

CLINICAL EMPATHY AND COMPLEMENTARY MEDICINE

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ABSTRACT

Empathy is the ability to feel and understand lived experiences of someone else and an invisible force that connects people, which is extremely important for individual and collective mental health, for cooperation, therapeutic communication and the success of therapy. Empathy has shown to be a significant psychological function of healthy people, as it helps them preserve their health and enjoy life more. People with a higher level of empathy are less inclined to view people with psychological problems as aggressive and hostile. Deficit of empathy often occurs in people who have been diagnosed with a personality disorder as well as a psychotic disorder. Empathy in interpersonal relationships in general, and especially in the doctor-patient relationship, is not a given in itself, but the good news is that it can be developed and shaped through the art and practice of a learning organization. Clinical empathy is the key in the interaction and the cornerstone in shaping the therapeutic and ethical doctor-patient relationship and helps to build the patient's respect necessary for better health success.

In recent decades, "official medicine and psychiatry" has increasingly gained its place in the treatment of people with mental disorders due to the growing interest of the public in complementary treatment methods as well as numerous evidences of their therapeutic effectiveness with the support of the World Health Organization. Quite often, patients ask us for some natural remedy or some other form of complementary medicine. Our task is to know and prescribe the methods of complementary medicine recognized and advised by the World Health Organization in addition to the official methods of treatment and thus help our patients. Through our respect, understanding and support of our patients, we increase our empathetic relationship, which certainly contributes to the effectiveness of treatment. The aim of this paper is to clarify the connection between clinical empathy and complementary medicine.

Key words: clinical empathy, complementary medicine.

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*“Empathy is seeing with the eyes of another,
listening with the ears of another,
and feeling with the heart of another”*

- Alfred Adler

INTRODUCTION

Empathy in interpersonal relationships in general, and especially in the doctor-patient relationship, is not enough by itself, but the good news is that it can be developed and shaped through the art and practice of the learning organization. Clinical empathy is key in interaction and the cornerstone in shaping the therapeutic and ethical doctor-patient relationship, and helps build the patient's respect necessary for better health outcomes (1). In recent decades, official medicine has begun to include herbal medicines and spiritual therapy in treatment, and in recent years, complementary methods in the treatment of mental disorders have been mentioned increasingly among doctors. In the latest edition of the American psychiatry "Synopsis of Psychiatry", there is a chapter "Complementary and Alternative Medicine in Psychiatry", and it describes 44 alternative and complementary methods in the treatment of mental disorders (2). For thousands of years, only natural remedies and alternative methods were available to people for the treatment of a wide variety of psychological problems. Today, alternative medicine is a well-established term that involves other methods of treatment, apart from conventional or official medicine. Nowadays, for this type of treatment a more correct term is complementary, meaning it complements official medicine, in terms of treatment, starting from different principles, but with evident results and efficacy. After the great rise of the pharmaceutical industry in the last century and significant progress in treatment, there comes a period of disappointment and acceptance of

the fact that synthetic drugs are not omnipotent. Due to this fact, in recent decades there has been a growing interest in the treatment of mental disorders using complementary medicine methods (3-6).

Clinical empathy is key in the doctor-patient interaction. As the healthcare system moves toward value-based healthcare, the ability to understand patient's feelings could be key in ensuring high quality interaction. Clinical empathy involves communication with the patient to understand their perspective on the disease, medication, and the overall health. Ultimately, clinical empathy helps build patient respect necessary for better success. The key in earning the patient confidentiality is to respect him, and this includes his beliefs, perspective, opinions, and feelings (7). The aim of this paper is to clarify the importance of clinical empathy in prescribing and use of complementary medicine methods.

CLINICAL EMPATHY

Clinical empathy leads to greater patient satisfaction, cooperation and better adherence of the pharmacotherapy plan. Rational pharmacotherapy includes all aspects related to the use of drugs, the most important of which are cooperation with the patient, evidence-based application, side effects, drug interactions, and the economic aspect (8).

