# Psihijatrija pred izazovima našeg vremena: u potrazi za svojim autentičnim identitetom

## */ Psychiatry Confronted with the Challenges of Our Time: in Search of Authentic Identity*

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## UVOD

Kada sam dobio poziv prof. Marčinka, predstojnika Klinike za psihijatriju i psihološku medicinu, da u povodu 50-godišnjice Klinike, napišem članak o suvremenoj psihijatriji i o tome kuda ona ide, čemu stremi, koja su joj obilježja i koja od njih treba poboljšati, našao sam se u nedoumici. Kao dugogodišnji član Klinike i u jednom razdoblju njezin predstojnik razmišljao sam kako izbalansirati biološko, psihološko i socijalno (sve čime se Klinika bavi) u ovom članku. Nisam pristalica redukcionizma, nego otvaranja (prema svemu onome što obilježava suvremenu i buduću psihijatriju), interdisciplinarnosti (uključenost drugih medicinskih disciplina, neuroznanosti i psihologije), transdisciplinarnosti (surađujući sa sociologijom, kulturalnom antropologijom, etologijom, etikom, filozofijom, i sama postaje društvena znanost) i kreativnosti (koja se sve više treba vidjeti i u svakodnevnom kliničkom radu). Zbog toga i ovaj članak nastoji biti takav.

Psihijatrija se danas u našem turbulentnom VUCA (*volatile* – isparljiv, nestabilan i promjenjiv; *uncertain* – nesiguran i nepredvidiv; *complex* – složen; *ambiguous* –

## INTRODUCTION

When I received a call from Professor Marčinko, head of the Department of Psychiatry and Psychological Medicine, inviting me to write an article on the occasion of the 50th anniversary of the University Hospital about modern psychiatry and where it was going, what it aspires to, what its characteristics are and which of them need to be improved, I found myself in doubt. As a longtime member of the University Hospital and its head during one period, I thought about how to balance biological, psychological and social aspects of everything the University Hospital does in this article. I am not a supporter of reductionism, but rather of opening up (towards everything that characterizes modern and future psychiatry), interdisciplinarity (involvement of other medical disciplines, neurosciences and psychology), transdisciplinarity (collaborating with sociology, cultural anthropology, ethology, ethics, and philosophy, psychiatry becomes a social science) and creativity (which increasingly needs to be present in everyday clinical work). For these reasons, the intention of this article is also trying to include all these aspects.

In our turbulent VUCA times (*volatile*, *uncertain*, *complex*, *ambiguous*), psychiatry is faced with major and

nejasan i višeznačan) svijetu nalazi pred velikim i sve većim izazovima i novim definiranjem vlastita identiteta, ali i duševnog zdravlja i duševnih poremećaja. COVID-19 sindemija, rat u Ukrajini i za Ukrajinu, ali i sukobi i ratovi u drugim dijelovima svijeta, ubrzane promjene klime, zagađivanje zraka, vode i okoliša u cjelini, uzrokuju sve veću nestabilnost, nesigurnost, nepredvidivost, osjećaj bespomoćnosti i ugroženosti i strašne patnje kod sve većeg broja ljudi i pridonose fenomenima „novog normalnog", „patološke normalnosti" i „normalne patologije", te sve većoj učestalosti raznovrsnih duševnih poremećaja (1,2,3,4,5,6,7). Kraj prošlog stoljeća bio je na neki proročki način obilježen ludističkom apokaliptikom i fenomenima krajologije ili endizama. Govorilo se o „kraju povijesti", „kraju ideologije", „kraju industrijskog društva", „kraju logocentrizma", „kraju znanosti", „kraju psihijatrije", pa čak i o „kraju čovjeka". Nažalost, naš VUCA ANTROPOCENE svijet ulazi u novu fazu nemilosrdne kompeticije, velikih podjela i sukoba među kulturama i civilizacijama s vrlo štetnim posljedicama na mentalno zdravlje, kako na individualno, tako i na kolektivno i globalno mentalno zdravlje, a nije isključena ni mračna anti-utopija (*dark Anti-Utopia*) koju je spomenuo ruski predsjednik Vladimir Putin u svom govoru na samitu u Davosu 2021. godine. Kako nema zdravlja bez mentalnog zdravlja, tako nema ni mentalnog zdravlja bez kulture empatije i suosjećajnog društva, i *vice versa*. Znanstvena psihijatrija je oduvijek bila medicinska disciplina, ali postavlja se pitanje hoće li to uvijek biti tako i kakav će biti ugovor između društva i psihijatrije u budućnosti (8). Treba li se psihijatrija uključiti u poboljšanje društvenih i psihokulturnih uvjeta koji bitno određuju mentalni distres i psihotraumatizaciju i u izgradnju zdravih društava i empatijske civilizacije ili psihijatrija treba biti samo medicinska disciplina koja liječi duševne poremećaje pojedinaca? U svakom slučaju, psihijatrija treba integrirati biološku, psihološku, socijalnu i duhovnu dimenziju u svojim istraživanjima i skrbi koju pruža, a psihijatri bi trebali biti dobro educirani i utrenirani ne samo prijenosom postojećeg znanja i profesionalnih vještina već i pripremama za promjene i izazove koji se naziru na obzorju (2,9,10,11,12,13).

Psihijatrija je od svojih početaka pa sve do danas predmet brojnih i raznovrsnih kritika, kako od nepsihijatara psihologa, socijalnih radnika, sociologa, filozofa i antropologa tako i samih psihijatara. Na ruku kritičarima psihijatrije ide i činjenica o postojanju velikog broja raznovrsnih psihijatrijskih škola i pravaca koji u većoj ili manjoj mjeri osporavaju i omalovažavaju jedni druge (tablica 1) tako da se može govoriti o sindromu fragmentiranog identiteta i dezorganiziranom multiplom psihijatrijskom selfu (2,12). Nerijetko se radi i o neosnovanim napadima na psihijatriju,

increasing challenges and a need to find a new definition of its identity and mental health and mental disorders. The COVID-19 syndemic, war in Ukraine and for Ukraine, conflicts and wars in other parts of the world, accelerating climate changes, and air, water and environment pollution are causing increasing instability, insecurity, unpredictability, feelings of helplessness and vulnerability and terrible suffering in an increasing number of people and contributing to the most varied phenomena of new normality, pathological normality and normal pathology and an increasing incidence of various mental disorders (1,2,3,4,5,6,7). The end of the last century was in some prophetic way marked by ludic apocalyptics and the phenomena of "endism". There was talk of "the end of history", "the end of ideology", "the end of industrial society", "the end of logocentrism", "the end of science", "the end of psychiatry", and even the "end of humankind". Unfortunately, our VUCA ANTHROPOCENE is entering a new phase of relentless competition, great divisions and conflicts between cultures and civilizations with very detrimental consequences for mental health, on both individual and collective and global levels. Bleak perspective of Anti-Utopia, mentioned by Russian President Vladimir Putin in his speech at the last year's Davos summit, is not an exception. Since there is no health without mental health, there is no mental health without a culture of empathy and compassionate society, and vice versa. Scientific psychiatry has always been a medical discipline, but the question arises whether this will always be the case and what will the contract between society and psychiatry be in the future (8). Should psychiatry be involved in improving the social and psycho-cultural conditions that essentially determine mental distress and psychotraumatization and building healthy societies and empathic civilizations, or should psychiatry be just a medical discipline that treats the mental disorders of individuals? In any case, psychiatry should integrate biological, psychological, social and spiritual dimensions in the research and the care it provides, and psychiatrists should be well educated and trained not only by the transfer of existing knowledge and professional skills but also by preparing for the changes and challenges that loom on the horizon (2,9,10,11,12,13).

From its beginnings up until the present day, psychiatry has been the subject of numerous and varied criticisms coming from non-psychiatrists psychologists, social workers, sociologists, philosophers and anthropologists, but also by many well-intentioned psychiatrists. The fact that there is a large number of diverse psychiatric schools and directions that challenge or disrespect each other to a greater or lesser extent (Table 1) is benefiting the critics of psychiatry. Therefore, one could argue that there is a fragmented identity syndrome and disorganized multiple psychiatric self (2, 12). We are often witnessing unfounded attacks on psychiatry resulting from ideology or a lack of understanding of what psychiatry does and what the

**TABLICA 1.** Psihijatrija u praksi: Sindrom razlomljenog profesionalnog identiteta
**TABLE 1.** Psychiatry in practice: Fractured professional identity syndrome

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| Medicinska psihijatrija – Biologijska psihijatrija – Biopsihijatrija – Farmakopsihijatrija – Organska psihijatrija – Klinička psihijatrija – Deskriptivna psihijatrija – Bihevioralna medicina – Psihodinamska psihijatrija – Egzisterncijalistička psihijatrija – Socijalna psihijatrija – Komunalna psihijatrija – Holistička psihijatrija – Humanistička psihijatrija – Integrativna psihijatrija – Transkulturalna psihijatrija (Interkulturalna psihijatrija – Kulturalna psihijatrija) – Etnopsihijatrija – Interpersonalna psihijatrija – Narativna psihijatrija – Neuropsihijatrija – Nova vrla psihijatrija – Energetska psihijatrija – Moralna psihijatrija – Spiritualna psihijatrija – Opća (generalna) psihijatrija – Specijalna psihijatrija<br>/ Medical Psychiatry - Biological Psychiatry - Biopsychiatry - Pharmaco-Psychochiatry - Organic Psychiatry - Clinical Psychiatry - Descriptive Psychiatry - Behavioural Medicine - Psychodynamic Psychiatry - Psychodynamic Psychiatry - Existentialist Psychiatry - Social Psychiatry - Communal Psychiatry - Holistic Psychiatry - Humanistic Psychiatry - Integrative Psychiatry - Transcultural Psychiatry (Intercultural Psychiatry - Cultural Psychiatry) - Ethnopsychiatry - Interpersonal Psychiatry - Narrative Psychiatry - Neuropsychiatry - New Virtuous Psychiatry - Energy Psychiatry - Moral Psychiatry - Spiritual Psychiatry - General (General) Psychiatry - Special Psychiatry |
| Ekološka psihijatrija – Psihijatrija javnog zdravlja – Preventivna psihijatrija<br>/ Ecological Psychiatry - Psychiatry of Public Health - Preventive Psychiatry |
| Sudska (forenzička) psihijatrija – Vojna psihijatrija – Ratna psihijatrija – Industrijska psihijatrija (psihijatrija rada) – Psihijatrija u zajednici – Pastoralna psihijatrija<br>/ Forensic Psychiatry - Military Psychiatry - War Psychiatry - Industrial Psychiatry (Occupational Psychiatry) - Community Psychiatry - Pastoral Psychiatry |
| Prenatalna psihijatrija – Dječja psihijatrija – Adolescentna psihijatrija – Razvojna psihijatrija – Adultna psihijatrija – Gerontopsihijatrija – Feministička psihijatrija<br>/ Prenatal Psychiatry - Child Psychiatry - Adolescent Psychiatry - Developmental Psychiatry - Adult Psychiatry - Gerontopsychiatry - Feminist Psychiatry |
| Akademska psihijatrija – Eksperimentalna psihijatrija – Znanstvena psihijatrija – Psihijatrija utemeljena na činjenicama (EBP) – Evolutivna psihijatrija – Molekularna psihijatrija – Genetska psihijatrija – Metapsihijatrija – Teorijska psihijatrija – Transdiscipliarna integrativna psihijatrija – Multidimenzionalna psihijatrija – Sistemska psihijatrija – Komparativna psihijatrija – Komplementarna psihijatrija – Komprehensivna psihijatrija – Konzultativna (liazonska) psihijatrija – Kreativna psihijatrija – Dijalektička psihijatrija – Eklektička psihijatrija – Znanosti mentalnog zdravlja (Mental health sciences)<br>/ Academic Psychiatry - Experimental Psychiatry - Scientific Psychiatry - Fact-Based Psychiatry (EBP) – Evolutionary Psychiatry - Molecular Psychiatry - Genetic Psychiatry - Metapsychiatry - Theoretical Psychiatry - Transdisciplinary Integrative Psychiatry - Multidimensional Psychiatry - Systemic Psychiatry - Comparative Psychiatry - Complementary Psychiatry - Complementary Psychiatry - Comprehensive Psychiatry - Consultative (Liaison) Psychiatry - Creative Psychiatry - Dialectical Psychiatry - Eclectic Psychiatry – Mental Health Sciences |
| Američka psihijatrija – Europska psihijatrija<br>/ American Psychiatry - European Psychiatry |
| Telepsihijatrija (E-psihijatrija) – Virtualna psihijatrija – Avatar psihijatrija – Digitalna psihijatrija<br>/ Telepsychiatry (E-Psychiatry) - Virtual Psychiatry - Avatar Psychiatry - Digital Psychiatry |
| Antipsihijatrija – Oficijalna (službena) psihijatrija – Alternativna psihijatrija – Politička psihijatrija – Radikalna psihijatrija –Kritička psihijatrija – Psihijatrija oslobođenja (*Liberation psychiatry*) – Toksična psihijatrija – Fragmentirana psihijatrija – Na marketingu utemeljena psihijatrija – Ortodoksna psihijatrija – Privatna psihijatrija – Folk psihijatrija<br>/ Antipsychiatry - Official Psychiatry - Alternative Psychiatry - Political Psychiatry - Radical Psychiatry - Critical Psychiatry - Liberation Psychiatry – Toxic Psychiatry - Fragmented Psychiatry - Marketing-Based Psychiatry - Orthodox Psychiatry - Private Psychiatry - Folk Psychiatry |
| Moderna psihijatrija – Personalizirana psihijatrija – Pacijentu-prijateljska psihijatrija – Pacijentu usmjerena psihijatrija – Pozitivna psihijatrija – Postmoderna psihijatrija – Postpsihijatrija<br>/ Modern Psychiatry - Personalized Psychiatry - Patient-friendly Psychiatry - Patient-oriented Psychiatry - Positive Psychiatry - Postmodern Psychiatry - Postpsychiatry |

često ideološke naravi ili pak zbog nerazumijevanja onoga čime se bavi psihijatrija i nepoznavanja stvarne situacije. Među kritičarima ima nemali broj i onih koji su razočarani psihijatrijom, jer su imali nerealnu sliku o psihijatriji, o njenoj moći, dijagnostičkoj pouzdanosti i terapijskoj učinkovitosti. S obzirom da psihijatrija više od drugih grana medicine odražava duh vremena, kritičari ju često koriste da bi kritizirali društvo ili pozivali na društvene promjene, kao primjerice zagovornici tzv. radikalne psihijatrije.

Poznata je i metafora o psihijatriji kao čuvarici društva od ludosti i luđaka. Nažalost, u nekim vremenima u brojnim zemljama, ne samo u bivšem Sovjetskom savezu i Hitlerovoj Njemačkoj, psihijatrija se zloupotrebljavala više ili manje i u političke svrhe. U psihijatriji, kao i drugim granama medicine, u liječenju su

real situation is. Among the critics, there are many who are disappointed with psychiatry because they had an unrealistic vision of psychiatry, its impact, diagnostic reliability and therapeutic effectiveness. Given that psychiatry reflects the spirit of the times more than other branches of medicine, the critics often use it to criticize society or to call for social change, such as the advocates of the so-called radical psychiatry.

