

# BRAVE NEW PSYCHIATRY: CULTURE OF EMPATHY AND MENTAL HEALTH FOR ALL

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## SUMMARY

*Psychiatry has the historical opportunity to shape the future of mental health care, medicine, and society. The term New Brave Psychiatry refers to challenges to psychiatry in our volatile, uncertain, complex and ambiguous (VUCA) world. The present and the future of psychiatry lie on the recognizing these challenges and resolving them. Transdisciplinary multiperspective integrative view on psychiatry (TIP) involving creative, person-centered narrative psychopharmacotherapy (CP-CNP) and empathization-based cognitive-emotional-behavioral therapy (EB-CEBT) as an art and practice of the empathic learning organization are presented in this article as well as the culture of empathy as a cornerstone of good clinical practice and mental health. We should all be driven by the vision of psychiatry and other mental health disciplines for a better world and promotion of mental health for all as a part of the Global Enlightenment 2.0 for Sustainability of the Earth System.*

**Key words:** brave new psychiatry - transdisciplinary integrative psychiatry - creative person-centered narrative psychopharmacotherapy - culture of empathy - mental health, empathic civilization

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## INTRODUCTION

From its beginning psychiatry has always been characterized by different orientations in the forms of “movements”, “schools”, “fields”, “branches” etc., some of which were dominating during different periods of its history. Theory and practice of modern psychiatry are today fraught with debate and confusion as well as with unnecessary and unproductive mutual disrespectfulness, polarization and confrontation between proponents of different disciplines (Skaff 2022). Additionally, psychiatry has been under serious and vigorous critiques of its theory and practice from many sides, although it has become more science-based, it has developed many therapeutic options and has improved the lives of many people suffering from mental disorders (Ghaemi 2003, Jakovljevic 2007, 2012, Jakovljevic & Jakovljevic 2019a,b). In our turbulent VUCA (*volatile, uncertain, complex, ambiguous*) world we are entering a new phase of relentless competition, great divisions and conflicts between cultures and civilizations with very detrimental consequences for mental health, on individual and family as well as on public and global levels (Jakovljevic 2022b). Conflicts and wars in many parts of the world, syndemics, accelerating climate changes, and air, water and environment pollution and deforestation 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, normal pathology and an increasing incidence of various mental disorders and suffering (Jakovljevic et al. 2020a,b Jakovljevic et al. 2022a,b). The growing global burden of mental disorders and slow progress in their prevention and treat-

ment has prompted calls for more coherent, effective and efficient psychiatry and global mental health enlightenment. Since there is no health without mental health, there is no mental health without a culture of empathy and sane compassionate society, and vice versa. Current psychiatry is like a story about six men groping an elephant and coming up with the varying descriptions. This metaphor is pointing to the importance of transdisciplinary integrative psychiatry. The challenges of our VUCA world push psychiatry to move beyond the narrow and fragmentary frameworks because it is wrong to pit biological, psychological, social and spiritual concepts of mental disorders against one another as well as therapeutic procedures related to them. Although, many of the fragmentary psychiatric schools lack respect for, aggressively criticize, and negate the fundamental tenets and treatment principles of others, it is evident that there are common threads in many of these schools. What is the crux in psychiatry it is its scientific background and coherence, transdisciplinarity, clinical utility and promotion of public and global mental health. Psychiatry is attached to multiple academic disciplines in explanation of etiology, pathogenesis and treatment of mental disorders. The challenge before contemporary psychiatry is to integrate biological, psychological, social, vocational, cultural and spiritual determinants of individual and collective mental health and wellness as well as of mental disorders and mental illness (Jakovljević & Jakovljević 2019a,b; Marazzati & Stahl 2021, Shivaram & Gangadhar 2022). The concept of Brave New Psychiatry provides a hopeful framework for integration of biological, psychological, social and spiritual dimensions in the research, the care psychiatry provides and promotion of public and global mental health.

