughts. Ghaemi (2013) points out that there is nothing wrong with DSM-5 resulting in an increase in diagnosed mental disorders... He compares mental disorders with the flu and analogized that there is practically no human who has never had the flu in their life - as a somatic disease... Why should the increase in diagnosed mental disorders be worried about?

Actively participating in this professional and academic debate, Kecmanović (2014) clearly denied the analogy between influenza and mental disorder; the diagnosis of any mental disorder is almost invariably accompanied by the stigmatization of the mentally disturbed person, with all possible, extremely serious negative effects of this type of stigma. The increase in the incidence of mental disorders would occur artificially, by lowering the diagnostic threshold. And influenza will always be influenza...

The ICD-11 will, once adopted in WHO member states, “enter into force”, i.e. be in official application from 1 January 2022. From 2019, the preliminary edition has been available, which will allow countries to plan how to use the new version, prepare translations, and train health professionals across each of the countries. In addition to all the difficulties in collecting all relevant and tangible proposals “from the field,” one of the slowing factors is certainly the fact that not only the new edition of the ICD, but also the transition from the old to the new system, is unimaginably expensive project (Sartorius 2017).

The introduction of the ICD -11 includes the implementation package:

- Transition tables for transition from the ICD-10 to the ICD-11;
- Translation tools;
- Coding tools;
- Web services;
- The manual;
- Training materials

All this is available for those who register on the ICD-11 platform online.

Volpe (2014) concludes that paying attention to cultural frameworks is a key element in the ICD-11. He also considers the ICD-11 to be an opportunity to improve clinical efficacy, especially in primary health care and in less developed countries.

The ICD-11 will remain based on the prototype description of various mental disorders instead of on the operationalized diagnostic criteria, which implies congruence with the spontaneous clinical process. The existence of each of several possible symptoms is not tested, but the experienced and educated psychiatrist is a pillar, the last instance of decision-making. The ICD-11 is based on the principle of checking whether a patient’s characteristics match any of the mental disorder templates developed by the clinician through his or her education and clinical experience. A prototype-based diagnostic system can be just as reliable as an operationalization one and is easier to use and clinically more useful.

For the first time, new editions of classification systems are given Arabic rather than Roman numerals. This suggests that it is now a “living process,” and that, possibly, (due to the already mentioned expensiveness, cumbersomeness, time required to create a revision...), there will not be any more revisions. For example, if reliable, pathognomonic markers for some mental disorders are found, it will be included in DSM-5.1, etc... In any case, new classification systems are the future of psychiatry.

## **SILENCE AND UNPROCESSED TRAUMAS FROM THE PAST**

A symposium titled “Silence in Psychotherapy and the Community” was held in Tuzla in 2009, organized by the Clinic for Psychiatry of the University Clinical Centre Tuzla, the Association for Group Analysis of Bosnia and Herzegovina, and the Association of Psychiatrists of Tuzla Canton. Why are we silent? We are silent because of fear and insecurity, faced with destructive tendencies in the modern world. The trauma leaves strong emotions so, if the trauma is not processed and the loss is not mourned, these charged emotions obtain the characteristics of emotional volcanoes or time bombs that are easily activated (Marčinko 2018). What happens to unprocessed traumas from the

past? It is clear that they generate mental disturbances and disorders, on an individual, family, and group level. Vamik Volkan (1997, 2006, 2013) talked about a “Chosen trauma.” These are usually events from the past in which members of a large group experienced loss, humiliation, or felt helpless in conflict with the group that is often a geographical neighbor. Through the “chosen trauma,” Volkan states that previous generations often failed to mourn the losses and traumas they experienced. The trauma that is not processed represents a significant reservoir of psychological processes that vary (in the range) from sadistic to masochistic processing. The transgenerational transmission of trauma implies that a parent unconsciously externalizes his or her traumatic self to the child's personality; the child becomes a reservoir of problematic affective experiences of trauma. Thus, the child unconsciously takes over a part of the repressed and unprocessed traumas of his parent who is a direct victim of the trauma (Volkan 2013, Marčinko 2018). Volkan (1997) believes that it would be optimal that the child, through his or her development, at least partially mourns the traumatic experiences obtained in a transgenerational manner... He also mentions the term of transferring of “psychological DNA.” For example, PTSD implies low cortisol levels. Children of those suffering from PTSD have low cortisol levels, regardless of whether they themselves have developed PTSD or not (Yehuda et al. 2000). Therefore, epigenetics, i.e. the question of how our decisions change our genesis essential. Epigenetic studies show that it is possible to change the epigenome, i.e. the chemistry of DNA, by external influences; acetyl “pendants”, methylene groups... may activate or deactivate a certain part of DNA. External traumatic events can leave a mark on the genetic code so that epigenetic signals are transmitted from parents to children. According to that, the genome is hardware, and the epigenome is software with memory systems.