The metaphor of psychiatry as the guardian of society from insanity and madmen is also something well known. Unfortunately, in a number of countries, not only in the former Soviet Union and Hitler's Germany, at certain points in time, psychiatry was abused to greater or lesser extent, often for political purposes. In psychiatry, as well as in other branches of medicine, methods that were harmful to patients were also used in the treatment. Some seemed more as punishment,

upotrebljavane i metode koje su bile štetne za bolesnike, neke su djelovale više kao kazna, otrovanje i mučenje bolesnika, o čemu govori i metafora toksične psihijatrije. Na greškama valja učiti, a ne ih ponavljati. Prema Normanu Sartoriusu (13,14) nijedna druga grana medicine nije razvila tako različite orijentacije ni toliko animoziteta između protagonista različitih teorijskih i praktičnih orijentacija kao što je to slučaj s psihijatrijom. Poput bogova preplavljenih srdžbom, sekte u psihijatriji su, čini se, spremne odbaciti svako znanje i uvide drugih sekti: podjednako se napada i dobro i zlo drugih. Ujedinjenje je vitalan korak koji psihijatrija mora učiniti. Rat i srdžba unutar psihijatrije su čisto gubljenje vremena. Neuspjeh psihijatrije da do sada u zadovoljavajućoj mjeri integrira biomedicinske i psihosocijalne dimenzije profesionalnog znanja velika je prepreka napretku psihijatrije.

Položaj psihijatrije u društvu i medicini u velikoj mjeri ovisi o definiciji područja kojim se psihijatrija bavi, o određenju njezinih nadležnosti i kompetencija i u svezi s tim oblikovanjem koherentnog profesionalnog identiteta i kulture, odnosno vrijednosti na kojima se temelji (13,15,16.17.18,19,20). Znanstvena psihijatrija je oduvijek bila medicinska disciplina, ali postavlja se pitanje hoće li to uvijek biti tako i kakav će biti ugovor između društva i psihijatrije u budućnosti. Treba li se psihijatrija uključiti u poboljšanje društvenih i psihokulturnih uvjeta koji bitno određuju mentalni distres, vulnerabilnost i psihotraumatizaciju i u zagovaranje zdravih društava i empatijske civilizacije (22) ili psihijatrija treba biti samo medicinska disciplina koja liječi duševne poremećaje pojedinaca? U svakom slučaju, psihijatrija treba integrirati biološku, psihološku, socijalnu i duhovnu dimenziju u svojim istraživanjima i skrbi koju pruža, a psihijatri bi trebali biti dobro educirani i utrenirani ne samo prijenosom postojećeg znanja i profesionalnih vještina već i pripremama za promjene i izazove koji se naziru na obzorju.

Položaj i ulogu psihijatrije u budućnosti određivat će njezina znanja i vjerovanja o pravoj prirodi čovjeka i njegova duševnog zdravlja i bolesti, dominantni oblici političke i društvene organizacije i suvremena tehnologija za kontrolu i modifikaciju individualnog i kolektivnog ponašanja. Na blisku budućnost psihijatrije, kako u kliničkom radu i liječenju tako i u istraživanjima, sve će više i brže utjecati umjetna inteligencija i digitalna tehnologija na kojoj se temelji telepsihijatrija, digitalna i avatar psihijatrija (23).

U našem liberalnom vremenu fluidnih identiteta kada mnogi dovode u pitanje smisao i svrhu psihijatrije kakva je sada, kada je granica između različitih disciplina koje se bave duševnim zdravljem i psihijatrije vrlo fluidna, postavlja se pitanje što je primjerenije

poisoning or for torturing patients, which is reflected in the metaphor of "toxic psychiatry". One should learn from mistakes and not repeat them. According to Norman Sartorius (13, 14), no other branch of medicine has produced so many different orientations and as much animosity between the protagonists of various theoretical and practical directions as psychiatry. Like gods overwhelmed by anger, various sects in psychiatry are seemingly ready to reject all knowledge and insights reached by other sects: the good or the evil coming from the other side is equally attacked. Psychiatry must take a vital step towards unification. War and anger in psychiatry are a waste of time. The failure of psychiatry to adequately integrate the biomedical and psychosocial dimensions of professional knowledge up to this point is a major obstacle to the advancement of psychiatry.

The position of psychiatry in society and medicine largely depends on the definition of the field it covers, establishment of its competences and related shaping of a coherent professional identity and culture, i.e. the values on which it is based (13,15,16,17,18,19,20). Scientific psychiatry has always been a medical discipline, but the question arises as to will this always be the case and what will be the contract between society and psychiatry in the future. Should psychiatry engage in the improvement of social and psycho-cultural conditions that essentially determine mental distress, vulnerability and psychotraumatization and in the promotion of healthy societies and empathic civilizations (22) or should psychiatry be just a medical discipline that treats the mental disorders of individuals? Be it as it may, psychiatry should integrate biological, psychological, social and spiritual dimension in the research and the care it provides, and psychiatrists should be well educated and trained not only by the transfer of existing knowledge and professional skills, but also by preparing for the changes and challenges rolling on the horizon.

The position and role of psychiatry in the future will determine its findings and beliefs about the real nature of man and humankind as well as about its mental health and illnesses, dominant forms of political and social organization and modern technology for controlling and modifying individual and collective behaviour. Artificial intelligence and digital technology on which telepsychiatry, digital and avatar psychiatry is based (23) will influence the future of psychiatry at a continually increasing rate in clinical practice, treatment and research.

The liberal times we live in are marked with fluid identities. Many are questioning the meaning and purpose of psychiatry as it is, and the line between different disciplines dealing with mental health and psychiatry is very fluid. The question arises as to what is more appropriate: should mental health disciplines be components of psychiatry or should psychiatry,

da mentalno-zdravstvene discipline budu sastavnice psihijatrije ili da psihijatrija, bolje reći medicinska psihijatrija, bude samo jedna sastavnica mentalno-zdravstvenih disciplina kao što je to primjerice slučaj s neuroznanostima koje uključuju brojne i raznovrsne discipline kao što su neurobiologija, neuroimunologija, neurofarmakologija, neuroendokrinologija, neurogenetika, neuroetika, neuroinformatika, itd. Za nadati se ili bolje je reći za priželjkivati je da će umjetna inteligencija i suvremena digitalna tehnologija, dataizam i strojno učenje omogućiti integraciju fragmentarnih psihijatrijskih teorija u koherentni sustav kao i transdisciplinarnu integrativnu edukaciju psihijatara i drugih stručnjaka u oblasti mentalnog zdravlja koja će njihove uloge učiniti komplementarnima. Naime, psihijatrija i discipline mentalnog zdravlja postale su toliko kompleksne i promjenjive da mnogi jednostavno više nemaju jasnu predodžbu o tomu tko su i što su njihove istinske profesionalne uloge u promoviranju duševnog zdravlja i liječenju duševnih poremećaja. Profesionalni identitet danas nema tako čvrstu strukturu kao ranije, postao je pitanjem izbora, pa ga pojedinac može mijenjati i po vlastitom nahođenju. Neizbježna potreba psihijatara da budu u raznovrsnim i brojnim ulogama često dovodi i do konflikta interesa, ali i do konfuzije, fragmentacije ili difuzije profesionalnog identiteta što se negativno odražava na status psihijatrije. Pluralnost identiteta se očituje posjedovanjem i po nekoliko identiteta, koji su nerijetko proturječni i vrlo promjenjivi, naizmjenično preuzimaju nadzor nad osobom, a svaki od njih kao da ima vlastitu osobnu priču, sliku o sebi, uključujući i različita imena. Izmjenjujući identiteti preuzimaju kontrolu jedan od drugoga pri čemu mogu poricati ili kritizirati jedan drugoga, pa čak biti i u otvorenom sukobu. Moderna psihijatrija počiva na „velikim pričama" i „velikim teorijama" koje su polagale pravo na apsolutnu istinu, značajno su unaprijedile psihijatriju, ali nisu ispunile „velika očekivanja", dok postmoderna psihijatrija nema velikih priča, ona je utemeljena na malim pričama koje su određene kontekstom, vrijednostima i smislom. Iznimno je važno katkada zaštititi objektivnu stvarnost od relativizacije svega i svačega, ali i razlikovati pseudoznanost i scientizam od istinske znanosti u psihijatriji. Profesionalni identitet tijesno je povezan s osjećajem pripadnosti, a osjećaj pripadnosti povezan je tijesno s ulogama psihijatara ne samo u liječenju duševnih poremećaja već i promociji javnog i globalnog mentalnog zdravlja jer ono postaje sve intrigantnije područje i sve važnija tema za sudbinu naše globalne civilizacije. Od metapsihijatrije ili teorijske psihijatrije očekuje se da uz pomoć umjetne inteligencije, dataizma i strojnog učenja oblikuje koherentni profesionalni i znanstveni identitet psihijatrije i prevlada jaz između aktualnog modernizma, antimodernizma i postmodernizma u psihijatriji (2,14).

or rather medical psychiatry, be just one component of mental health disciplines, as, for example, is the case with neurosciences that comprise many diverse disciplines, such as neurobiology, neuroimmunology, neuropharmacology, neuroendocrinology, neuroendocrinology, neurogenetics, neuroethics, neuroinformatics, etc. It is to be hoped or, better said, to be desired that artificial intelligence and modern digital technology, dataism and machine learning will enable the integration of fragmentary psychiatric theories into a coherent system as well as transdisciplinary integrative education of psychiatrists and other professionals in the field of mental health that will make their roles complementary. To be more specific, psychiatry and mental health disciplines have become so complex and variable that many people simply no longer have a clear idea who they are or what their true professional roles are in promoting mental health and treating mental disorders. Professional identity today does not have a solid structure as it used to have. In other words, it has become a matter of choice and the individual can change it at his or her discretion. The inevitable need of psychiatrists to take diverse and multiple roles often leads to conflicts of interest, but also to confusion, fragmentation or diffusion of professional identity, which negatively reflects on the status of psychiatry. The plurality of identities is manifested in taking up several identities, which are often contradictory or highly variable, alternately taking control of a person, whereas each seems to have its own personal story, self-image, or even different names. Alternate identities take control from each other, whereby they can deny or criticize each other or even enter in open conflicts. Modern psychiatry is based on "great stories" and "great theories" that laid claim to absolute truth. They have significantly improved psychiatry, but they also failed to meet "great expectations". Postmodern psychiatry, on the other hand, does not have great stories; it is based on small stories defined by their context, values and meaning. It is extremely important to sometimes protect the objective reality from the relativization of everything and anything, but it is equally important also to make a distinction between pseudoscience and scientism and genuine science in psychiatry. Professional identity is closely related to the sense of belonging, and the sense of belonging is closely related to the roles of psychiatrists, not only in the treatment of mental disorders, but also in the promotion of public and global mental health, as it becomes an increasingly intriguing field and an increasingly important topic for the fate of global civilization. Metapsychiatry, or theoretical psychiatry, is expected to shape a coherent professional and scientific identity of psychiatry with the help of artificial intelligence, dataism and machine learning and to overcome the gap between current modernism, antimodernism and postmodernism in psychiatry (2:14).

## METAPSIHIJATRIJA – TEORIJSKA PSIHIJATRIJA

Psihijatrija je oduvijek bila puna paradoksa, njezini znanstveni temelji nisu onakvi kakvi bi mogli i trebali biti, slika u javnosti je diabolična između glorifikacije i sotonizacije, status među srodnim profesijama je vrlo difuzan i ambivalentan, a njezin položaj u društvu nije primjeren istinskim potrebama čovjeka i društva, i sve većoj važnosti mentalnog zdravlja, kako iz individualne tako i kolektivne i globalne perspektive. Oblikovanje postulata i pravog identiteta psihijatrije i ispravne slike o njoj, njenoj važnosti i mogućnostima ne samo u liječenju duševnih poremećaja, već i u edukaciji i promociji duševnog zdravlja, sučeljavanju s problemima življenja i traumatskim stresovima može značajno pridonijeti većoj uspješnosti suvremene medicine, ali i izgradnji zdravijeg, sretnijeg i pravednijeg društva, pa čak i empatijske civilizacije. Stoga je iznimno važno pitanje što psihijatrija danas jest, a što nije, što bi trebala biti, a što ne. Sistematskim ispitivanjem postulata, odnosno konceptualnih osnova psihijatrije bavi se metapsihijatrija (2,19,23). Kao što metafizika kao filozofska disciplina pokušavaodgovoriti na pitanje "što je to što jest a što je to što nije, što je bitak kao takav", a metapsihologija se definira kao psihologija psihologije, odnosno "znanstveno ispitivanje", ili bolje reći propitivanje "psihologije kao znanosti i struke", tako i metapsihijatrija, nažalost disciplina koja je tek u povojima, pokušava definirati što je to čime se psihijatrija bavi, gdje su njezine granice prema drugim disciplinama, što je to duševni poremećaj, je li to primarno socijalna konstrukcija ili je to i fizičko-biološka činjenica koja ne ovisi o onome tko procjenjuje stanje i ponašanje duševno bolesne ili duševno zdrave osobe, postoji li u prirodi u životinja ekvivalent duševnog ili bihevioralnog poremećaja, je li duševni poremećaj isključivo individualni fenomen ili, pak, i kolektivi i šire zajednice također mogu biti duševno poremećeni ili bolesni, zatim gdje je granica između duševno bolesnog ili poremećenog s jedne strane i duševno zdravog ili normalnog s druge strane, itd. Suvremena neuroznanost otkrila je mnoge tajne u funkcioniranju neurona, oblikovanju neuronalnih mrežai funkcioniranju središnjeg živčanog sustava u cjelini koje nam omogućuju da bolje razumijemo naše mentalne funkcije, razvoj i oblikovanje ličnosti, selfa i individualnog i kolektivnog identiteta, te nastanak, tijek, liječenje i ishod različitih duševnih poremećaja. Umjetna inteligencija i suvremena informacijska tehnologija omogućuje kreativni susret i komplementarnost različitih grana psihijatrije koje su ranije bile zasebni svjetovi. Stoga se sve više nameće potreba za teorijskom psihijatrijom kao poveznicom između akademske i kliničke psihijatrije i različitih