## TRANSDISCIPLINARY INTEGRATIVE PSYCHIATRY

Psychiatry is overwhelmed with the most varied ideas, rules, principles, techniques and methods, but short with comprehensive scientific theories (Ghaemi 2003, Gautam et al. 2024). The challenges of mental health problems in our VUCA world have marked the need for a new field called transdisciplinary integrative psychiatry. Transdisciplinary integrative psychiatry is about creating an overarching concept that unifies all the scientific and humanistic discipline dealing with human mind, mental wellness, mental health and mental illness. The concept is very attractive offering all mental health scientists and practitioners a common language that may bridge over epistemic gaps and make easy exchange of insights and paradigms across academic borders. It also offers more effective promotion of mental health and mental wellness and more efficient treatment of mental disorders. 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 (Jakovljević & Ostojic 2015, Jakovljevic & Jakovljevic 2019a,b). Different fields in psychiatry are oriented to different perspectives of mental disorders and their treatment: the disease/illness perspective, the perspective of the person, the cognitive perspective, the behavioral perspective, the narrative perspective, the spiritual perspective and systems perspective. Psychiatry should move from a pluralistic coexistence of the many separated disciplines to a coherent transdisciplinary and comprehensive mental health science and practice. The concept of transdisciplinary holistic integrative psychiatry is built on the premise that human beings in health and disease are complex systems of dynamically interacting biological, psychological, social, energetic, informational and spiritual processes. Our genome operate within the context of the cell, the cell within the context of the body, the body within the context of the self, the self within the context of the society, and the society within the context of the universe. It is of great importance for further scientific credibility, professional maturation of psychiatry and increasing treatment efficiency to integrate neurobiological, intrapsychic, interpersonal, cultural, societal and spiritual processes in diagnostic and therapeutic considerations. Transdisciplinary integrative psychiatry with a „person life-story centered integrative diagnosis“ approach is promising in search of appropriate answers to very relevant inter-individual variability in order to 1. close the gap between evidence-based medicine, value-based medicine, and narrative-based medicine with regards to effective care and valid clinical trials; 2. improve the course of mental disorders with earlier diagnosis and prevention measures;

3. improve adequate monitoring of vulnerability, resilience and psychological growth factors. The concept of transdisciplinary integrative psychiatry puts together person-centered psychiatry, precision and neuroscience-based psychiatry, value-based psychiatry and narrative psychiatry in a complementary way. *Precision psychiatry* tends to detect and integrate data, information and knowledge from biomedical research and clinical practice across many layers, from genes to behavior. *Personalized psychiatry* claims that mental disorders do not manifest only on a molecular but also on personal-interpersonal level as well as that all patients have their own unique needs, life and illness histories, family and cultural backgrounds, and illness expressions, needs for specific therapies and treatment programmes and unique way of recovery. *Person-centered psychiatry* as the successor of the medicine of person (Tournier 1940) promotes the person who is responsible for his/her health as the key concept, the center and goal of health care in achieving mental, physical, social and spiritual well-being (Jakovljevic & Jakovljevic 2019a,b). High info-tech, modern network science, systems thinking, systems (complexity) theory, epistemology and philosophy of science are of paramount importance for psychiatry to develop explanatory concepts and models that successfully incorporate the incredible amount of data from neurosciences, mind sciences, social and spiritual sciences into a conceptual framework of mind-brain-body functions and dysfunctions.

Transdisciplinary holistic integrative treatment includes both disease & illness demotion and health & wellness promotion in the same time as well as combined parallel and sequential treatments with additive or synergistic effects. It is aimed not only to stop multilevel pathogenesis of a mental disorder, but also to enhance salutogenesis and increase resilience and personal mastery of the patients including their somatic, psychological, social and spiritual well-being, better self-understanding, creativity and life satisfaction.

## CREATIVE, PERSON-CENTERED NARRATIVE PSYCHOPHARMACOTHERAPY

In spite of the fact that neuroscience-based clinical psychopharmacology have transformed psychiatry into a modern evidence-based scientific medical discipline today psychopharmacotherapy is a hot and controversial topic, glorified by some and vilified by others. From time to time a real war of viewpoints happens about the usefulness and effectiveness of psychopharmacotherapy (Jakovljevic 2007, Mora et al. 2011, Kirsch 2014, Paul & Potter 2024). 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. Availability of a quite a number of new anxiolytics, hypnotics, antidepressants, antipsychotics and mood stabilizers has contributed significantly to the renaissance of pharmacotherapy and the overcoming therapeutic nihilism in the treatment of mental disorders (Stein 2008, Stahl 2013). All psychiatrists would like to offer to their patients the optimal treatment, but in everyday clinical practice huge number of their patients does not respond in satisfactory way with respect to the magnitude of therapeutic response (partial therapeutic response and treatment), resistance, the persistence of remission and the length of life. While waiting for Godot good news is that there is still a lot of room for the improvement of psychopharmacotherapy with the currently available drugs. Creative Person-Centered Narrative Psychopharmacotherapy (CP-CNP) offers an overarching theoretical framework that permits the integration of different levels of explanation from neuroscience, clinical psychopharmacology, psychodynamics, evolutionary psychobiology and positive psychology. It is a comprehensive/holistic concept encompassing a wide array of psychological methods and pharmacologic strategies that are aimed to achieving optimal treatment outcome (Jakovljevic 2021a,b). CP-CNP represents an art and practice of the empathic learning organization in the frame of transdisciplinary, integrative, narrative, the person-centered and neuroscience based psychiatry (Jakovljevic 2010, 2013a,b, 2015a,b, 2019, 2021a,b). Person-centered approach ("each patient is a unique, responsive and responsible person) represents a paradigm shift from seeing parts to seeing wholes, from seeing patients with mental disorders as helpless reactors to seeing them as active participants and partners in therapy and shaping their reality from reacting to the present to creating the future predicated on the joint vision of treatment goals (see table 1). 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.