## WHY DO WE NEED PERFECTIONISM?

Modern society, by setting high standards in educational and other important segments of functioning, imposes the need for clearly measurable, cognitive achievements. Strikingly, emotional segments are drastically neglected. The mind is forced, the soul and the heart are lost. Forcing competitiveness, perfectionism, and narcissistic models of functioning through the motto of “how to be successful” (at all costs), the message is sent that success has only an external, measurable dimension (cognitive achievement). The emotional component and the inner, reflexive reality are neglected. Is Homo sapiens becoming Homo Deus – the godman? A new, genetically perfected godman, smart and healthy, able to control himself and his

reproduction, long-lived, on the path to immortality, the master of the galaxy (Harari, 2016, according to Jakovljević & Jakovljević 2018). In his book, “Homo Deus - a Brief History of Tomorrow,” Harari divides the history of mankind and the human race into:

- Homo sapiens conquers the world;
- Homo sapiens gives meaning to the world;
- Homo sapiens loses control.

In the 21<sup>st</sup> century, Homo sapiens enters post-liberalism, based on the creation of artificial intelligence and data. Dataism is an almost religiously understood supremacy of information, processing, and use of a large amount of information, bioengineering, cyborg engineering, and engineering of inorganic matter... All previous world ideologies do not offer a meaningful framework of existence, because science has not proved the existence of the soul, free will, and personality; what has been proven is genes, hormones, and neurons, governed by the physical and chemical laws of the material world. Homo sapiens begins to seek answers in earthly immortality, bliss, and divinity. In post-liberalism, Homo sapiens lose control over events and itself and enters the era of techno-humanism and data. Artificial intelligence is separating from human consciousness, the number of jobs is rapidly declining, a small number of “superhumans” control computers, while computers control everything else. Power passes from people to machines. All of this was portrayed by the ingenious Kubrick and Spielberg in the heart-breaking Hollywood SF drama “Artificial Intelligence.” At the center of the drama is David, a robot boy, who is unique because he can feel love. Among other things, from the film it can be clearly concluded that the world is divided into the superhumans who can manage sophisticated algorithms and computers, and to useless (folk) masses, which are no longer troubled by hunger, or epidemic, or wars... but their problem is that they have become mere chips.

What could be much sooner, and what has, to some extent, perhaps already begun, is to divide the world into.

## QUO VADIS, HOMO SAPIENS?!

In pessimistic forecasts, dataism will be established as the most developed data processing system or “the Internet of all things, of everything.” Homo sapiens will disappear as an outdated algorithm. Intelligence is separated from consciousness, soul, emotions... Unconscious (and soulless) but super-functional algorithms (machines, robots) can know people better than themselves, if they are allowed to, and manage people's lives more than themselves.

Where is *psychiatry*, what can it treat and whom and how should it treat such “history of the future?”

Eros and Thanatos – immortal opponents, from the perspective of the 21<sup>st</sup> century, point to the fact that people have mastered the forces of nature so much that they could easily be exterminated to the last. A large number of thinking people are truly afraid of such a scenario. By introducing the theoretical concept of the death instinct, Freud places aggression and destruction in the very foundations of the psyche. M. Klein generally accepts this concept and elaborates it through the object relations theory, while a large number of psychodynamic theoreticians have not fully accepted this concept, or they have offered quite different considerations, like E. Fromm, who sees the dominance of the destructive instinct only in some particularly pathological character structures, but not in the majority (Bilić 2014).

According to Freud (1930), the fate of the human race directly depends on the cultural development by which (perhaps) the human race will succeed in overcoming the instinct for aggression and self-destruction.