## METAPSYCHIATRY - THEORETICAL PSYCHIATRY

Psychiatry has always been full of paradoxes: its scientific foundations are not what they could and should be; the public image is diabolical as it ranges between glorification and satanization. The status among related professions is very diffuse and ambivalent, and its position in society does not correspond with the true needs of individuals and society, and the increasing importance of mental health, both from an individual and collective to global perspective. Shaping the postulates and the genuine identity of psychiatry together with an appropriate perception of its importance and possibilities not only in terms of treating mental disorders, but also in education, promoting and improving mental health and facing life problems and traumatic stress can significantly contribute to a better success of modern medicine. In addition to that, it can also contribute to building a healthier, happier and fairer society, even an empathic civilization. Therefore, the question of what psychiatry today is and what it is not, what it should be or should not be is of utmost importance. Metapsychiatry (2,19,23) deals with a systematic examination of the postulates, that is, the conceptual bases of psychiatry. In the same way as metaphysics, as a philosophical discipline, tries to negotiate the delicate question of "what is it that is and what is it that it is not, and what is being as such", and metapsychology is defined as the psychology of psychology, that is, "scientific examination" or, rather, the questioning of "psychology as a science and profession", metapsychiatry, which is, unfortunately, a discipline in its infancy, tries to define what it is that psychiatry does, where its boundaries are in respect of other disciplines, what is a mental disorder, whether it is primarily a social construction or whether it is also a physically and biologically established fact that does not depend on the one who assesses the condition and behaviour of a mentally ill or a mentally healthy person, whether in animals there is an equivalent of a mental or behavioural disorder, whether a mental disorder is exclusively an individual phenomenon or, in turn, a collective one belonging to a wide community that can also be mentally disturbed or unhealthy, and where the line lies between the mentally ill or disturbed and the mentally healthy or normal. Modern neuroscience has revealed many mysteries related to the functioning of neurons, formation of neural networks, and the functioning of the central nervous system as a whole that allow us to better understand our mental functions, development and the shaping of personality, self and individual and collective identity, as well as the emergence, course, treatment and outcome of various mental disorders. Artificial intelligence and modern information technology allow for a creative encounter and complementarity of the various branches of psychiatry that previously functioned as

neuro- i mentalno znanstvenih disciplina u daljnjem znanstvenom i profesionalnom rastu i razvoju psihijatrije. Za razvoj psihijatrije iznimno su važne sljedeće teme: suradnja medicinsko-neurobioloških i humanističkih disciplina koja uključuje integrativni, interdisciplinarni i transdisciplinarni pristup, utemeljenost na znanstvenim metodama i ljudskim pravima, usmjerenost prema osobi (načela personalizirane medicine) i prema zajednici. Uz uspješno proučavanje, liječenje i prevenciju duševnih poremećaja psihijatrija ima još dvije važne misije: u davanju podrške promociji medicine usmjerene na osobu i izgradnji humanijeg i zdravijeg društva, odnosno promociji javnog i globalnog mentalnog zdravlja (24,25).

## Psihijatrija utemeljena na činjenicama

Koncept medicine utemeljene na činjenicama («evidence based medicine» - EBM) jedan je od temelja moderne psihijatrije («evidence-based» psihijatrija – EBP) i dobre kliničke prakse u psihijatriji (2,26). Nažalost, još postoji i medicinska praksa koja se ne temelji na provjerenim dokazima, već na marketingu, pomodarstvu, pogrešnim vjerovanjima i krivim autoritetima. Filozofija EBM predmnijeva kako medicinske intervencije uvijek moraju biti racionalne i mjerljive, a terapijske odluke moraju se zasnivati na činjenicama. Premda je danas EBP kao mantra koju neprekidno ponavlja najveći broj akademskih psihijatara, za mnoge taj pojam ima različito značenje. Prema definiciji EBP predstavlja integraciju podataka iz najkvalitetnijih istraživanja (klinički relevantna na bolesnike usmjerena istraživanja) s kliničkom ekspertizom (da se brzo identificiraju jedinstvena zdravstvena stanja i dijagnoze, individualni rizici i koristi od potencijalnih intervencija, te osobne vrijednosti i očekivanja) s vrijednosnim sustavom bolesnika (jedinstvene preferencije, brige i očekivanja) što sve treba biti uključeno u donošenje kliničke odluke.

Činjenice su empirijski ili znanstveno validirani podatci koji podupiru specifični zaključak ili pridonose razrješenju konflikta. Za razliku od pozitivističkog stava u znanosti, znanstveni podatci nisu isključivo objektivni i neutralni, jer istraživači izvode istraživanja i interpretiraju podatke iz različitih perspektiva koristeći različite strategije mišljenja i procesiranja informacija, primjerice mehanicističku, formističku, kontekstualnu i sistemsku (vidjeti 9). S druge strane, vrlo su različiti motivi istraživanja i interesi koji su s njima povezani. Mnoga istraživanja nedvojbeno odražavaju znanstvenu znatiželju i potragu za istinom, te želju da se dođe do spoznaja koje će pomoći ljudima koji pate od neke bolesti. Međutim, prisutna su nerijetko i istraživanja koja nisu tako idealistička i altruistička koja su više komercijalno orijentirana

separate realms. For that reason, the need for theoretical psychiatry is an increasingly pressing issue as it can establish creative and complementary links between the academic and clinical psychiatry and various neuro- and mental- scientific disciplines in the further scientific and professional growth and development of psychiatry. For the development of psychiatry, the following topics are extremely important: cooperation between medical-neurobiological and humanistic disciplines involving an integrative, interdisciplinary and transdisciplinary approach, foundation on scientific methods, culture of empathy and human rights, and the orientation towards the person (according to the principles of personalized medicine) and the community. Apart from studying, providing treatment and preventing mental disorders, psychiatry has two other important missions: supporting the promotion of person-centred medicine and building a more humane and healthier society, that is, promoting public and global mental health (24, 25).

## Evidence-based psychiatry

The concept of evidence-based medicine (EBM) is one of the cornerstones of the modern-day, "evidence-based" psychiatry (EBP) and good clinical practice (2:26). Unfortunately, we still see medical practice, which is not based on verified evidence, but rather on marketing, fashion, wrong beliefs or ill-considered authority. The philosophy of EBP assumes that medical interventions always have to be rational and measurable while therapeutic decisions have to be based on facts. Although nowadays EBP seems more like a mantra that is being continuously repeated by the largest number of academic psychiatrists, for many, this term has an entirely different meaning. According to the definition, EBP represents the integration of data from the highest quality research (clinically relevant to patient-focused research) with clinical expertise (to quickly identify unique health conditions and diagnoses, individual risks and benefits from potential interventions together with personal values and expectations) and with the patient's value system (unique preferences, worries and expectations), which elements should all be taken into account while making clinical decisions.

Facts are empirically or scientifically validated data that support a specific conclusion or contribute to resolving conflicts. Unlike the positivist attitude held by many scientists, scientific data are not exclusively objective and neutral, as researchers perform research and interpret data from different perspectives and using different strategies for thinking and processing information, such as, for example, mechanistic, formistic, contextual or systemic thinking strategy (9). On the other hand, motives for research and interests associated with them can be very different. Many studies undoubtedly reflect scientific curiosity, search for truth

i povezana sa stjecanjem profita. Posljednjih godina sve više se dovodi u pitanje pouzdanost mnogih kliničkih studija i terapijskih smjernica pri čemu se spominju pojmovi kao što su «praksa zavedena podatcima» (*evidence-biased practice*), «praksa utemeljena na marketingu» (*marketing-based practice*), «praksa utemeljena na mišljenju eminencija» (*eminence or expert-based practice*), «pomodna klinička praksa» (*vogue-based practice*), «mitološka praksa» (*mythos-based practice)*, pri čemu ima mnogo pretjerivanja, ali i istine nad kojom se treba dobro zamisliti (vidjeti 9). Pseudoznanost i marketinška pseudoedukacija su značajan problem u suvremenoj psihijatriji. Isto tako nepobitna je činjenica kako je EBP imalaa i ima značajnu ulogu u podizanju znanstvene utemeljenosti i kvalitete psihijatrijske prakse tako da predstavlja jedan od temeljnih koncepata suvremene psihijatrije.

Usporedo s razvojem EBM u suvremenoj psihijatriji, publicira se sve veći broj različitih terapijskih algoritama, vodiča i smjernica za liječenje pojedinih duševnih poremećaja. Terapijski algoritmi i terapijske smjernice (vodiči) su slični instrumenti, ali se radi o različitim konceptima. Prema definiciji, Klinički algoritam je logička, korak-po-korak procedura za rješavanje nekog kliničkog problema, često pisan kao dijagram ili drvo odlučivanja u formi grafičkih prezentacija koraka ili sekvencijskih procedura koje treba poduzeti u dijagnostici i liječenju neke bolesti. S druge strane, Kliničke smjernice ili vodiči (*guidelines)* su službene preporuke kako nešto treba učiniti ili koje vrste aktivnosti treba poduzeti u specifičnim kliničkim situacijama. Kliničke smjernice su preporuke koje se sustavno razvijaju da pomognu liječnicima i bolesnicima u donošenju ispravne odluke o liječenju i skrbi u specifičnim situacijama, dok su terapijski algoritmi pokušaji da se razjasni, definira i prezentira donošenje odluka utemeljeno na striktnim pravilima po modelu „input-sequences-output" (11). Kako sada stvari stoje, validni terapijski algoritmi u psihijatriji su puste želje («wishful thinking»), dok su terapijske smjernice s općim i specifičnim preporukama vrlo korisne u svakodnevnoj kliničkoj praksi, ako se ispravno razumiju i koriste. Terapijske smjernice su korisne prije svega za mlade psihijatrije jer im omogućuju veći osjećaj sigurnosti. Isto tako terapijske smjernice pridonose ujednačavanju kliničke prakse i podizanju opće kvalitete psihijatrijske skrbi. Ne smije se zanemariti ni činjenica ako dođe do nekog neželjenog ishoda ili komplikacije, a liječnik se držao terapijskih smjernica da mu to daje pravnu sigurnost, a što ne bi bio slučaj da je primijenio neki lijek ili proceduru koji nisu preporučeni u terapijskim smjernicama, pa čak i da je objektivno postojala veća šansa za povoljan ishod liječenja u usporedbi s onim što je preporučeno u smjernicama. Naime, uvijek je potrebno neko

and a desire to make discoveries that will help people who suffer from an illness. However, very often, there is not so idealistic and altruistic research that tends to be more commercially oriented and associated with the acquisition of profits. In recent years, the reliability of many clinical studies and therapeutic guidelines has increasingly been questioned. Concepts such as evidence-biased practice, marketing-based practice, eminence or expert-based practice, vogue-based practice, mythos-based practice are being mentioned. Much of it is exaggeration, however, there is also truth in those concepts to be well considered (9). Pseudoscience and marketing pseudoeducation pose a significant problem to modern psychiatry. It is also an irrefutable fact that EBP has played a very important role in improving scientific merits and quality of psychiatric practice. In that sense, it represents one of the fundamental concepts of modern psychiatry.

In parallel with the development of modern EBP, an increasing number of different therapeutic algorithms and guidelines for the treatment of certain mental disorders are being published. Therapeutic algorithms and therapeutic guidelines are similar instruments, but the two concepts are different. By definition, a clinical algorithm is a logical and strict, step-by-step procedure used for solving a clinical problem. It is often written as a diagram or a decision-making tree in which various steps or sequential procedures to be undertaken in the diagnosis and treatment of a disorder are graphically presented. On the other hand, clinical guidelines are official recommendations on how something should be done or what types of activities should be undertaken in specific clinical situations. Clinical guidelines are systematically developed recommendations that help doctors and patients make the right decision on treatment and care in specific situations, while therapeutic algorithms are attempts to clarify, define and present decisions based on strict rules according to the "input-sequences-output" model (11). As it stands now, valid therapeutic algorithms in psychiatry are wishful thinking, while therapeutic guidelines with general and specific recommendations are very useful in everyday clinical practice, if properly understood and used. Therapeutic guidelines are useful primarily for young psychiatrists because they provide them with a greater sense of security. Likewise, therapeutic guidelines contribute to balancing clinical practice and improving the general quality of psychiatric care. One should not ignore the fact that the psychiatrist who followed therapeutic guidelines has the legal protection in case of an undesirable outcome or complication, which would not be the case if he or she has proscribed a drug or a procedure that was not recommended in the therapeutic guidelines, even if there was objectively a greater chance of a favourable outcome of the treatment compared to what was recommended in the guidelines. That is to say, it always takes some time for new procedures, drugs and

vrijeme da nove procedure, lijekovi i metode liječenja nađu svoje mjesto u terapijskim smjernicama

## Psihijatrija utemeljena na vrijednostima

Dok medicina utemeljena na činjenicama (EBM) predstavlja odgovor na ogroman i stalno rastući broj kliničkih studija, tvrdnji i činjenica, teorija i koncepata, VBM je odgovor na rastući broj i složenost relevantnih vrijednosti koje treba imati u vidu pri donošenju odluka u medicini(11,27). Prema Fulfordu (27) teorija VBM se temelji na 5 načela: 1. načelo dvojne utemeljenosti odluke («two-feet» principle) – sve odluke, uključujući i onu o dijagnozi trebaju se temeljiti na činjenicama (*facts*) i vrijednostima (*values)*; 2. načelo «škripećeg kotača» (*«squaeky wheel» principle*) - ljudi su skloni zapažati vrijednosti samo kad su one različite ili suprotstavljene, zbog čega može doći do problema; 3. načelo znanstvenog poticaja (*«science-driven» principle)* – znanstveni progres otvaranjem novih mogućnosti uvodi u igru mnoštvo novih vrijednosti u svim oblastima zdravstvene i psihijatrijske skrbi; 4. načelo bolesničke perspektive (*«patient perspective» principle*) – u određenoj odluci na prvom mjestu težište treba biti na informaciji iz perspektive bolesnika ili bolesničkih skupina; 5. načelo multiperspektivnosti (*«multiperspective principle»*). Konflikt različitih vrijednosti se razrješava finim balansom različitih pogleda na problem, a ne pozivanjem na propisano pravilo «ispravnog ishoda» (*right outcome*). Praksa VBM utemeljena je na sljedećim načelima: 1. pažljivo i empatično biranje riječi u određenom kontekstu da podiže svijest o vrijednostima – načelo sljepila za vrijednosti (*«values-blindness» principle*); 2. mnoštvo empirijskih i filozofskih metoda omogućuje poboljšanje našega znanja o vrijednostima drugih ljudi (*«value-myopia» principle*); 3. etička evaluacija je primarno usmjerena da istraži i utvrdi razlike u vrijednostima, a ne kao u kvazi-legalnoj bioetici na određivanje onoga što je ispravno (*«space of values» principle*); 4. kultura empatije i komunikacijske vještine imaju u donošenju odluke supstancijsku a ne egzekutivnu ulogu kao u kvazi-legalnoj bioetici (*«how is done» principle*); 5. Premda se u VBM uključuju etičari i pravnici, slično uključivanju znanstvenika i statističara u EBM) donošenje odluke uvijek treba vratiti tamo gdje mu je pravo mjestima, pacijentima - korisnicima usluga i kliničarima - davateljima usluga (načelo «tko odlučuje»).

Etika, moral, hodegetika i profesionalizam u psihijatriji iznimno su važne teme za budućnost psihijatrije. Poštivanje ljudskih prava bolesnika je preduvjet i temelj uspješne i na osobu usmjerene psihijatrije. Meni se čini zgodnim FREDA (*Fairness* - pravednost, *Respect* - poštivanje, *Equity* - jednakost, *Dignity* -

methods of treatment to find their place in the therapeutic guidelines.