The treatment selection should be based on neurobiological targets (Table 2), drug specific pharmacodynamics and pharmacokinetics and on specific individual characteristics of the patient (Kasper et al. 2002, Doran 2003, Jakovljevic 2021b).

Treatment programme for any mental disorder should be multimodal, pluralistic, multiperspective, integrating, holistic and comprehensive, always including a set of strategies that address specific needs of patients. Strictly individualized pharmacotherapy with adequate dosage of modern mental health medications, rational combination

(COMBOs) of several drug classes should be only a cornerstone of holistic and integrating treatment. Treatment framework in practice is a human encounter focused on issues such as beliefs, images, hope, trust, dignity, encouragement, making sense, empowerment, empathy and care. Well-being therapy and life coaching should bolster salutogenic strengths, basic life skills, increase social efficacy, cooperativeness, self-esteem and self-acceptance with separation of illness from identity, increase energy, coping efficacy, autonomy and independence, increase coherence and activity, self-direction and goal orientation (proactivity). A healthy lifestyle package including nutritional advice and exercise may be also of the great importance for achieving full recovery, life-satisfaction, happiness and well-being by patients (Cloninger 2004, Jakovljevic 2021b).

## **CULTURE OF EMPATHY AS A BACKGROUND OF THE GOOD CLINICAL PRACTICE IN PSYCHIATRY**

Psychiatrists who practice an empathizing person-centered approach are more effective than those practicing detached, cold rational concern. Personalized medicine considers specific clinical and personality characteristics of a patient in order to predict susceptibility to disease, aid in diagnosis and apply tailor-made individualized treatment, precision medicine searches objective measures, biomarkers, endophenotypes or bio-signatures for choice of mental health medicine while person-centered medicine promotes a patient to be proactive as partner in treatment alliance. Empathy is an important component of emotional and social intelligence and it enables us to better understand life and the world we live in, to connect creatively with other people. We usually talk about emotional ("I feel your pain"), cognitive (I understand your problem/situation) and behavioral ("I'm here with you and by your side") and moral ("it's good to do the good") dimensions of empathy. Culture (lat. *colere*: nurture, grow, raise, cultivate) of soul (Cicero: "*cultura animi*" – cultivation of soul) includes learnt beliefs, attitudes, morals, values and norms that we follow and that determine our way of being in the world, our communication styles, relationships and customs, and what kind of person we become and are. Culture of clinical empathy is a very special way of being with patients and their families and, of course, with our colleagues. It refers to better understanding of patients' mental state, needs, beliefs, values, emotions, situations, patients' narratives and perspectives. Empathic understanding and communicating plays an important role in the more effective and successful physician-patient relationship. Empathizing with patients facilitates trust, respect and disclosure and can be directly therapeutic by increasing placebo response in patients (Benedetti 2014, Jakovljevic 2017).

**Table 1.** Treatment goals from 7 perspectives: Changing old ill narrative and creative new positive therapeutic narrative (Hamkins 2004, Lewis 2011, Jakovljevic 2021b, Mulahalilovic et al. 2021, Prljaca et al. 2021)

Perspective	Treatment goal
Disease/Illness or medical perspective	Clinical remission/recovery
Person-centered perspective	Personal recovery, new life story
Cognitive-axiological perspective	Positive thinking & circulus virtuous
Behavioral perspective	Assertive & creative behavior
Spiritual/transpersonal perspective	Life mission and spiritual values
Narrative perspective	Reconstructing narratives and life story
Systematic integrative perspective	Positive mental health and well-being

Lack of empathic communication in clinical practice may result in more frequent patients' nocebo response and uncooperativeness. Culture of clinical empathy improves diagnostic accuracy, patient experience, satisfaction and cooperation, increases their personal mastery and decreases psychological distress and medical complications. It involves different well-being enhancing strategies that are associated with increasing placebo, and decreasing nocebo effects and responses. Clinical empathy improves patient experience, personal mastery, cooperation and satisfaction, health outcomes and also health practitioners' well-being. Complementary to improving treatment outcome in patients, culture of clinical empathy is interestingly associated with clinicians' mental and overall well-being, the higher supervisor ratings of clinical competence and skills, decreased malpractice litigation, and increased job satisfaction, increased life satisfaction associated with decreased burnout, personal distress, anxiety and depression. CP-CNP in combination with empathization-based cognitive-emotional-behavioral therapy (EB-CEBT) increases treatment effectiveness and efficiency in psychiatry.