Jakovljević & Jakovljević (2018), quoting Staguhn, (in: Marčinko, Rudan et al. 2018) state: man hovers above the abyss of expansive narcissism, aggressive paranoia, depression, destructive nihilism...

The optimistic alternative presented in the works of numerous authors (K.G. Jung, A. Adler, V. Frankl, E. Fromm, H. Kohut, O. Kernberg, M. Balint, D. Winnicott) suggests that, nevertheless, the fundamental psychic principle and trigger is libido, which promotes connection, growth and building of structures, creation, integration and – life.

### **ALTRUISTIC HUMANISM, CONNECTION, EMPATHY, COOPERATION, LOVE ... STAND AGAINST THE PESSIMISTIC OPTION: SHAME AND UNEASE IN MODERN CULTURE**

Shame is one of the most intense emotions in the human psyche. Subjectively, shame is always an unpleasant emotion and the degree of discomfort due to shame depends on the intensity, prevalence, duration of shame, and the psychological structure of the person who experiences it. In mature individuals, with a normally built self, although it is always an unpleasant emotion, it is not always negative in its consequences and overall meaning and context. This feeling often keeps us in reality and improves our social adjustment. Individually, it has to do with jealousy and the feeling of envy, and structuring the self, through the question: who am I in the eyes of others? (Which originates in the dyad relationship). Why is shame so dangerous and why does it represent a serious narcissistic injury in people with a defect of the self? Because the defense

against shame can be a retreat or – an attack. One can escape from any interaction and contact with objects that cause shame. Or these objects can be attacked with the aim of removing them until they are completely destroyed. Shame is transformed into anger, aggression, and destruction, which are more tolerable as emotions and therefore more acceptable than shame. Often through acting-out, a person experiences relief when intense subjective discomfort due to shame can be replaced by anger. The foundations of the identity of such persons (and groups) are the unreal, false, idealized image, the self that has been built on false “archetypes represented to consciousness.” Shame is very dangerous if the psychic structure is built on false, meaning weak, foundations.

In civilization and social evolution, shame stems from the imperative of respecting the rules and the feeling of guilt; the most part of the thinking and political world is governed by fear and uncertainty over the likely option of destroying the world by nuclear war. The era of narcissism and perfectionism followed, which is mostly associated with shame as a referral emotion (Bilić 2018). On the foundations of previous periods, under the influence of global changes, a new age emerges: the age of perversion. Perversion is spreading from the framework of sexual aberration to other social phenomena. Knafo and Lo Bosco (2017), according to Bilić (2018), consider perversion in a broader socio-cultural context, as a phenomenon that affects the entire modern civilization, so it has significantly been separated from exclusively sexual behaviors. The age of shamelessness has come. Libido is in the service of hostility; narcissism does not recognize the subjectivity of others. Others are recognized as a resource, as a function. Quinodoz (2005) in: Reading Freud, (according to Matačić, 2018), besides the other eight questions, asks the final, 9<sup>th</sup> question: Can the modern civilization avoid self-destruction?

George Brock Chisholm, a Canadian psychiatrist, was the first secretary-general of the United Nations World Health Organization from 1948 to 1953. He determined the most responsible possible task and perspective for psychiatry and psychiatrists: “With the other humanistic sciences, psychiatry must now decide on the immediate future of the human race. No one else can do that. And that is the main responsibility of psychiatry.”

Didn't the first WHO Secretary-General overestimate the power of psychiatry? Or did he overlook its helplessness? Do we know today how, in what way, psychiatry should “decide,” or at least participate in deciding, on the fate of the human race? Psychiatry, burdened with such dark parts of its own evolution and history. There are countless known and unknown victims of abuse of psychiatry. From ancient times, from the time of the inquisition, from the time of

Nazism, from the time of the USSR and other totalitarian regimes. From the cultures and civilizations that hardly recognize the existence of mental illnesses, which still have a demonological attitude towards those illnesses, and thus completely despising psychiatry and psychiatrists.

In 1920, Karl Binding, a well-known German theoretician of criminal law, and Alfred Hoch, a psychiatrist, made the program of "Permissibility of Destroying Worthless Lives" ("Die Freigabe der Vernichtung lebensunwerten Lebens. Ihr Mass und ihr Form"). This program was "languishing" in a drawer for over 15 years, until before the Second World War, when it was activated and its implementation began. Tens, or, according to some, hundreds of thousands of mentally handicapped and mentally ill people were killed in that way, with the goal of eugenic racial purification. The commissions were established to examine these persons, and their supporting documentation, and to "adjudicate" on those people. The program was suspended when the war had already begun, and the "tried" facilities for the mass destruction of people were "occupied" by new wagons, i.e. by the millions of people who, in the racial and ideological perspective of the National Socialism, had no right to life.