## Values-based psychiatry

While the evidence-based medicine (EBM) is a response to a huge and ever-increasing number of clinical studies, claims, facts, theories and concepts, values-based medicine is a response to the growing number and complexity of relevant values that have to be taken into consideration when making decisions about medicine (11, 27). According to Fulford (27), the theory of VBM is based on five principles: 1. The "two-feet" principle – all decisions, including the one on diagnosis, should be based on facts and values; 2. The "squeaky wheel" principle - people tend to notice values only when they are different or opposing, which may result in problems; 3. The science-driven principle – opening up new opportunities leads to scientific progress, which introduces a multitude of new values in all areas of health and psychiatric care*; 4.* The "patient perspective" principle – when reaching a decision, the focus should be on information primarily from the perspective of the patient or groups of patients; 5. The multiperspective principle - The problem of conflicting values is resolved by establishing a fine balance between diverse views on the problem, and not by referring to the prescribed rule of "right outcome". The practice of VBM is based on the following principles see 27): 1. Careful and empathetic choice of words in a certain context raises awareness about the values (the values-blindness principle); 2. A multitude of empirical and philosophical methods allows one to learn about other people's values (the value-myopia principle); 3. Ethical evaluation is primarily aimed at investigating and identifying differences in values, not to determine what is right as in quasi-legal bioethics (the "space of values" principle); 4. Empathy and communication skills play a substantive rather than an executory role in decision-making as it is the case in quasi-legal bioethics (the "how it is done" principle); 5. Although ethicists and lawyers play a role in VBM (just as scientists and statisticians play a role in the EBM) decision-making should always focus on patients or service users and clinicians or service providers (the "who decides" principle).

Ethics, morality, hodegetics and professionalism in psychiatry are extremely important topics for the future of psychiatry. Respect for the patient's human rights is a prerequisite and the very foundation of successful and person-oriented psychiatry. Personally, I favour the FREDA concept (Fairness, Respect, Equity, Dignity, Autonomy*),* i.e., a human rights-based concept approach to psychiatry introduced by the British Royal College of Psychiatrists. The absolutist and paternalistic model has been increasingly abandoned and replaced by the contractual and partner model in communication between doctors and patients. The ethics

dostojanstvo, *Autonomy* – sloboda izbora) koncept ljudskih prava u psihijatriji Britanskog kraljevskog udruženja psihijatara. Apsolutistički i paternalistički model se sve više napušta, a u praksi se potiču ugovorni model i partnerski model u komunikaciji između liječnika i bolesnika. Etičnost profesionalnog ponašanja nije samo stvar brojnih deklaracija o etičkim standardima, nego je primarno izraz moralnog razvoja neke osobe i njezine filozofije ljudskih prava.

## Narativna medicina u psihijatriji

Medicinsko znanje i praksa, ispitivanje anamneze i postavljanje dijagnoze u svojoj su biti narativni (11,28). Drži se kako je Hipokrat uveo metodu povijesti slučaja (*case history*) kao način opisivanja prirodnog tijeka bolesti, poznatog pod nazivom patografija. Psihoanaliza i neuropsihijatrija su zapravo utemeljene na povijestima slučaja (29). Ispitivanje anamneze uvijek znači konstruiranje priče o životu bolesnika u sklopu koje se mogu više ili manje razumjeti zdravstveni problemi ili simptomi bolesti. U postmodernoj psihijatriji kao pandan medicini utemeljenoj na činjenicama (EBM) često se navodi medicina utemeljena na naraciji (NBM - *narratives-based medicine*), premda ova dva pristupa nisu isključujuća. Organizacijsko načelo EBM jest objektivnost o bolesti i liječenju koja se temelji na meta-analizama i randomiziranim kontroliranim kliničkim ispitivanjima, a polazi se od općeg, zajedničkog svim bolesnicima s nekom dijagnozom do pojedinačnog. U NBM organizacijsko načelo jest individualnost i subjektivnost o bolesti i liječenju, premda se i narativno nastoji standardizirati, a polazi se od pojedinačnog i subjektivnog. U praksi su granice između EBM i NBM ipak fluidne i nisu jasno definirane (29). Narativni pristup u psihijatriji u načelu treba rezultirati pluralnom, a ne samo jednom, istinom (29). Pacijente treba ohrabrivati da budu autori svojih priča i poticati ih da kreiraju priče sa sretnim završetkom. Usklađivanje priče bolesnika i priče liječnika u zajedničku komplementarnu priču (narativ bolesti, terapijski narativ) povezano je s umijećem empatijske terapijske komunikacije (30,31). Narativni self je važna sastavnica naše osobnosti, tako da su ljudi po svojoj prirodi usmjereni na konstruiranje, pričanje i slušanje priča (30). Odrastamo na različitim pričama o životu, ljubavi, prijateljstvu, ratu, pravdi, hrabrosti i u pričama otkrivamo istine o životu kao i različite vrijednosne sustave. Svatko od nas konstruira svoju subjektivnu stvarnost, a ta stvarnost ima oblik priče. Pričom dajemo smisao svojemu životu, ali i definiramo i odnose s drugim ljudima. Mnogi psihološki problemi i patnje nastaju kada ne uspijevamo u životnoj priči prepoznati ili dati smisao svojemu životu. Priče tvore zajedničku povijest, povezuju ljude u vremenu i prostoru kao glumce,

of professional behaviour do not only reflect numerous declarations on ethical standards but also indicate the moral development of an individual and their philosophy of human rights.

## Narrative medicine in psychiatry

In their essence, medical knowledge and practice, examination of a medical history and diagnosis are narratives (11:28). It is believed that Hippocrates introduced the case history as a method of describing the natural course of an illness, better known as pathography. Psychoanalysis and neuropsychiatry are actually based on case histories (29). An examination of medical history always implies constructing a story about the patient's life in order to get a better understanding of health problems or symptoms of an illness. In postmodern psychiatry, narrative-based medicine (NBM) is often cited as a counterpart to evidence-based medicine (EBM), although the two approaches are not exclusive. The organizing principle of EBM is objectivity in assessing the illness and determining the treatment, based on meta-analyses and randomized controlled clinical trials, starting from what is prevalent and common to all patients with a particular diagnosis and then establishing what is relevant for an individual patient. In NBM, the organizational principle is individuality and subjectivity in assessing the illness and determining the treatment starting from the individual and subjective with an intention to standardize the narrative. In practice, the boundaries between EBM and NBM are fluid and not clearly defined (29). In principle, a narrative approach in psychiatry should result in multiple rather than in a single truth (29). Patients should be encouraged to use storytelling to create stories with a happy ending. Coordinating the patient's with the therapist's story into a single and complementary narrative (disorder-narrative, therapeutic narrative) is closely linked to the skills of empathic therapeutic communication (30, 31). Narrative self is an important part of our personality, and by their very nature people are focused on constructing, telling and listening to narratives (30). We grow up with different narratives about life, love, friendship, war, justice, and courage and through narratives we discover truths about life and learn about different value systems. Each one of us constructs one's own subjective reality in the form of a narrative. With narratives, we give meaning to our lives and also define relationships with other people. Many psychological problems and sufferings arise when we fail to recognize or give meaning to our lives in the narrative about our life. Narratives form a common history and connect people in time and space as actors, directors, storytellers and the audience. In a way, life consists of continuous reprocessing of past narratives and their gradual replacement or supplementation with the new ones. Two people are more likely to achieve

redatelje, pripovjedače i publiku/slušatelje. Život se na neki način sastoji od kontinuiranog prerađivanja starih priča i njihova postupnog zamjenjivanja ili nadopunjavanja novim pričama. Dvoje ljudi ima veću šansu ostvariti dobru komunikaciju i uspješan odnos ako njihova zajednička priča ima isti pogled na svijet, pretpostavke o odnosima i tumačenje događaja. Retrospektivne priče su one koje stvaramo poslije okončanja nekog odnosa a uključuju naše uvide i kasnije razumijevanje onoga što se događalo, ali i nesvjesne potrebe i porive mijenjanjem nekih dijelova kako bi se bolje uklopili u kraj priče. Prospektivne priče stvaramo prije nego što neki odnos počne ili pak na njegovu početku, a mogu se u potpunosti razlikovati od retrospektivne priče. Priče imaju i iscjeljući karakter pa se mogu uspješno koristiti u psihoterapiji. Depatologiziranje života je eksplicitni terapijski cilj u nekim formama psihoterapije. Terapeut i pacijent zajednički prepoznaju i aktiviraju vitalizirajuće dijelove narativnog selfa kako bi razvili i oblikovali koherentnu životnu priču u novoj perspektivi (31).

## TRANSDISCIPLINARNA INTEGRATIVNA PSIHIJATRIJA

Suvremena psihijatrija je grana medicine koja predstavlja interdisciplinarno i transdisciplinarno područje gdje svoju teorijsku i praktično-terapijsku primjenu nalaze spoznaje i dostignuća iz raznovrsnih neurobiologijskih, psihologijskih i sociologijskih znanosti, ali isto tako i umjetnosti, filozofije i religije (9,10,12). Vremenom su se oblikovale tri glavne grane u psihijatriji koje su poznate kao biologijska, psihodinamska i socijalna psihijatrija, a posljednjih godina sve više se nameće i spiritualna psihijatrija. Biologijska psihijatrija dobila je zamah s psihofarmakološkom revolucijom pedesetih godina prošlog stoljeća, a tijekom i nakon dekade mozga devedesetih godina prošlog stoljeća obogaćena je brojnim neuroznanstvenim disciplinama, tako da je danas temelj suvremene kliničke psihijatrije. Psihodinamska psihijatrija u modernom smislu započinje Freudovom psihoanalizom, a danas uključuje preko tri stotine raznovrsnih pravaca i škola. Socijalna psihijatrija započinje Pinelovom reformom umobolnica i skidanjem okova s psihijatrijskih bolesnika, a vrhunac doseže sa socijalnim promjenama nakon II. svjetskog rata. U pojedinim razdobljima postojao je veliki jaz između navedenih grana psihijatrije koje su bile teorijski, znanstveno-istraživački i praktično-terapijski svaka svijet za sebe, i ne samo da nije bilo suradnje već su bila prisutna i izrazita međusobna negiranja. U suvremenoj psihijatriji sve više je aktualan holistički, integrirajući, komplementarni, interdisciplinarni i transdisciplinarni pristup kako u proučavanju

good communication and a successful relationship if their shared narrative has the same view of the world, assumptions about relationships and interpretation of events. Retrospective narratives are those narratives that we create after ending a relationship and they comprise our insights and subsequent understanding of past events together with unconscious needs and urges to change certain parts to better fit into the final narrative. We create prospective narratives before a relationship begins or at its beginning, and they may be completely different from the retrospective narrative. Narratives also have a healing potential and they can be successfully used in psychotherapy. Some forms of psychotherapy explicitly aim to depathologize life. The therapist and the patient jointly recognize and activate the vitalizing parts of the narrative self to develop and shape a coherent life story in a new perspective (31).

## TRANSDISCIPLINARY INTEGRATIVE PSYCHIATRY

Modern psychiatry is a branch of medicine and an interdisciplinary and transdisciplinary field in which findings and achievements of various neurobiological, psychological and sociological sciences, as well as art, philosophy and religion have their theoretical, practical and therapeutic application (9, 10, 12). Over time, three main branches of psychiatry have formed, i.e., biological, psychodynamic and social psychiatry. In recent years, spiritual psychiatry has been increasingly present. Biological psychiatry has gained momentum with the psychopharmacological revolution in the 1950s. During and after the "Decade of the Brain" in the 1990s, it was supplemented with a host of neuroscientific disciplines and today it is the basis of modern clinical psychiatry. Psychodynamic psychiatry in the modern sense begins with Freudian psychoanalysis and it currently includes over three hundred different directions and schools. Social psychiatry begins with Pinel's reform of mental hospitals when the shackles were taken off psychiatric patients, reaching its peak with the social changes after World War II. In certain periods of history, there was a large gap between the above-mentioned branches of psychiatry, as each one of them functioned, in terms of theory, scientific research, practice and therapy, individually and as a world of its own. Not only that there was no cooperation, but they often times opposed and denied each other. Modern psychiatry integrates holistic, integrating, complementary, interdisciplinary and transdisciplinary approaches both in the study and in the treatment of mental disorders. According to N. Ghaemi (32), there are four fundamental approaches to modern psychiatry: dogmatic, eclectic, pluralistic and integrative. Unfortunately, a fragmented and dogmatic approach is still very

nju tako i u liječenju duševnih poremećaja. Prema N. Ghaemiju (32) u suvremenoj psihijatriji postoje četiri temeljna pristupa: dogmatski, eklektički, pluralistički i integrativni. Nažalost, fragmentirani dogmatski pristup još je jako prisutan, primjerice kada ortodoksni psihoanalitičari negiraju vrijednost psihofarmakoterapije definirajući je kao simptomatsku „kemijsku stezulju", ili pak kada biologijski psihijatri za psihoterapiju tvrde da je samo „isprazna sugestivna priča" jer su duševni poremećaji istinske bolesti mozga. Danas prevladava eklektički pristup koji uključuje bio-psiho-socijalni model, ali više na riječima nego na djelu, jer ne daje kliničarima praktične upute za konkretne situacije i konkretne psihičke poremećaje. Pluralistički pristup „neka cvjeta tisuće cvjetova" uključuje model dvostrukog tretmana s dva terapeuta (farmakoterapeut i psihoterapeut) i politetički pluralizam koji predmnijeva korištenje nekoliko različitih modela, pristupa ili metoda. Kako u suvremenoj psihijatriji sve više prevladava potreba za holističkim, integrirajućim, komplementarnim, interdisciplinarnim i transdisciplinarnim pristupom ne samo u proučavanju nego i u liječenju duševnih poremećaja, to je sve potrebnija i sve šira psihijatrijska edukacija. Neuroznanstvene discipline su omogućile bolji uvid u funkcioniranje mozga zahvaljujući novim metodama ispitivanja njegove strukture i funkcije. Psihofarmakologija je producirala obilje djelotvornih i sigurnih psihofarmaka, a oblikovane su i brojne efikasne psihoterapijske i socioterapijske metode, što sve skupa značajno pridonosi većoj terapijskoj moći suvremene psihijatrije. Kako u kliničkoj tako i u psihijatriji u zajednici sve više je prisutno timsko liječenje, a terapijski timovi su multidisciplinskog karaktera: osim psihijatra uključuju kliničkog psihologa, socijalnog radnika, medicinsku sestru, radnog i okupacijskog terapeuta, katkada i duhovnika. Stoga profesionalizam nije usmjeren samo na ono što se događa između bolesnika i liječnika, nego i na profesionalnu kulturu empatije i kvalitetu odnosa, znanja i vještina u terapijskom i dijagnostičkom timu.