Empathy is one of the primary criteria of emotional intelligence. It is considered a trait without which it is not possible to be an emotionally intelligent person. Empathy, as a fundamental human ability, is extremely important for establishing relationships with the environment, and its existence gives importance to the individual in his social environment (9). The first research on the construct of empathy appeared 20 years ago, when Eisenberg and Strayer (1987) defined it as "an emotional response that results from the emotional state and conditions of another

person and is congruent with the emotional state or situation of others" (10). Today, in psychological circles, empathy is considered "entering the emotional state of another person and understanding their position (e.g. suffering from vulnerability, etc.) based on the perceived or imaginary situation of that specific individual" (11). In summary, we can say that empathy is a conscious effort to share one's experiences with someone and understand exactly what that person is experiencing, their feelings, thoughts and what preceded a certain emotional state. Empathy is considered a conscious attempt to understand both the negative and positive experiences of others (12). Decety and Jackson (2004) talk about two basic parts of empathy – cognitive and affective empathy. Cognitive empathy includes awareness of how something that happens to another person can affect them, that is understanding another's emotional state (13). while affective empathy includes sharing the emotions we perceive with others, that is an emotional response to another's affective state. Both processes involve putting yourself in the other person's point of view and interacting in the process of empathy. Davis (1980) further expands the range of parts of empathy, so in addition to cognitive and affective empathy, he talks about personal distress and imagination (14). Regardless of how many parts of empathy we talk about, if they are sufficiently developed, they enable steady and accurate judgments about the emotional reactions of others, in order to enable the individual to choose socially adapted behavior.

In a study by Crisp and associates (2018), it was found that people who have contact with mental patients do not hold more positive attitudes when compared to the general population, but the type and relationship with the contact, as well as sensationalized portrayals in the media, contribute to the

attitude (15). Due to effectiveness and the scope, education is most often used in anti-stigmatization campaigns.

Batson and Ahmed (2009) found that empathy, especially imagining one's own perspective in a certain situation which promotes awareness of the problems of another group, but also taking on another's perspective and empathic concern which influence more positive attitudes, can help bring different groups closer together (16).

In general, empathy is most often defined as the ability to understand what others feel (17). However, depending on the focus of the research, one of the components of empathy is often singled out as the most important. The components of empathy can be cognitive and affective. Since when empathizing with another person, physiological changes occur, the ability to experience emotions of another person is called motor empathy. However, as a rule, cognitive empathic states refer to imagining one's perspective from another person's position and imagining another person's perspective, while feeling the emotions felt by another person or personal distress and empathic concern for another person are classified as affective empathy (16,17).

A significant number of people showed a desire to distance themselves from people with schizophrenia than from those suffering from depression, which indicates that other, already mentioned factors such as media portrayals and forecasts of treatment success underline these attitudes (18,19). Indeed, empathy is important in caring for mental health and it has been shown to improve attitudes toward members of stigmatized groups (6). Likewise, personal exposure to depression can bring a greater appreciation of the experience of mental illness and a greater capacity for empathy. Empathic communication is a cornerstone of education and good clinical

practice in medicine. Empathy facilitates trust, disclosure, respect, and collaboration, and can have direct therapeutic properties. According to Karl Jaspers empathy is an interpretative and diagnostic tool in psychiatry, a method of observation of mental states, an important component of therapy that is vital for the quality of therapeutic relationship and establishing therapeutic alliance. Empathy has cognitive, emotional, and behavioral dimensions so that we can speak about empathic thinking or perspective taking (understanding the patient as a person - cognitive empathy), empathic feeling for and with the patient (emotional empathy) and empathic assertiveness to respond by helping and supporting the patient (behavioral empathy). Therapeutic empathy is based on the empathic narrative and is represented as an active narrative process in which the therapist is construing and expressing the inner emotional logic of the patient's problem patterns" (20).