The history of the scandalous Nobel Prize awards did not begin "yesterday." A long name, a short fame: in 1949, Antonio Caetano de Abreu Freire Egas Moniz, a Portuguese psychiatrist and neurosurgeon, received the Nobel Prize in physiology (medicine), for the "discovery" of lobotomy as a therapeutic method in the treatment of psychoses. The method was accepted worldwide, and the best described and known modification and widest application was performed by Walter Freeman throughout the USA. At the time of the Iron Curtain descending, the McCarthyism and the "witch hunt," Dr Freeman was indeed a "free man," and he organized a kind of mobile operating room, an improvised bus that toured states and cities across the United States and performed lobotomies... The surgical improvisation and modification of Moniz's "original" technique (which involved the classical approach to the brain with a craniotomy) was that, without general anesthesia, by lifting the upper eyelids, above the eyeball, with a suitable instrument (named just as it looked like: an Ice pick), he would penetrate into the patient's brain (with "negligible" resistance during sphenoid bone-breaking) and with a skillful, practiced, almost ritualistic movement, he would cross the interhemispheric brain commissures and thus reduce the patient to a "vegetative" state in a matter of seconds. Certainly, "cured" of psychosis. Clearly, the endless lists of the "candidates" for lobotomy across U.S. cities consisted of fewer psychotic adolescents, women, and men and more disobedient, reluctant,

unruly ones. Rosemary Kennedy (1918-2005) was just one of thousands of the lobotomized (of whom, hundreds of lethal outcomes of the procedure itself have been documented). Due to her over-liberal understanding of morality, Rosemary was unacceptable, and she represented a family disgrace to the ambitious Kennedy family, which bred the President (JFK) and senators. She was referred for the lobotomy and spent the rest of her long life as a severely disabled person, in a wheelchair, aphasic, incontinent.

What could the (Norwegian) psychiatry do, and what did it do, after the mass murder of over 70 children on the small island of Utoya by the person named Anders Behring Breivik? Within a month, two teams of experts, who had to declare on the mental state of the perpetrator at the time of the commission of the crime, declared in the complete opposite manners. The first team of experts declared that Breivik was ill and that he had schizophrenia!

After a month, the other team of experts declared that Breivik was not ill and that he was ideologically (self) indoctrinated. The first team of experts followed an "acute reaction to stress" of the entire Norwegian society and concluded that only a crazy Norwegian could commit such a mass crime. The other team of experts acted more professionally but, just in case, provided the qualification of "self-indoctrinated," ignoring the overall atmosphere in a society that favors, or at least does not interfere with, this type of xenophobic, more precisely Islamophobic indoctrination, and a liberal legal framework in which such "self-indoctrinated" characters can freely acquire such sophisticated killer weapons and equipment.

What can psychiatry do against such totalitarian self-proclaimed dynasties and their degenerate offshoots such as Kim Jong-Un, who, in darker circumstances than Orwell could have ever dreamed of, organizes the brutal and imaginative executions of his closest associates and generals, who are often his closest relatives as well, and who holds his puffy palm above a red button to activate nuclear warheads on ballistic missiles? What can psychiatry do against such an egomaniac like Donald Trump? Or against such a powerful "shy guy" like Vladimir Putin?

What can psychiatry against the arms industry lobby? Against the oil industry lobby? The pharmaceutical industry lobby... Where is psychiatry in theories of conspiracy, in terms of the Bilderberg meeting, the Trilateral Commission, the Illuminati, the Freemasonry, the Rothschilds, the Rockefellers, Nursultan Nazarbayev...? The wealth of the world is concentrated in the hands of a small number of "god people" whose mental health is extremely questionable. And who are planning to reduce the human population by  $\frac{3}{4}$ ? What can psychiatry do about the New World Order...?