## EMPATHIC CIVILIZATION AND MENTAL HEALTH FOR ALL

As a medical discipline, psychiatry may address social and collective psychopathology and contribute to the call for change and promotion of public and global mental health. With the beginning of the 21<sup>st</sup> century the most varied concepts of empathy, culture of empathy, empathic revolution and empathic civilization have come into the center of interest of many scientific and humanistic disciplines, including psychiatry and medicine in general. There is no health without mental health, but there is no mental health without sane society as well as there is no sane society without the culture of empathy and peace at all levels. Furthermore, there is no global security and sustainability without peace, but there is no peace without culture of empathy and empathic civilization instead of the clash of civilizations. Despite the intensive although now fragmented globalization and an attractive idea of global humanistic mind, brotherhood in humanity and empathic civilization our world is becoming more and more divided in rival civilizations, nations, religions, states and alliances with confronting ethics,

**Table 2.** Neuropsychobiological targets of psychopharmacotherapy (Doran 2003, Benedetti 2014, Jakovljevic & Borovecki 2018, Jakovljevic 2021b Selimbasic & Hasanovic 2021)

Neural circuits and neurotransmission modulation and balancing
HPA axis modulation
Decreasing oxidative stress
Decreasing neuroinflammation
Neuroprotective and antiapoptotic effects
Modulating mitochondrial functioning
Neurogenesis stimulation and neuroplasticity improvement
Restoring circadian rhythms
Modulating epigenetic mechanisms
Restoring psychobiological basis of resilience and anti-fragility
Increasing placebo and decreasing nocebo response

empathy erosions and deficits, epistemic and empathic gaps and dyspathy. Unfortunately, many people feel less empathy for strangers who belong to a different racial, political, social or religious group in comparison with strangers who belong to the same group (see Cikara et al. 2014). Due to the lack of empathy, empathy gaps, dyspathy and antipathy, people tend to traumatize each other, enter into conflicts and lead bloody wars, which today can threaten the survival of humanity (Baron-Cohen 2011). Sad to say, many have still believed war is glorious both in itself and in its aims and the important source of war is the view is either of the need for self-defense or that conflict cannot be peacefully resolved through agreement, compromise or cooperation. What is more pathological is intergroup dyspathy manifesting in feeling pleasure in response to out-group members' adversity and displeasure in response to their success and which is commonly associated with discrimination and readiness to harm the others (Cikara et al. 2014).

Psychiatry is a medical discipline, but it is more than that. Therefore, it must not be closed in on itself, but must be present in the local and global community where psychological problems and mental disorders arise and manifest, and act there in order to prevent them, correctly recognize them and treat them successfully and on time. Just as there is no health without mental health, there is

no mental health without a culture of empathy, compassionate society and global peace, and vice versa. Should psychiatry as crucial element of the mental health disciplines be involved in the promotion of public and global mental health, compassionate society and empathic civilization or should psychiatry only be a medical discipline that studies, prevents and treats mental disorders of individuals - that's the question now. We are to choose between clash of civilizations and transformative idea of empathic civilization that sounds as utopia (Jakovljević 2022b,c) between mental health illiteracy and global mental health enlightenment 2.0 as a part of the strategies for sustainability of the Earth system (Vogt 2022, Wernecke 2022). Global culture of empathy is an ideal that has the power to initiate an educational and spiritual revolution and thus transform and reshape our lives, uncertainty and insecurity, and lead to deep and positive social and civilizational changes. According to Rifkin (2009) human empathy is extending to all of life in the biosphere, giving rise to the prospect of truly "global consciousness". Empathic civilization is an attempt to curb the psychopathic, violent and vengeful side of human nature, and this is the task of both science and art and the great religions. That's why culture of empathy should be an important feature of a new enlightenment for sustainability of the Earth System (see Klinke 2022, Vogt 2022, Wernecke 2022), solution to fixing our broken world and transition from VUCA realities to a PEACE reset (Jakovljevic 2023 a,b).

## CONCLUSION

The time is ripe for psychiatry to find and promote its transdisciplinary integrative and increase treatment effectiveness and promote public and global mental health. The CP-CNP is a comprehensive and holistic concept encompassing a wide array of psychological methods and pharmacologic strategies that are aimed to achieving optimal treatment outcome. Since there is no health without mental health, public and global mental health has become an important issue for our civilization. We should all be driven by the vision of psychiatry and other mental health disciplines for a better world and promotion of mental health for all as a part of the Global Enlightenment 2.0 for Sustainability of the Earth System.

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