COMPLEMENTARY MEDICINE

In recent decades, official medicine has begun to include herbal medications and spiritual therapy in treatment, and in recent years, complementary methods in the treatment of mental disorders have been mentioned increasingly among doctors. In the latest edition of the American psychiatry "Synopsis of Psychiatry", there is a chapter "Complementary and Alternative Medicine in Psychiatry", and it describes 44 alternative and complementary methods in the treatment of mental disorders (2). After the great rise of the pharmaceutical industry in the last century and significant progress in treatment, comes a period of disappointment and acceptance of the fact that synthetic drugs are not omnipotent. Due to this fact, in recent decades there has been a growing interest in the treatment of mental disorders with alternative and

complementary methods (5). Because of frequent disappointments in synthetic drugs, especially due to serious and unpleasant side effects, and high prices, we are witnessing a growing increase in alternative and complementary methods in the treatment of mental patients. This is also in favor to the doctrine of treatment of psychiatric patients, which in recent decades has been multidimensional and integral, this implies that several therapeutic procedures are used simultaneously in the treatment and they affect both the patient and the environment. Dissatisfied with the possibilities offered by traditional medicine and synthetic drugs, many psychiatric patients seek help from self-proclaimed healers who often have questionable knowledge and morals, such as exorcists, curse removers, herbalists, and other various alternatives (4).

There is an increasing number of reputable medical institutions around the world that offer an integrative and complementary approach to treatment with synthetic and natural medicines. University courses on natural and traditional methods of treatment appear in the curricula of many medical schools. Many natural medicines have already been synthesized by the pharmaceutical industry and are increasingly being tested in clinically controlled trials, which in addition to their effectiveness show that natural medicines also have side effects and possible interactions with synthetic medicines (20). Complementary medicine is a supplement to basic therapy, a form of supportive treatment for better control of disease symptoms. Many methods used in complementary medicine originate from traditional medicine. These methods have been proven to be safe and useful for patients. The techniques of complementary medicine are numerous, and in recent times, importance has been attached to scientific research of complementary techniques in order to confirm

their effectiveness. It should be emphasized that complementary medicine methods based on experiential treatment; including bioresonance, by no means exclude the methods of classical medicine, but are connected, complement each other and examine the state of human health. The main difference between complementary and classical medicine is that the complementary method treats the person as a whole, not just the individual or the affected organ, and it tries to solve the cause of the disease, not the visible symptom or consequence as in the manner of classical medicine (4).

Natural remedies used in the treatment of mental disorders

For all natural medicines that are part of complementary medicine there are treatment indications, active substance, mechanism of action, drug dosage, and side effects, same as for classic psychopharmaceuticals. The most commonly used natural remedies are:

St. John's Wort – *Hypericum perforatum*

For about 2,400 years, it has been used in folk medicine to improve mood, relieve tension and insomnia, but also for psycho-neurovegetative stability. The main active ingredient of St. John's Wort is hypericin. It is recommended for the treatment of mild to moderate depressive and anxiety disorders, seasonal affective disorder, smoking cessation, treatment of menopausal depression, especially in people who do not like chemical drugs.

Valerian – *Valeriana officinalis*

Due to its effectiveness and popularity, it is known as "natural valium", and the active ingredient is valproic acid, which successfully eliminates anxiety and insomnia by increasing GABAergic activity.

Ginkgo – *Ginkgo biloba*

In Western medicine, it is increasingly popular and is known as the "antidote for the fear of aging". The active substance is glycosides (bioflavonides), which are strong antioxidants that slow down blood clotting, and glycolides that improve circulation and have a protective effect on neurons. It alleviates or eliminates the symptoms of dizziness, headache, impaired memory, poor concentration, insomnia, low mood, and feelings of anxiety and fear (Itil 2008). It is indicated in the treatment of dementia, depression, vertigo, migraine, and impotence of the vascular type.

Omega-3 - Fatty Acids

It is recommended as complementary therapy in addition to standard psychopharmacotherapy for various forms of depression, but also in the treatment of bipolar affective disorder and schizophrenia, and for people who work in stressful conditions. The popularity of this preparation is based on the fact that the Eskimos, despite their extremely fatty food, are protected from heart disease because of polyunsaturated fatty acids known as Omega-3.