Anton Pavlovich Chekhov, among other things, has been known for the well-known dramaturgical rule: (1860-1904): "The rifle that appears in the first act of a theatre drama will surely fire in the last act." Did the "history of the future" begin on 6 and 9 August 1945? Academician Ivan Supek (1915-2007), a famous world-renowned peacemaker, scientist, philosopher, novelist, playwright, essayist, and humanist, stopped conducting research in the field of nuclear physics during the Second World War, anticipating the use of nuclear weapons; until his death, he was convinced that in this way people would destroy the planet Earth and the life on it.

During the Venice Biennale in 2017, the Venetian Church of Santa Maria Della Pietà (having been helping 'orphans' of this world, in the broad sense of the word, since its inception in 1346), for the first time in its history, invited an artist, a Bosnian painter, the great Safet Zec, to contribute with his paintings to the great general admonition, the drama of modern civilization: migrations, within the church itself. The polyptych of a sad boat, somewhere in the Mediterranean Sea, confronts the observer with the horror that happens every day, the horror which the average European man cannot, and does not want to, present to his imagination. The reality of the drowning of thousands of children, women and men, in their endeavor to emigrate to the EU countries, is so terrible that this reality can be faced only by the activists from the rescue boats, the brave individuals from the media and their editorial staff who showed it and brilliant artists like Safet Zec.

And Pope Francis, in one of his "Urbi et orbi" addresses (2016) said: "It is necessary to integrate the refugees. In Brussels, the terrorists were Belgians, the children of migrants, but they had grown up in the ghetto. In London, the new mayor - the son of Pakistani immigrants and a Muslim - was sworn into office in a cathedral. This shows the need for Europe to rediscover its capacity for integration."

The apologists for the dark forces of the destruction of the world have been disrupted by some individuals who, I believe, history will mark in the future as key representatives of human resistance to these dark forces. One such is the hapless (as if Socrates, Giordano Bruno, Galileo Galilei, Lavoisier etc. were less unhappy) Julian Assange (ah, that leaking!); another one is Edward Snowden (ah, that whistling!). The paradigm of action, persecution, and suffering of this series is the same: "the corruption of the youth... and the denial of the power of the gods."

Let us return to the irritatingly binding statement of the first Secretary-General of the WHO, the Canadian psychiatrist George Brock Chisholm, about the duty of psychiatrists in the mission of saving the human race. Art itself - no, psychiatry alone - no... but... can

psychiatry, together with other humanities, with the help of philosophers, religious authorities, courageous journalists and brave individuals, save the world?

## CREATIVE PSYCHOPHARMACOTHERAPY AS POSSIBLE ANSWER

The first General Secretary of the WHO has said: "With the other humanistic sciences, psychiatry has to now decide on the immediate future of the human race. No one else can do that. And that is the main responsibility of psychiatry."

First, to see what does this 'now' mean? Now, after World War II? Now, after the Holocaust? Now, that the world is being divided again, the Iron Curtain is being lowered, totalitarian regimes are being created? Now, that the nuclear arms race has begun? (...)

'Now' in a responsible discourse from this psychiatrist (who hasn't become the first General Secretary of WHO by chance) can mean 'the next 50 years', and maybe even the "next 100 years... Seventy years have passed since then.

Coincidentally, this roughly coincides with the duration of the existence of psychopharmacotherapy. Hailed as a great discovery, and an even greater hope, psychopharmacotherapy has gone through its arduous upbringing. Under the mortgage of the often decisive influence of (the previously mentioned) interest lobbies of the pharmaceutical industry, it is subject to various forms of abuse within the frameworks of (previously mentioned) abuse of psychiatry, or harmful application out of mere lack of knowledge.

Psychopharmacotherapy has, growing up, created a generation of extrapyramidal robotic patients, who are thus becoming a new paradigm and a new stereotype, and thus a new basis for (a new kind of) stigmatization of the mentally ill.

With the unstoppable development of basic sciences, pharmacogenomics, morphometry and brain mapping, nanotechnology, and the implications thereof on neurochemical, neurobiological, neuroendocrine knowledge and insights, with the crucial impact of empiricism, dedication, academic benevolence, and erudition leading global psychiatrists and their school and students – psychopharmacotherapy, slowly but surely, achieves its maturity in the form of *creative psychopharmacotherapy*.