Transdisciplinarni holistički integrativni model temelji se na sistematiziranim i integriranim spoznajama o duševnim poremećajima iz sedam perspektiva na temelju četiri paradigme (tjelesna, duševno-tjelesna, tjelesno-energetska i tjelesno-duhovna) i četiri ontološke dimenzije (čovjek kao biološko/tjelesno, psihičko/duševno, socijalno i duhovno/transcendentalno biće). Različite perspektive u različitim fazama razvoja psihopatoloških procesa, ali i u različitim fazama liječenja omogućuju bolje razumijevanje i uspješnije liječenje. Svaka od sedam opisanih perspektiva ima svoje vrijednosti i nedostatke (tablica 2), i zapravo objašnjava samo jedan aspekt duševnog poremećaja.

much present, e.g, when orthodox psychoanalysts deny the importance of psycho-pharmacotherapy, defining it as a symptomatic "chemical clamp". Also, some biological psychiatrists claim that psychotherapy it is only an "empty suggestive story"since mental disorders are genuine brain conditions. The prevailing model today is the eclectic approach including bio-psycho-social model, but it relies more on words than on action since it does not provide clinicians with practical instructions for specific situations and concrete psychological disorders. The pluralistic let-a-thousand-flowers-bloom approach includes a double treatment model with two therapists (a pharmacotherapist and a psychotherapist). Polythetic pluralism presupposes the use of several different models, approaches or methods. As the need for a holistic, integrating, complementary, interdisciplinary and transdisciplinary approach is increasingly prevalent in modern psychiatry not only for the study but also for the treatment of mental disorders, a far-ranging psychiatric education is becoming more and more important. Neuroscientific disciplines have provided better insight into the functioning of the brain thanks to new methods of examining its structure and function. Psychopharmacology has produced an abundance of effective and safe psychoactive medication and many effective psychotherapeutic and socio-therapeutic methods have been formed, which all significantly contribute to the greater therapeutic capability of modern psychiatry. In both clinical and psychiatric communities there is a growing presence of team treatment. Therapy teams are of a multidisciplinary character and in addition to psychiatrist, they include a clinical psychologist, a social worker, a nurse, a working and occupational therapist, and sometime even a priest. Therefore, professionalism is focused not only on what happens between the patients and the therapist, but also on the professional culture of empathy and the quality of the relationship, as well as knowledge and skills of the therapy and diagnostics team.

The transdisciplinary holistic integrative model is based on systematized and integrated knowledge base about mental disorders from seven perspectives based on four paradigms (body paradigm, mind-body paradigm, body-energy and body-spirit paradigm) and four ontological dimensions (human being as a biological/physical, psychological/mental, social and spiritual/transcendental being). Different perspectives at different stages of the development of psychopathological processes at different stages of treatment allow for better understanding and more successful treatment. Each of the seven above-described perspectives has its own values and shortcomings (Table 2) and, in fact, explains only one aspect of a mental disorder.

Clinical complexity of mental disorders requires evaluation, understanding and formulation from seven

**TABLICA 2.** Pozitivne i negativne implikacije pojedinih perspektiva
**TABLE 2.** Positive and negative implications of individual perspectives

| Perspektiva / Perspective | Uzrok problema / Cause of the problem | Rješenje problema / Problem solution | Nedostatci / Disadvantages |
|---|---|---|---|
| 1. Perspektiva bolesti / 1. Disorder perspective | Poremećaj neuroplastičnosti, funkcija i strukture mozga, neurotransmitorski dizbalans, neuroendokrini dizbalans, blaga neuroinflamacija / Neuroplasticity Disorder, function and structure of the brain neurotransmitter instability, neuroendocrine instability, mild neuro-inflammation | Liječenje / Treatment:<br>• farmakoterapija / Pharmacotherapy<br>• EKT<br>• TMS | Adverzivni događaji, nuspojave, stigma / Adverse events, side effects, stigma |
| 2. Perspektiva osobe (dimenzionalna perspektiva) / 2. Perspective of the individual (dimensional perspective) | Vulnerabilnost na stres / Vulnerability to stress | Ovladavanje stresom/*coping* / Coping with stress | Paternalizam / Paternalism |
| | Fragilnost / Fragility<br>Smanjena rezilijencija / Reduced resilience | Jačanje rezilijencije/ličnosti / Strengthening resilience/ personality | |
| 3. Bihevioralna perspektiva / 3. Behavioural perspective | Neadaptivno ponašanje / Non-adaptive behaviour | Promjena ponašanja / Behavioural change | Stigmatizacija / Stigmatisation |
| | Naučena bespomoćnost / Learned helplessness | Bihevioralna terapija / Behavioural therapy | |
| | Socijalno prihvatljivi poraz / Socially acceptable defeat | Nidoterapija / Nidotherapy | |
| | Autoviktimizacija / Self-victimisation | | |
| 4.a. Kognitivna perspektiva / 4.a. Cognitive perspective | Pogrešna vjerovanja / False beliefs | Promjena vjerovanja / Change of beliefs | Paternalizam, stigma / Paternalism, stigma |
| | Negativna kognitivna trijada / Negative cognitive triad | Kognitivna terapija / Cognitive therapy | |
| 4.b. Aksiološka perspektiva / 4.b. Axiological perspective | Krive životne vrijednosti / Wrong life values | Nove životne vrijednosti, aksioterapija / New life values, Axiotherapy<br>logoterapija / Logotherapy | Paternalizam, stigma / Paternalism, stigma |
| 5. Transcendentna perspektiva / 5. Transcendent perspective | Poremećaj transcendentnosti / Transcendence Disorder | Duhovno vodstvo / Spiritual guidance | Paternalizam, stigma / Paternalism, stigma |
| | Krivo naučene životne lekcije / Wrong life values | *Life coaching*, hagioterapija / Life coaching, hagiotherapy | |
| | Promašen životni plan/smisao / Misguided life plan/meaning | Logoterapija / Logotherapy | |
| 6. Narativna perspektiva / 6. Narrative perspective | Gubitnički/destruktivni skript / Loser/destructive script | Promjena skripta / Change of script | Hostilne interpretacije, paternalizam / Hostile interpretations, paternalism |
| | Pogrešno naučene/nenaučene životne lekcije / Misguided/not correctly learnt life lessons | *Life coaching*, narativna psihoterapija / Life coaching, narrative psychotherapy | |
| 7. Sustavna perspektiva / 7. Systematic perspective | Uključuje sve ostale perspektive: poremećaj u jednom sustavu odražava se na sve druge sustave / Includes all other perspectives: Disruption in one system is reflected in all other systems | Sustavna (sistemska), integrativna, holistička terapija i kreativna psihofarmakoterapija / Systematic, Integrative, holistic and creative psychopharmacotherapy | Kompleksnost, manjak educiranih psihijatara / Complexity, lack of educated psychiatrists |

Klinička kompleksnost duševnih poremećaja zahtijeva procjenu, razumijevanje i formulaciju u sedam perspektiva, ako se želi dobiti pouzdan dijagnostički

perspectives, if a reliable diagnostic model is to be obtained together with an effective and comprehensive therapy.

model kao i djelotvorna i cjelovita terapija. U liječenju su važne ove perspektive: 1. perspektiva bolesti, 2. kognitivna perspektiva; 3. behavioralna perspektiva i 4. spiritualna perspektiva; 5. narativna perspektiva, 6.sistemska perspektiva, 7. perspektiva osobe. Navedene perspektive ne isključuju jedna drugu, već se međusobno nadopunjuju u kreiranju holističkog dijagnostičkog i terapijskog modela. U različitim fazama liječenja obično je primarna jedna perspektiva, ostale su sekundarne, ali su također važne.

Suvremena psihijatrija je grana medicine koja sve više zastupa integrativni interdisciplinarni i transdisciplinarni pristup u kojemu svoju teorijsku i praktično-terapijsku primjenu nalaze spoznaje i dostignuća iz raznovrsnih neurobiologijskih, psihologijskih i sociologijskih znanosti, ali isto tako i umjetnosti, filozofije i religije što je rezultiralo pravom eksplozijom novih informacija o funkcioniranju mozga u zdravlju i bolesti. Prema Tatarynu (33) sve strategije informacijskog procesiranja ili načine razmišljanja u suvremenoj medicini možemo svrstati u četiri paradigme, a to su: 1. Tjelesna paradigma (*body paradigm*); 2. Psihosomatska ili somato-psihička paradigma (*psychosomatic & mind-body paradigm)*; 3. Tjelesno-energetska paradigma (*body-energy paradigm*); i 4. Informacijsko-energetska paradigma (*energy-information paradigm*). Prema tjelesnoj (somatskoj) ili materijalističkoj paradigmi postoji samo materijalno tijelo, a sve ono što zovemo duhovno i duševno (psihološko) je samo proizvod razvoja organa i tijela i ide iz materijalnog i tjelesnog. Prema somato-psihičkoj paradigmi postoji duševno i tjelesno, dvije različite realnosti ili dimenzije koje su povezane, i na tim temeljima se temelji takozvana psiho-somatska (*mind-body*) medicina. Prema tjelesno-energetskoj paradigmi i u zdravlju i u bolesti postoji materijalno i energetsko, tako da su duševni ili psihološki fenomeni energetski i materijalni fenomeni koji su vezani za mozak. Prema tjelesno-duhovnoj paradigmi „nelokaln/oa, netjelesno/a biće/a ili stanja svijesti koje/a je/su tramscendentalna postoji/e i djeluje/u Univerzumu na materijalni svijet. Energetsko informacijska paradigma se temelji na uvjerenju da se tijelo-duša-duh (*body-mind-spirit*) mogu opisati u terminima navodnih istančanih energija i bioenergentskih polja, tako da ova paradigma sadrži elemente tjelesno-energetske i tjelesno duhovne paradigme. Svi koncepti o čovjeku, zdravlju, bolesti, medicini i liječenju mogu se svrstati u neku od navedenih paradigmi. Koncept transdisciplinarne integrativne biologijske psihijatrije koji uključuje fizičko i metafizičko, te sve četiri dimenzije čovjekovog postojanja u zdravlju i bolesti temelji se na integraciji navedenih paradigmi u holističku paradigmu (*body-brain-energy-mind-spirit*). Ovakav pristup zahtijeva sve širu psihijatrijsku edukaciju.

The following perspectives are relevant for the treatment: 1. perspective of the disease, illness or disorder, 2. cognitive perspective; 3. behavioural perspective; 4.spiritual perspective; 5. narrative perspective, 6.systemic perspective, and 7.perspective of the person. These perspectives do not exclude but rather complement each other in creating a holistic diagnostic and therapeutic model. At different stages of the treatment, usually only one is considered as primary while the rest are secondary. Nevertheless, they are equally important.

Modern psychiatry is a branch of medicine that increasingly represents an integrative interdisciplinary and transdisciplinary approach in which findings and achievements from various neurobiological, psychological and sociological sciences have their theoretical and practical application, as well as art, philosophy and religion, which has resulted in a real explosion of new information on the functioning of the brain in health and disease. According to Tataryn (33), we can classify all information processing strategies or ways of thinking in modern medicine in four paradigms, namely: 1. body paradigm; 2. mind-body paradigm; 3. body-energy paradigm; and 4. body-spirit paradigm. According to the body or materialistic paradigm, there is only a material body, and everything what we call spiritual and mental (psychological) is only a product of the development of organs and bodies and results from the material and physical. According to the mind-body paradigm, there is a distinction between the mental and the somatic, as there are two different realities or dimensions that are interconnected. This is the foundation of the so-called mind-body or psychosomatic medicine. According to the body-energy paradigm, in both health and disease there are material and energy aspects, meaning that mental or psychological phenomena are actually energetic and material phenomena related to the brain. According to the body-spirit paradigm "non-local, nonphysical being or beings or states of consciousnesthat is/are transcendental" exist/s and act/s in the universe on the material world. The energy-information paradigm is based on the belief that body-mind-spirit can be described in terms of supposed refined energies and biofields. Therefore, this paradigm contains elements of the body-energy and body-spirit paradigms. All concepts about humans, health, disease, medicine and treatment can be classified into one of the above paradigms. The concept of transdisciplinary integrative biological psychiatry, including the physical and the metaphysical, and all four dimensions of human existence in health and disease are based on the integration of these paradigms into a holistic paradigm (body-brain-energy-mind-spirit). This approach requires ever-expanding psychiatric training.

The existence of a large number of models can also have a number of advantages if they are shaped into a complementary, integrative and transdisciplinary framework. That is, each of these models contains more or less useful information or truths about individual mental disorders,

Postojanje velikog broja modela može imati i brojne prednosti kada se uobliče u komplementarni, integrativni i transdisciplinskii okvir. Naime, svaki od ovih modela sadrži više ili manje korisnih informacija i istina o pojedinim duševnim poremećajima, ali nijedan od njih ne objašnjava sve aspekte bilo kojeg duševnog poremećaja i njihova liječenja. Drugim riječima ni jedan od modela ne može se u potpunosti prihvatiti ili odbaciti. Zastupljenost mnoštva različitih modela i teorija duševnih poremećaja podsjeća na anegdotu o slijepcima koji su opisivali slona tako što je svaki od njih pipao pojedini ali drugi dio tijela i u skladu s tim ga opisao. Ako se radi o ne-empatičnim slijepcima koji ne uvažavaju jedni druge ili pak međusobno ne razgovaraju, svaki će imati svoje uvjerenje i držati da je samo on u pravu. Ako slijepci razgovaraju empatijski od fragmentarnih opisa mogu sklopiti cjelovitu definiciju slona. Stoga je kreiranje integrativnih i holističkih modela pojedinih duševnih poremećaja od iznimne važnosti za daljnji razvoj psihijatrije kao vjerodostojne i terapijski moćne medicinske discipline.

Transdisciplinarni holistički integrativni model (9,10,12,33,34) temelji se na sistematiziranim i integriranim spoznajama o duševnim poremećajima iz sedam perspektiva (perspektiva bolesti, kognitivna perspektiva, bihevioralna perspektiva, narativna pespektiva, spiritualna perspektivna, sistemska pespektiva i personalizirana perspektiva ili perspektiva osobe) na temelju četiri paradigme (tjelesna, tjelesno-duševna, tjelesno-energetska i tjelesno-duhovna) i četiri ontološke dimenzije (čovjek kao biološko/tjelesno, psihičko/duševno, socijalno i duhovno/transcendentalno biće). Različite perspektive u različitim fazama razvoja psihopatoloških procesa, ali i u različitim fazama liječenja omogućuju bolje razumijevanje i uspješnije liječenje.