New generations of patients, who will be freed from the basis of stigma by such an approach to therapy, will actually be 'positively stigmatized' as people who may carry the 'hardest' psychiatric diagnoses, despite which they are living normally, loving, being loved, working, creating, educating, and starting families. All of this will gradually, slowly but surely restore people's trust in psychiatry and psychiatrists.

The trust that psychiatry had largely lost, due to the unfortunate circumstances that were already described. It will take maybe another ten, twenty years, but one day, if we are to believe the prophetic note of the message of the first Secretary General of the WHO, psychiatrist George Brock Chisholm – psychiatrists will be able to really decide the fate of the human race in some form and function thanks to creative psychopharmacotherapy.

In the form of a body within the WHO, composed of, say, dozens of undoubted authorities in the field of mental health and psychiatry, and which may meet ad hoc, at the request of the UN General Assembly, and which will provide expert, scientifically and academically impartial opinion about, why not say - the judgment of the individuals who lead the planet in the apocalypse. A UN body that can, and must, point the finger at those who hold hands on the warhead trigger, who halt the development of environmental awareness and annul international treaties and agreements for the ecological salvation of the planet, which make new Orwellian empires by insulting every individual who thinks differently. Unfair economic expansion with political hegemonic goals, which support alleged terrorism, or under the guise of fighting against it, destroys peoples and their states.

It is to be hoped that then the UN, or the state and the organizations behind these individuals, will have the mechanisms and instruments to stop, curb, or sanction them. It sounds utopian, Sidranian ('Do you remember Dolly Bell?'). When he dies, Maho (actor Slobodan Aligrudić) dies easier, if his son Dino (actor Slavko Štimac) reads about the achievements of a man from the future. Icarus and Daedalus are mythology but the Wright brothers, Lindbergh, Neil Armstrong ... are a reality.

Shamanic incense, in the broadest sense, including 'molybdomancy', trance states, rituals, props, and raising dust, are millennial forerunners of psychiatry. Creative psychopharmacotherapy is a reality. And the future of psychiatry.

## CONCLUSION

Someone asked J.S. Bach how is it possible that he is such a good organist, what is the secret? Bach replied: 'It is very simple, sir. All you have to do is put the right finger on the right key at the right time.'

The right medicine, at the right time, in the right dose, to the 'right' patient, i.e. to one who needs psychiatric help, (certainly with the full range of psychodynamic, empathic, evidence-based, empirical, and scientific contributions), which is the essence of creative psychopharmacotherapy. This has made psychiatry and psychiatrists regain lost trust. A critical mass of patients is created, who have psychiatric diag-

noses (which previously involved devastating effects on the patient's personality and functionality, sometimes as well as their treatment, from 'praecox dementia', through postlobotomy vegetation, to extrapyramidal iatrogenic 'robotization' and cognitive deterioration), have so-called 'codes', and live and function normally.

In addition, the new age, cyber era, dataism, the age of perfectionism, perversion and shame, and unprocessed traumas from the past (both victims and perpetrators) satirize the so-called 'normal', so we have a large number of people who occasionally, for shorter or longer periods during their life needs the help of a psychiatrist, or to take some psychopharmaceutical. These people greatly increase the critical masses of the population who trust psychiatrists and psychiatry. In a world full of ambivalences, projections and diluvial-atavistic and archaic 'isms' (racism, populism, nationalism, hegemony, expansionism, narcissism/Nazism ...), in such a world, our world, there seem to exist 'kings' who have always been human-gods.

But there are also shamans. And shamans have always been more powerful than kings. For they could point a finger at them, and warn the rest of the tribe (of humanity) that these individuals were leading all others to destruction and that they should be stopped. 'Now' (from the message of the First Secretary-General of the WHO), shamans are psychiatry. And they are the most learned, most educated, wisest, most responsible, best psychiatrists. They are their schools and their students – hundreds and thousands of such, who will, mostly thanks to creative psycho-pharmacotherapy, achieve the most responsible possible task and perspective:

"Along with other humanistic sciences, psychiatry must now decide on the immediate future of the human race. No one else can do that. And that is the main responsibility of psychiatry."

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*Correspondence:*

Alija Sutović, MD, PhD

Department of Psychiatry, University Clinical Center Tuzla

Ul. Rate Dugonjića bb, 75 000 Tuzla, Bosnia and Herzegovina

E-mail: alijasutovic@hotmail.com