## KREATIVNA, NA OSOBU USMJERENA NARATIVNA PSIHOFARMAKOTERAPIJA POVEĆAVA KORIST A SMANJUJE RIZIK U LIJEČENJU DUŠEVNIH POREMEĆAJA

Pitanje individualiziranog i personaliziranog pristupa u dijagnosti i liječenju je iznimno važno i u psihijatriji (30,31,35,36,37,38,39,40). Personalizirana medicina jedan je od najvećih izazova u medicini danas, a u odgovoru na taj izazov psihijatrija može dati značajan doprinos u promoviranju medicine usmjerene na osobu (*person centered medicine*). Do sada je prevladavala tzv. *blockbuster* medicina (ista terapija za istu dijagnozu) s težnjom preoblikovanja u tzv. stratificiranu medicinu (unutar jedne dijagnoze postoje različiti podtipovi za koje se daju odgovarajući lijekovi). Međutim, personalizirana medicina se definira na različite načine, najčešće da će se li-

but none of them explains all aspects of any mental disorder and its treatment. In other words, none of the partial models can be fully accepted or discarded. The representation of a multitude of different models and theories on mental disorders is reminiscent of an anecdote about blind people describing an elephant. Every person was touching a separate but different part of the elephant's body and describing it accordingly. If those blind people fail to emphatize and respect each other or do not talk to each other, each will have their own belief and hold that only he or she is right. If blind people start to empathically talk to each other, they can make out a complete definition of the elephant from their fragmentary descriptions. Therefore, the creation of integrative and holistic models of certain mental disorders is of paramount importance for the further development of psychiatry as a credible and therapeutically relevant medical discipline.

The transdisciplinary holistic integrative model (9,10,12,33,34) is based on systematized and integrated findings about mental disorders from seven perspectives (disease/disorder perspective, cognitive perspective, behavioural perspective, narrative perspective, spiritual perspective, systemic perspective and the perspective of person) and based on four paradigms (body, psychosomatic/mind-body, body-energy and body-spirit) and four ontological dimensions (a human as biological/physical, psychological/mental, social and spiritual/transcendental being). Different perspectives at different stages of the development of psychopathological processes at different stages of treatment allow for better understanding and more successful treatment.

## CREATIVE, PERSON-CENTRED NARRATIVE PSYCHOPHARMACOTHERAPY INCREASES THE BENEFIT AND REDUCES THE RISK IN THE TREATMENT OF MENTAL DISORDERS

The issue of an individualized and personalized approach in diagnostics and treatment is also of utmost importance in psychiatry (30, 31, 35, 36, 37, 38, 39, 40). Personalized medicine is one of the biggest challenges in medicine today and in responding to this challenge, psychiatry can make a significant contribution in promoting person-centred medicine. So far, the so-called "blockbuster" medicine (the same therapy for the same diagnosis) has prevailed with a tendency of transformation into the so-called stratified medicine (one diagnosis comprises various subtypes for which appropriate drugs are given). However, personalized medicine is defined in different ways. Most frequent definition is that drugs will be prescribed on the basis of pharmacodiagnostic testing of predictive markers in each patient, which implies a strictly individualized

jekovi propisivati na temelju farmakodijagnostičkih testiranja prediktivnih biljega kod svakog bolesnika što implicira strogo individualizirani pristup u dijagnosti i liječenju. Farmakodijagnostika treba dati mehanicistički uvid u patogenezu različitih bolesti i njihov odgovor na pojedine lijekove što treba pridonijeti boljim znanstvenim temeljima medicine. Cilj je poboljšati sigurnost, podnošljivost, učinkovitost i ekonomičnost liječenja. Ovakav individualizirani pristup već je poprilično razvijen u nekim granama medicine, primjerice u onkologiji. Čini se da se u ovakvom konceptu impersonalne personalizirane medicine zanemaruje činjenica da čovjek nije samo biološko biće ni u zdravlju ni u bolesti, odnosno važnost psihološke, socijalne i duhovne dimenzije u liječenju.

Kreativna na osobu usmjerena narativna psihofarmakoterapija (KnOuNP-a) odražava težnju k povećanju dobrobiti bolesnika i smanjenju rizika od nepoželjnih nuspojava lijekova i komplikacija liječenja (30). Prema Jacquesu Derridi grčka riječ *farmakon* (sredstvo) ima dvostruko značenje: lijek i otrov, a vrlo su joj bliske riječi *farmakeus* (čarobnjak, magičar) i *farmakos* (žrtveni jarac). Kako jedna te ista tvar može biti i lijek i otrov, ovisno o dozi i osjetljivosti osobe, farmakoterapija u bilo kojoj grani medicine, pa tako i u psihijatriji uvijek ima dva naličja: korist i moguće opasnosti. Važno je imati na umu da bilo koja terapija, uključujući psihoterapiju i obiteljsku terapiju, može biti praćena neugodnim ili štetnim nuspojavama.

## Kreativna, na osobu usmjerena narativna psihofarmakoterapija je dio sveobuhvatnog i multidimenzionalnog liječenja

Tijekom i nakon desetljeća mozga (1990.-1999.) došlo je do velike ekspanzije psihofarmakoterapije uz pojavu većeg broja različitih, nerijetko i kontroverznih koncepata, psihofarmakoterapijskih paradigmi i terapijskih algoritama (43). Registracija značajnog broja novih antidepresiva, antipsihotika i stabilizatora raspoloženja značajno je pridonijela pojavi farmakoterapijske renesanse i prevladavanju terapijskog nihilizma u liječenju duševnih poremećaja (30,37). Za suvremenu psihofarmakoterapiju tvrdi se da je znanstvena, racionalna, utemeljena na činjenicama (*evidence-based*), često tehnologizirana i polipragmatična. Na žalost, u praksi je nerijetko prisutan veliki jaz između velikih terapijskih mogućnosti i stvarnih rezultata u liječenja, a posebice kada je riječ o tzv. velikim duševnim poremećajima. Stoga po mišljenjima mnogih postoji još jako puno prostora za unaprjeđenje psihofarmakoterapije sa sadašnjim raspoloživim lijekovima. KnOuNP-a predstavlja umijeća i praksu empatijske učeće organizacije (vidjeti 40) u sklopu transdisciplinarne integra-

approach in diagnosis and treatment. Pharmacodiagnostics should provide a mechanistic insight into the pathogenesis of various disorders and their response to individual drugs, which should contribute to better scientific foundations of medicine. The aim is to improve safety, tolerability, effectiveness and cost-effectiveness of treatment. This individualized approach is already quite developed in certain medical branches, e.g. in oncology. It seems that this concept of impersonal individualized medicine ignores the fact that humans are not only biological beings, neither in health nor in illness, that is, it ignores the importance of the person and psychological, social and spiritual dimensions in treatment.

A creative person-centered narrative psychopharmacology (CP-CNP) reflects the aspiration to increase the wellbeing of the patient and reduce the risk of undesirable side effects of medications and treatment complications (30). According to Jacques Derrida, the word *pharmakon* (agent), in Ancient Greek means two things: both "cure" and "poison", and the words *pharmakeus* (wizard, magician) and *pharmakós* (scapegoat) are very close to that word. Taking into consideration that the same substance can act both as medicine and poison, depending on the dosage and sensitivity of the person, pharmacotherapy in any branch of medicine, including psychiatry, always has two facets: the benefit and possible dangers. It is important to bear in mind that any therapy, including psychotherapy and family therapy, can be accompanied by unpleasant or harmful side effects or by nocebo response.

## Creative, person-centred narrative psychopharmacotherapy is part of a comprehensive and multidimensional treatment

During and after the "Decade of the Brain" (1990-1999), there was a great expansion of psychopharmacotherapy with the emergence of numerous different and often controversial concepts, psychopharmacotherapy paradigms and therapeutic algorithms (43). The registration of a significant number of new antidepressants, antipsychotics and mood stabilizers has contributed significantly to the emergence of the renaissance of pharmacotherapy and the overcoming therapeutic nihilism in the treatment of mental disorders (30,37). Modern psychopharmacotherapy is argued to be scientific, rational, evidence-based and often technologized and polypragmatic. Unfortunately, in practice we often see a large gap between major therapeutic possibilities and real results in treatments, especially when it comes to so-called major mental disorders. Therefore, in the opinion of many, there is still a lot of room for the improvement of psychopharmacotherapy with the currently available drugs. CP-CNP represents the skills and practice of a empathic learning organization (40) within the framework of a transdisciplinary integrative holistic

tivne holističke i personalizirane na osobu usmjerene psihijatrije (9,10). Temelji se na kreativnom mišljenju i sistemskom procesiranju informacija, integraciji racionalnog i intuitivnog, te na kreiranju optimalnog terapijskog konteksta i kreativne suradnje s bolesnikom i njegovom obitelji. Ciljevi KnOuNP su da pomogne bolesniku da: 1.resetira identitet (*self-identity*), samo-poštovanje, granice selfa, hedonističke kapacitete i mentalnu agilnost; 2. da modificira rizične crte temperamenta i karaktera; 3. da modificira odgovore na stres, osnaži rezilienciju i antifragilnost; 4. da normalizira fiziološke funkcije (spavanje, apetit i uzimanje hrane, seksualne funkcije); 5. da poboljša kontrolu impulsa i ponašanja; 6. empatijski modificira životni stil i životni skript s ciljem postizanja pozitivnog mentalnog zdravlja; 7. pojača funkcije/oniranje zdravog selfa (31).

## KnOuNP-a uključuje optimalne kombinacije lijekova u svakoj fazi liječenja

U liječenju duševnih poremećaja obično razlikujemo tri faze liječenja: 1. fazu liječenja akutne epizode bolesti s ciljem što bržeg smirivanja i otklanjanja simptoma (simptomatska ili klinička remisija), 2. fazu stabilizacije s ciljem održavanja postignutih rezultata i daljnjeg poboljšanja stanja zdravlja bolesnika (funkcijska i socijalna remisija), i 3. fazu održavanje remisije, reziliencije i prevencije relapsa bolesti, odnosno prevencije pojave nove episode bolesti (personalna remisija). U svakoj fazi liječenja potrebno je odabrati prikladne psihoaktivne lijekove koji omogućuju kontrolu i eliminaciju što većeg broja simptoma, odnosno postizanje specifičnih terapijskih ciljeva. Lijekovi koji su doveli do uspješnog smirivanja akutne faze bolesti ne moraju uvijek biti i optimalan izbor u terapiji održavanja. U akutnoj fazi treba birati psihoaktivne lijekove tako da pokriva/ju što veći broj simptoma, a da budu i što bolje podnošljivosti. Iako je poželjna i idealna primjena samo jednog psihofarmaka, obično su u liječenju duševnih poremećaja, posebice u akutnoj fazi bolesti, nužne kombinacije lijekove. U takvim situacijama treba kombinirati lijekove čiji su mehanizmi djelovanja međusobno nadopunjujući tako da dolazi do sinergizma terapijskog učinka, ali ne i nuspojava (34,38,45). Premda je uvriježeno mišljenje kako istovremena primjena više lijekova znači i više nuspojava i veći rizik za bolesnika, kreativne kombinacije lijekova mogu značajno smanjiti broj nuspojava i poboljšati prihvatljivost liječenja od strane bolesnika. Dok se u akutnoj fazi najčešće ne mogu izbjeći kombinacije antipsihotika, u terapiji održavanja treba uvijek težiti smanjenju broja lijekova i monoterapiji, prije svega novijim lijekovima dobre podnošljivosti koji se uzimaju u jednoj dnevnoj dozi ili u formi dugo-djelujućih injekcija (depo-preparata).

and personalized and person-centred psychiatry (9,10). It is based on creative thinking and systematic processing of information, integration of rational and intuitive, and on creating the optimal therapeutic context and creative cooperation with the patient and his or her family. CP-CNP aims to help the patient: 1. to reset self-identity, self-respect, self-boundaries, hedonistic capacities and mental agility; 2. to modify risky temperament and character traits; 3. to modify responses to stress, strengthen resilience and antifragility; 4. to normalize physiological functions (sleep, appetite and food intake, sexual functions); 5. to improve impulse and behaviour control; 6. to empathically modify the lifestyle and life script with the aim of achieving positive mental health; 7. to enhance healthy functions/functioning (31).

## CP-CNP includes optimal combinations of medicines at each stage of treatment

In the treatment of mental disorders, we usually distinguish three stages of treatment: Phase 1 - Treatment of the acute episode of the disorder with the aim of calming and eliminating symptoms as quickly as possible (symptomatic or clinical remission); Phase 2 - Stabilization with the aim of maintaining the achieved results and further improving the patient's health state (functional and social remission), and Phase 3 - Maintaining remission, resilience and full personal recovery and preventing the relapse of disorder, i.e. the occurrence of a new episode of the disorder (personal remission). At each stage of treatment, it is necessary to choose suitable psychoactive drugs, or better to say mental health medications (MHMs) in order to control and eliminate as many symptoms as possible, that is, to achieve specific therapeutic goals. MHMs that have been successful in the treatment of the acute phase of the disorder may not always be the optimal choice in maintenance therapy. In the acute phase, MHMs should be selected so to cover as many symptoms as possible with a good level of tolerance. Although it is desirable to apply only one MHM at a time, the treatment of mental disorders usually requires combinations of medications, particularly during the acute phase. In such cases, medications whose mechanisms of action are complementary to each other should be combined in order to achieve the best therapeutic effects and avoid side effects (34, 38, 45). In spite of the fact that it is commonly believed that the simultaneous use of multiple MHMs implies more side effects and a higher risk for the patient, creative combinations of medications can significantly reduce the number of side effects and improve the acceptance of treatment by patients. While various combinations of antipsychotics in the acute phase in most cases cannot be avoided, in maintenance therapy one should always strive to the reduction of the number of medications and monotherapy, primarily with newer medication with good tolerability in a single daily dose or in the form of long-acting injections (depot preparations).

Svrha liječenja ne sastoji se samo u suzbijanju ili otklanjanju simptoma duševnog poremećaja, već u zaustavljanju bolesnog procesa, otklanjanju uzroka koji mogu dovesti do relapsa bolesti, te u prevenciji suicidalnog i autodestruktivnog ponašanja, što kvalitetnijoj reintegraciji bolesnika u zajednicu, omogućavanju njegova daljnjeg psihosocijalnog razvoja i što bolje kvalitete življenja. Stoga koliko je važan optimalan izbor lijekova, toliko je važno da ih bolesnici uzimaju u dovoljnoj dozi i dovoljno dugo vremena. Hipodoziranje uzrokuje nedovoljan terapijski odgovor i izostanak potpune remisije, dok su prijevremeni prestanak uzimanja terapije i preveliko smanjenje doze najčešći uzroci relapsa simptoma i recidiva bolesti.Važno je istaknuti kako bolesnici s prvom epizodom duševnog poremećaja mogu biti veoma senzitivni na učinak psihoaktivnih lijekova. Stoga prvo liječenje treba uvijek započeti s vrlo malim dozama odabranog lijeka/lijekova koje se postupno titriraju. To je tzv. "*start low, go slow"* strategija koja je za većinu bolesnika mnogo prihvatljivija od strategije visokih ili udarnih doza. Za svakog bolesnika treba naći optimalnu dozu kojom se postiže najbolji terapijski učinak uz najmanje, ili, po mogućnosti, bez značajnih nuspojava. Ako je za postizanje terapijskog učinka nužno davanje visokih doza, onda ih treba početi postupno smanjivati čim se terapijski učinak stabilizira. Naime, dugotrajno davanje visokih doza antipsihotika može uzrokovati kompenzatornu hipersenzitivnost ili tzv. "*up regulaciju*" dopaminskih sustava u mozgu što može dovesti do tzv. *rebound* dopaminergičke hiperaktivnosti, ako se doza antipsihotika naglo smanji. To može rezultirati relapsom shizofrenih simptoma na isti način kao kada shizofreni bolesnik uzme velike količine amfetamina ("*speed*"). Davanje visokih doza lijeka u monoterapiji može se izbjeći racionalnim kombinacijama psihoaktivnih lijekova.

Važno je istaknuti kako su duševni bolesnici u ranom stadiju razvoja bolesti veoma osjetljivi na potencijalne nuspojave psihofarmaka. Prikladnim izborom lijeka/ova i optimizacijom doze mogu se izbjeći mnoge neugodne nuspojave što je od velike važnosti za daljnju suradnju bolesnika u liječenju i redovito uzimanje lijekova. Bolesniku treba skrenuti pažnju na mogućnost određenih nuspojava i unaprijed mu reći kako se te nuspojave mogu otkloniti. Smanjivanjem doze neke se nuspojave kao primjerice hipersedacija ili hipersalivacija mogu smanjiti ili eliminirati, katkada je potrebno dati korektivnu terapiju kao primjerice antikolinergike u slučaju ranih ekstrapiramidnih nuspojava, a nekada je nužno promijeniti antipsihotik. Treba imati na umu da je moguća paradoksna pojava ekstrapiramidnih nuspojava kada se smanjuje doza antipsihotika koji ima izražen antikolinergički učinak samo u visokim dozama.

The purpose of treatment is not only to combat or eliminate the symptoms of a mental disorder, but to stop the pathological process, eliminate the causes that can lead to relapse, prevent suicidal and self-destructive behaviour, contribute to the best possible reintegration of the patient into the community and to enable the patient's further psychosocial development and the best possible quality of life. As much as the optimal choice of medication is important, it is equally important for the patient to take sufficient doses over an appropriate period of time. Too low dosages may result in an insufficient therapeutic response and the absence of complete remission, while premature cessation of therapy and excessive dose reduction are the most common causes of symptom relapse and recurrence of the disorder. It is important to emphasize that patients experiencing the first episode of mental disorder may be very sensitive to the effect of MHMs. Therefore, the first treatment should always be initiated with very small doses of the selected medication, which has to be gradually titrated. That is the so-called "start low, go slow" strategy and for most patients it is a much more acceptable solution than the high or shock dose strategy. For each patient, an optimal dose should be found to achieve the best therapeutic effect with the least, or, preferably, no significant side effects. If it is necessary to administer high doses to achieve a therapeutic effect, they should be gradually reduced as soon as the therapeutic effect stabilizes. To be specific, prolonged administration of high doses of antipsychotics can result in compensatory hypersensitiveness or the so-called "up regulation" of dopamine systems in the brain which can lead to the so-called "rebound" dopaminergic hyperactivity, if the dose of antipsychotics is reduced. This can result in the relapse of schizophrenic symptoms in the same way as when a schizophrenic patient takes large amounts of amphetamines (speed). Administering of high doses of medication during monotherapy can be avoided with rational combinations of MHMs.

It is important to point out that some psychiatric patients in the early stages of the development of the disorder are very sensitive to the potential side effects of psychoactive medication. With the appropriate choice of medication and dosage optimization it is possible to avoid many unpleasant side effects, which is of great importance for the further cooperation with the patient during the treatment and for the regular use of medications. The patient should be informed about possible side effects and how to eliminate them beforehand. By reducing the dosage, certain side effects, such as hypersedation or hypersalivation can be reduced or eliminated and sometimes it is necessary to administer corrective therapy, e.g. anticholinergics in case of early extrapyramidal side effects, or even change the prescribed antipsychotic. It needs to be borne in mind that the risk of extrapyramidal side effects is also possible if the antipsychotic dosage with pronounced anticholinergic effects only in high dosage is reduced.

## KnOuNP-a temelji se na kulturi empatije, teorije i prakse učeće organizacije i kreiranju optimalnog terapijskog konteksta i odnosa liječnik-bolesnik

Odavno je poznata moć konteksta pa je sasvim razumljiva logika potrebe kreiranja pozitivnog terapijskog konteksta u kojemu se odvija psihofarmakoterapija (31,46). Naime, kontekst liječenja može znatno utjecati kako na različite psihosocijalne tako i na biološke varijable bolesnika te konačni ishod psihofarmakoterapije. Odavno je i u animalnim i u humanim eksperimentima utvrđeno da kontekst može značajno utjecati na rezultate klasičnog kondicionaranja. Bolesnici i njihove obitelji značajno utječu na rezultat liječenja. Osobno iskustvo s psihofarmacima i liječenjem može bitno utjecati na učinkovitost terapije. Nijedan psihofarmak nema samo jedan učinak, a različite osobe s istom psihijatrijskom dijagnozom različito reagiraju na neki psihofarmak. Svaki bolesnik je jedinstven, a osjetljivost bolesnika na psihofarmake je individualna. Kultura, obitelj i zajednica mogu značajno utjecati na reakciju bolesnika na psihofarmakoterapiju i ishod liječenja.

KnOuNP-a temelji se na na kulturi empatije utemeljenog „podijeljenog odlučivanja s bolesnikom i njegovom obitelji" (*shared decision model*), mentalnom modelu bolesnika, poboljšanju njegovih sposobnosti upravljanja ponašanjem i životom (*personal mastery*) i zajedničkom učenju s bolesnikom i njegovom obitelji. Učenje u ovom kontekstu ne znači dobivanje više informacija, nego povećavanje sposobnosti dobivanja željenih rezultata (vidjeti (44) u liječenju. Mentalni modeli su duboko ukorijenjene vrijednosti, vjerovanja, predodžbe i generalizacije koje određuju kako neka osoba razumije sebe i svijet i kako poduzima određene akcije (vidjeti (44). Osobna umijeća (*personal mastery*) nisu samo vjestine i umijeća, već življenje života više na kreativan i proaktivan, a manje na samo reaktivan način (44). Prepoznavanje destruktivnog mentalnog modela (paranoidni: ja sam OK/dobar, drugi nisu OK/dobri); depresivni: ja nisam OK/dobar, drugi su OK/dobri); i nihilistički: ja nisam OK/dobar, a ni drugi nisu OK/dobri) omogućuje njegovu preobrazbu u kreativni mentalni (ja sam OK/dobar, a i drugi su OK/dobri, iako se razlikujemo) model. Kreativna empatijska komunikacija s bolesnikom i njegovom obitelji uključuje zajedničko postavljanje terapijskih ciljeva i definiranje slike poželjne budućnosti, odnosno slike života kako će bolesnik živjeti i ostvariti svoju životnu misiju. Zajednička vizija je prvi korak što omogućuje ljudima koji su nepovjerljivi jedni prema drugima da mogu početi raditi zajedno (44).

Zbog nedostatka uvida u bolest i iskrivljenog doživljavanja sebe i realiteta ili zbog stigmatizacije mnogi

## CP-CNP relies on a culture of empathy, theory and practice of the learning organization and the establishment of an optimal therapeutic context and doctor-patient relationship

The significance of context has long been known, and, therefore, the logic behind the need to create a positive therapeutic context in which psychopharmacotherapy takes place seems perfectly reasonable (31, 46). To be more precise, the context of treatment can significantly affect both the patient's psychosocial and biological variables and the final outcome of psychopharmacotherapy. The fact that the context can significantly impact the results of classical conditioning was established in experiments on animals and humans long time ago. Patients and their families essentially affect the result of treatment. Personal experience with MHMs and treatment can also significantly affect the effectiveness of therapy. All psychoactive medications have multiple effects and different people with the same psychiatric diagnosis may react very differently to a particular psychoactive drug. Every patient is unique and the patient's sensitivity to a psychoactive medication is entirely individual. The factors such as culture, family or community can significantly influence the patient's reaction to psychopharmacotherapy and the outcome of treatment.

CP-CNP is based on a culture of empathy resulting from the "shared decision model, the patient's mental model, improvement of the patient's personal mastery, and the mutual learning process together with the patient and his or her family. In this context, empathic learning does not mean getting more information but increasing the ability to obtain the desired results (44) in treatment. Mental models are deep-rooted beliefs, values, notions, and generalizations that determine how an individual understands oneself and the world and how he or she undertakes certain actions (44). Personal mastery is not just about skills and knowledge - it also implies living life in a more creative and proactive instead of a reactive way (44). The ability to recognize a destructive mental model (paranoid: I am OK/good, the others are not OK/good; depressed: I am not OK/good, the others are OK/good; and nihilistic: I am not OK/good, and the others are not OK/good either) allows its transformation into a creative mental model (I am good, and the others are a good, although we are different). Creative communication and empathy with the patient and his or her family includes commonly agreed therapeutic goals and defining the image of the desirable future, that is, the image of the patient's life in which he or she will be able to realize his or her life mission. A shared vision is the first step that allows people who distrust each other to be able to start working together (44).

Due to a lack of insight into the disorder and a distorted experience of oneself, many patients often reject the

bolesnici često odbijaju i samu pomisao ili aluziju na to da su možda bolesni kao i farmakoterapijsku ponudu da im se pomogne. Odbijaju otići psihijatru, pa i ako odu na uporno inzistiranje obitelji, tada najčešće samo traže potvrdu da je s njima sve u redu. Nažalost, najveći broj bolesnika dolazi u dodir s psihijatrom nakon što bolest već neko dulje vrijeme traje, kada dođe do jačih sukobljavanja s okolinom ili izrazito čudnog i bizarnog ponašanja. Katkada su patološka doživljavanja tako zastrašujuća za samog bolesnika da i sam potraži psihijatrijsku pomoć. Od izuzetne je važnosti empatično strpljivo i prikladno bolesniku i njegovoj obitelji objasniti prirodu bolesti i strategiju integralnog liječenja, te naglasiti važnost što ranijeg početka farmakoterapije kako bi se zaustavio psihopatološki proces u što ranijoj fazi. Važno je imati na umu činjenicu da je povijest medicine zapravo povijest placeba i noceba tako da je empatijsko poticanje placebo reakcije i prevencija nocebo reakcije bolesnika važna sastavnica KnOuNP-e (8,51,52). Kultura empatije je tijesno povezana s poštivanjem i promicanjem ljudskih prava tako da KnOuNP-a slijedi FREDA (*fairness* – pravednost, nepristranost), *respect* - poštovanje, *equality* - jednakost, *dignity* - dostojanstvo, *autonomy* - autonomija) načela ljudskih prava jer su preduvjet dobre kliničke prakse i terapijskog saveza s bolesnikom i njegovom obitelji.

KnOuNP-a predstavlja umijeća i praksu empatijske učeće organizacije (vidjeti 44) u sklopu transdisciplinske holističke integrativne i personalizirane psihijatrije (10,11,31). Temelji se na kreativnom mišljenju i sistemskom procesiranju informacija, integraciji racionalnog i intuitivnog, te na kreiranju optimalnog terapijskog konteksta i kreativne suradnje s bolesnikom i njegovom obitelji. *Razum i intuicija* mogu skladno funkcionirati ako se koristi sistemsko mišljenje koje ih integrira (44). Svaki pacijent se sastoji od brojnih i različitih složenih sustava na različitim razinama, a i.pripada različitim, više ili manje složenim sustavima kao što su obitelj, društvo, nacija, kultura, religija, pa i univerzum. Terapijske intervencije u jednom sustavu ili na jednoj razini, uvijek se odražavaju i na druge sustave i razine. *Kreativno mišljenje* uključuje originalne ideje i procese koji omogućuju prepoznavanje novih mogućnosti za rješenje određenog terapijskog problema na jedinstven, djelotvorniji (efektivniji) i brži način (47). Stoga se kreativno mišljenje obično očituje kao tzv. lateralno razmišljanje mimo uobičajenih shema i obrazaca i divergentno razmišljanje u više različitih smjerova i sagledavanju više različitih mogućnosti za rješavanje nekog terapijskog problema. U kreativnom se mišljenju koriste od ranije postojeći objekti, informacije i ideje, ali se uočavaju i oblikuju i novi odnosi između pojedinih sastavnice, primjerice kreira se novi kontekst u kojem liječnik propisuje, a bolesnik dobije

very thought or allusion to the fact that they might be ill/sick and thus refuse the pharmacotherapy offered to help them. Such patients often refuse to go to a psychiatrist, and even if they go as a result of persistent insistence of their family members, they do it only to confirm that there is nothing wrong with them. Unfortunately, the greatest number of psychiatric patients finally comes into contact with a psychiatrist only after the disorder has been present already for some longer time and following the episodes of strong confrontation with the environment or extremely strange and bizarre behaviour. Pathological experiences are sometimes so frightening that patients seek psychiatric help on their own initiative. It is of utmost importance to be patient and to explain to the patient and his or her family the nature of the disorder together with the strategy for an integral treatment with a lot of empathy and in an appropriate way. It is also important to emphasize why pharmacotherapy needs to be introduced as early as possible in order to stop the psychopathological process at the earliest possible stage. Let us not forget that the history of medicine is actually a history of placebo and nocebo. Empathetic stimulation of placebo reactions and prevention of nocebo reactions is a vital important component of CP-CNP (8, 51, 52). The culture of empathy is closely linked to respect and promotion of human rights and for that reason CP-CNP proceeds hand in hand with the FREDA (fairness, respect, equality, dignity, autonomy) principles of human rights as one of the preconditions for a good clinical practice and therapeutic alliance with the patient and his or her family.

CP-CNP represents the skills and practice of the empathic learning organization (44) within the framework of the transdisciplinary holistic integrative and personalized psychiatry (10,11,31). It is based on creative thinking and systematic processing of information, integration of rational and intuitive, and on creating the optimal therapeutic context and creative cooperation with the patient and his or her family. Reason and intuition can work harmoniously if systemic thinking integrating the two is applied (44). Every patient is structured from many different complex systems functioning at various levels and belongs to diverse complex systems such as family, society, nation, culture, religion, or even the universe. Therapeutic interventions at the level of a single system or level are always reflected in other systems and levels. Creative thinking involves original ideas and processes allowing for identification with new possibilities for solving a particular therapeutic problem in a unique, more effective and faster way (47). Creative thinking, therefore, usually manifests either as so-called lateral thinking that goes beyond usual schemes or divergent thinking that takes several directions in search for several different possibilities for solving a therapeutic problem. Creative thinking uses objects, information and ideas known from before to observe and create new receives

efektivnije, terapijski sinergistične i sigurnije kombinacije psihofarmaka. Kreativno mišljenje podrazumijeva mnogo znanja o etiopatogenezi duševnih poremećaja, oblicima njihova ispoljavanja, mehanizmima djelovanja lijekova, sličnostima i razlikama među njima, te njihovim mogućim interakcijama pri čemu dobro poznavanje činjenica omogućuje sagledavanje i rješavanje terapijskog problema na novi, originalan i uspješniji način. U kreativnom mišljenju se prije nepovezani elementi povezuju na sasvim novi i ranije neuobičajeni način, a kreativnost se mjeri isključivo postizanjem boljih rezultata liječenja. Stoga ono uvijek uključuje i pitanje što se još može učiniti da se bolesnik osjeća bolje i bude funkcionalniji.

## KnOuNP-a je usmjerena na poticanje kreativnosti bolesnika

Kreativnost, motivacija/inspiracija i samoregulacija zajedno su izvor blagostanja i ispunjenog života i značajno pridonose uspjehu liječenja. Iscjeljujuća svojstva i povoljan učinak kreativnih aktivnosti na mentalno zdravlje prepoznati su u mnogim kulturama (30,46,48). Kao sredstvo izražavanja sebe kreativne aktivnosti omogućuju oslobađanje potisnutih emocija, njihovu ventilaciju i kultivaciju, povećanje samosvijesti, bolji uvid u svoju situaciju, olakšavaju rješavanje problema i učenje životnih lekcija i uspješnije upravljanje svojim životom. Iz perspektive kreativnosti možemo razlikovati dva bitno različita pristupa liječenju što se očituje promocijom ili supresijom kreativnosti kako na strani boelsnika tako i na strani liječnika. Kreativnost je povezana s načinom kako definiramo i klasificiramo stvari i procese, odnosno aktivnosti. Ako pacijente definiramo kao partnere potičući njihovu kreativnost značajno se može povećati uspješnost liječenja. KnOuNP je mnogo više od redovitog uzimanja psihofarmaka u dovoljnoj dozi i dovoljno dugo vremena. To je dio kreativne reorganizacije života "uz malu pomoć lijekova prijatelja".

Veza između kreativnosti i duševnih poremećaja je vrlo intrigantna i kontroverzna tema (49). Duševni poremećaji imaju dva naličja, prvo negativno i pesimistično povezano s patnjom, devastacijom, disfunkcionalnošću, negativnom stigmom i odbacivanjem, a drugo pozitivno povezano s originalnošću, kreativnošću, spiritualnošću, rezilijencijom i šansom za nešto novo i bolje. Međutim, pozitivni aspekti i potencijalna dobrobit na koju upućuje činjenica kako su izrazito kreativni ljudi pod većim rizikom od pojave duševnih poremećaja te da osobe iz kreativnih profesija ćešće pate od duševnih poremećaja u usporedbi s općom populacijom često su posve zanemareni. Kreativne sposobnosti mogu utjecati na veću vulnerabilnost za duševne poremećaje kao što i duševni poremećaji mogu pridonijeti kreativnosti neke osobe. Kreativni

between individual elements, for example, a new context is created for a therapist to prescribe and for the patient to receive a more effective, synergistic and secure combination of psychoactive medication. Creative thinking implies knowledge of the etiopathogenesis of mental disorders, various forms of their manifestation, mechanisms of medication effects, similarities and differences between different medicaments and their possible interactions whereby a good understanding of the facts allows one to look at and solve a particular therapeutic problem in a new, original and more successful way. In creative thinking, previously unrelated elements are connected in a completely new and atypical way, and creativity is measured solely by achieving better treatment results. Therefore, creative thinking always focuses on the question of what else can be done to make the patient feel better and become more functional.

## CP-CNP is aimed at stimulating patient creativity

Creativity, motivation/inspiration and self-regulation combined are a source of wellbeing and a fulfilling life and contribute significantly to the success of treatment. The healing properties and beneficial effect of creative activities on mental health have been recognized by many cultures (30, 46, 48). As a means of expressing oneself, creative activities enable a release of repressed emotions and their ventilation and cultivation, increased self-awareness, better insight into one's situation, problem solving, learning of life lessons and managing life in a more successful way. In terms of creativity, it is possible to distinguish between two fundamentally different approaches to treatment, which is manifested either in the promotion or in the suppression of creativity both by the patient and the therapist. Creativity is closely linked to the manner in which one defines and classifies things, processes or activities. If define patients as our partners by stimulating their creativity, the success of the treatment can be significantly improved. CP-CNP implies much more than just regular administration of psychoactive medication at a sufficient dosage over sufficient time. This is part of a creative reorganization of life "with a little help from friendly medication."

The link between creativity and mental disorders is a very intriguing and controversial topic (49). Mental disorders have two facets: the negative and pessimistic one associated with suffering, devastation, dysfunction, negative stigma and rejection, and the positive one associated with originality, creativity, spirituality, resilience and the chance for achieving something new and better. However, the positive aspects and potential wellbeing indicated by the fact that highly creative people are at greater risk of mental disorders and that people from creative professions are more likely to suffer

čin može biti način nošenja sa izazovima i patnjom koju sa sobom nosi neki duševni poremećaj. Kreativnost i vulnerabilnost za duševne poremećaje povezuje zajednička genetska predispozicija, reducirana latentna inhibicija (LI) i kognitivna dezinhibicija što omogućuje da više stimulusa dolazi u svijest, izražena usmjerenost i traženje novoga (*novelty seeking*) i neuronalna hiperkonektivnost s više interneuronalnih veza što povećava asocijacije između raznovrsnih stimulusa. U skladu s načelima humanističke psihologije kreativnost je povezana s duševnim zdravljem, dobrobiti i inteligencijom. Kreativnost je uvijek obogaćujući i ojačavajući process koji psihološki započinje otvaranjem novim i boljim mogućnostima. Kreativni senzibilitet je strasna posvećenost stvaranju kao intrinzičnom procesu osmišljavanja ili pridavanja smisla, te osjetljivost na okolinu koja može ugrožavati ili poticati kreativni rad, vještine estetske svjesnosti i komunikacije kao i sposobnost raskida s uobičajenim i ustaljenim obrascima mišljenja i djelovanja. Nije još poznato što čini kreativnu kogniciju različitom od normativne kognicije. U osoba visoke kreativnosti opisan je veći broj dopaminskih neurona, njihova veća gustoća i veća umreženost. Povezanost dopamina s kreativnim mišljenjem i ponašanjem objašnjava se njegovom ulogom u procesima motivacije, mentalne imaginacije uključujući halucinacije i vividne metafore, radoznalost, znatiželju i potraga za novim (*novelty seeking)*, doživljaj nagrade i zadovoljstva (49). Zanimljivo je da intranazalna primjena oksitocina može reducirati analitičko mišljenje i povećati holističko procesiranje informacija, divergentno mišljenje i kreativnu izvedbu (50). Psihofarmaci mogu pojačavati ili slabiti kreativne sposobnosti i tako bitno utjecati na kvalitetu življenja bolesnika i postizanje potpunog personalnog oporavka. S obzirom da duševni poremećaji vremenom mogu imati za posljedicu gubitak kreativnih sposobnosti, važan cilj kreativne psihofarmakoterapije je očuvanje i poboljšanje kreativnosti bolesnika. Psihoaktivni lijekovi pokazuju značajan učinak na kogniciju, raspoloženje i emocije,fantazije i impresije, motivaciju i ponašanje mijenjajući način kako se pacijenti subjektivno osjećaju i doživljavaju stvari i događaje, kako razmišljaju o sebi, drugima, svijetu i životu, kako interpretiraju realnost… Mogu značajno utjecati na ciljeve i aspiracije bolesnika kao i na načine kako žele ostvariti svoje ciljeve i realizirati određene potencijale i mogućnosti (49). Kreativnost je povezana sa sposobnostima mozga za empatiju, cilju-usmjerenu motivaciju, traženje novoga (*novelty seeking*), stvaranje fleksibilnih asocijativnih mreža i smanjenu inhibiciju (49). Mogući učinak psihofarmaka na kreativnost bolesnika je važna odrednica pri izboru psihofarmakoterapije. Kreativni bolesnici mogu radije izabrati toleriranje simptoma kako bi mogli uzimati niže doze psihofarmaka koji

from mental disorders compared to the general population, are often completely neglected. Creative abilities can affect greater vulnerability for mental disorders just as mental disorders can contribute to a person's creativity. A creative act can be a way of dealing with the challenges and suffering that some mental disorders inflict. Creativity and vulnerability to mental health problems are associated by a common genetic predisposition, reduced latent inhibition (LI) and cognitive disinhibition, which allow more stimuli to enter consciousness, pronounced orientation and novelty seeking as well as neuronal hyperconnectivity with multiple interneural connections. This increases the number of associations between various stimuli. In accordance with the principles of humanistic psychology, creativity is associated with mental health, wellbeing and intelligence. Creativity is an enriching and strengthening process that psychologically begins with opening up new and better possibilities. Creative sensibility is a passionate commitment to creation as an intrinsic process of designing or attaching meaning, and sensitivity to an environment that can threaten or encourage creative work, aesthetic awareness and communication skills as well as the ability to break away from common and established patterns of thought and action. It is not yet known what makes creative cognition different from normative cognition. In people of high creativity, a greater number of dopamine neurons, their higher density and greater networking function are described. The association between dopamine on the one hand and creative thinking and behaviour on the other is explained by its role in the processes such as motivation, mental imagination including hallucinations and vivid metaphors, curiosity, interest, novelty seeking, and the experience of reward and pleasure (49). Interestingly, intranasal application of oxytocin may reduce analytical thinking and increase holistic information processing, divergent thinking and creative performance (50). Psychoactive medication can improve or impair creative abilities and thus significantly affect the quality of life of the patient and full personal recovery. Given that mental disorders over time may result in the loss of creative abilities, an important goal of creative psychopharmacotherapy is to preserve and improve the patient's creativity. Psychoactive medicaments show a significant effect on cognition, mood and emotions, fantasies and impressions, motivation and behaviour as the change the patient's subjective feeling and experience of things and events, how they think about themselves, others, the world and life, and how they interpret reality… Psychoactive medication can have a significant impact on the patient's goals and aspirations and the way in which the patient intends to achieve those goals or realize certain potentials and opportunities (49). Creativity is associated with the brain's ability for empathy, goal-oriented motivation, novelty seeking, establishing flexible associative networks and reduced inhibition (49). When choosing psychopharmacotherapy, it is very important to consid-

koče njihovu kreativnost. Nažalost, mnogi bolesnici s bipolarnim poremećajem ili shizofrenijom prestaju uzimati lijekove žaleći se na gubitak kreativnosti i kognitivne smetnje uzrokovane psihofarmacima.

## ZAKLJUČAK

Psihijatrija se danas u našem turbulentnom VUCA svijetu nalazi pred velikim i sve većim izazovima i novim definiranjem vlastita identiteta, ali i duševnog zdravlja i duševnih poremećaja. Ona jest medicinska disciplina, ali ona je i više od toga. Stoga ne smije biti zatvorena u sebe nego mora biti prisutna u lokalnoj i globalnoj zajednici gdje nastaju i očituju se psihički problemi i mentakni poremećaji i tamo djelovati kako bi se oni prevenirali, ispravno prepoznali i liječili uspješno i na vrijeme. Između ostaloga, postoji sve veća potreba organiziranja psihijatrije da djeluje uz pomoć drugih, prije svega se tu misli na obiteljske liječnike i liječnike primarne zdravstvene zaštite. Stoga je nužna dobra edukacija budućih liječnika iz psihološke medicine da budu osposobljeni prepoznati duševne poremećaje u ranoj fazi kao i uspješno liječiti većinu anksioznih i depresivnih poremećaja, poremećaje sna i prehrane, seksualne disfunkcije, alkoholizam, itd. Na ovaj način može se spriječiti razvoj težih faza bolesti, mogu se prevenirati mnoga samoubojstva, izbjeći skupe hospitalizacije, dugotrajna bolovanja, kronificiranje bolesti, gubitci radne sposobnosti i za društvo uštedjeti ne samo golema materijalna sredstva nego i spasiti mnoge živote.

Živimo u veoma globaliziranom, kompetitivnom i nesigurnom, a u sve umreženijem svijetu velikih izazova i tehnoloških čuda, ali i rizika, u svijetu koji se sve brže mijenja jer se njegov *chronos* ubrzava. Stara i poznata rješenja ne samo da više nisu prikladna ni djelotvorna, već su izvor novih i sve većih problema. S obzirom da nema zdravlja bez mentalnog zdravlja javno i globalno mentalno zdravlje postaje civilizacijsko pitanje.

Budućnost psihijatrije u velikoj mjeri ovisi o definiciji duševnog zdravlja i duševnih poremećaja, odnosno područja kojim se psihijatrija bavi, njezinih nadležnosti i kompetencija koje određuju poziciju u društvu. U našem liberalnom vremenu fluidnih identiteta kada mnogi dovode u pitanje smisao i svrhu psihijatrije kakva je sada, kada je granica između različitih disciplina koje se bave duševnim zdravljem i psihijatrije vrlo fluidna, postavlja se pitanje što je primjerenije: da mentalno-zdravstvene discipline budu sastavnice psihijatrije ili da psihijatrija, bolje reći medicinska psihijatrija bude samo jedna sastavnica mentalno-zdravstvenih disciplina kao što je to primjerice slučaj s neuroznanostima.

er the possible effects of a particular psychoactive drug on the patient's creativity. Some creative patients might rather choose to tolerate symptoms and thus take lower doses of psychoactive medication that hampers their creativity. Unfortunately, many patients with bipolar disorder or schizophrenia stop taking drugs, complaining about the loss of creativity and cognitive impairment caused by psychoactive medication.

## CONCLUSION

In our turbulent VUCA times, psychiatry is faced with major and growing challenges and a new definition of its identity on the hand and of mental health and mental disorders on the other. Psychiatry is a medical discipline but it is also much more than that. Therefore, it should not be confined to itself but present in the local and global community where psychological problems and mental disorders arise and manifest; it should act to prevent, recognize and treat them correctly, successfully and in a timely manner. Among other things, there is a growing need to organize psychiatry to be able to act with the help of others, primarily, family doctors and primary care doctors. It is, therefore, necessary to educate future doctors in psychological medicine to be trained to recognize mental disorders at an early stage as well as to successfully treat most of the anxiety and depressive disorders, sleep and eating disorders, sexual dysfunctions, alcoholism, etc. That is a way to prevent the development of more severe stages of the disorder as well as many suicides and to avoid expensive hospitalizations, long-term sick leaves, chronification of disorders, and loss of work capacity. Subsequently, our society would not only spare material resources - it would save many human lives.

We live in a very globalized, competitive, uncertain and increasingly networked world of great challenges and technological wonders, but we are also exposed to risks in a world that is changing faster and faster as its *chronos* accelerates. Old and familiar solutions are no longer suitable or effective; on the contrary, they are a source of new and growing problems. Since there is no health without mental health, public and global mental health has become an important issue for our civilization.

The future of psychiatry largely depends on the definition of mental health and mental disorders, i.e., the very field that psychiatry deals with and its competences determining its position in society. The liberal times we live in marked with fluid identities, when many question the meaning and purpose of psychiatry as it is, when the line between different disciplines dealing with mental health and psychiatry is very fluid, the question arises as to what is more appropriate: should mental health disciplines be components of psychiatry or should psychiatry, or rather medical psychiatry, be just one component of mental health disciplines, as, for example, is the case with neurosciences.

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