Coffee - *Piper methysticum* (Kawanorum)

The active substance is kavapyrones, which have an anxiolytic effect by increasing GABAergic activity and calming the mesolimbic system through dopaminergic and serotonergic neurons. In addition to eliminating anxiety, it improves mood and cognitive functions without developing addiction. It has recently been mentioned as an herbal superstar that could replace benzodiazepines (21).

Glycine

There are several studies showing that the non-essential amino acid glycine increases

neurotransmitter activity and reduces negative symptoms of schizophrenia when used in conjunction with antipsychotic therapy, particularly haloperidol, thioridazine and perphenazine (22-24).

Gluten

A diet from which gluten (from cereals) and casein (from milk) have been removed improves the condition in schizophrenics. Dr. Curtis Dohan and his followers, in three nutritional studies examined the connection between diet and mental illness, with the focus on schizophrenia. On a sample of 65,000 respondents in Papua, the Solomon Islands and Micronesia, they recorded only two cases of schizophrenia, while the expected number in the same sample in Europe would be as high as 130. This motivated them for more extensive research, which showed that these nations do not eat grains. More radical scientists believe that elimination of bread, rice, pasta, starch, and refined sugars can significantly help schizophrenics whose disease is not genetically determined (25-27).

Spirituality

Since the beginning of mankind, in addition to various somatic difficulties, man has also experienced various psychological disturbances such as fear, sadness, insomnia, and various forms of "madness". The level of medical knowledge at the time was insignificant. There was no explanation for the psychological disturbances but they were attributed to the action of "higher - spiritual forces" that governed the material world. Treatment was mostly done with black magic. At the time, it was recorded that in addition to magic, non-scientific methods such as various herbs, mushrooms, alcohol, etc. were used in the treatment of mental disorders (28). The oldest medical cultures, due to the impossibility of explanation and insufficient

evidence, recognize their Gods and Goddesses as the causes of illness and misfortunes, but also others - their protectors and helpers in the treatment and preservation of health (29). In the last couple of decades, in addition to the previously listed methods, spiritual therapy has been included in the treatment of mentally ill persons, so that with each individual patient we will use some method, some combination of the listed methods or all methods at the same time.

Despite the extremely important role that religion and spirituality play in the life of the individual and this community, and despite the increasing scientific evidence of the positive effects of spirituality on mental health, it is usually not mentioned or only incidentally mentioned in psychology and psychiatry textbooks, this not only the case in our country but also around the world. Until recently, psychology and psychiatry mainly found their role of religiosity and spirituality only in the pathological, therefore the field of psychology of religion and its positive effects was neglected for a long time. In recent decades, in scientific psychiatry all over the world, and in our country, there has been a significant increase in the interest on the study of the positive effects of spirituality. Our psychiatrists and psychologists made their contribution in this field of research (30-34).

In the Biblical sense, health represents the man's choice to choose God as the center of his life. At any time, any person has the freedom to choose and think about his life and live with God or without Him. Faith in God increases our choices for health. Even when a person is ill, he can decide that the central point of his life is not illness, but God, which opens the way to hope and salvation (35). Many people have always tried to overcome illness and restore physical and psychological balance and harmony through religious rituals and mystical experiences. It is well known that even the

most educated or completely illiterate people in very unfavorable health situations when official medicine is powerless, go to various priests and witch doctors or shrines (Lourdes, Ostrog, Medjugorje...) to look for help, which they sometimes get. Most research has shown that going to church and belonging to a body of believers benefits health. In general, people who go to church have a stronger immune system than those who don't, which contributes to their overall health. In a 1997 report published in the International Journal of Medical Psychiatry, a study of 1,700 adults found that those who attend religious services have lower levels of interleukin-6, an immune substance that is prevalent in people with chronic diseases (36).

Research at Georgetown University in America on a sample of 91,909 believers showed that active religious life helps to prevent disease in 75% of cases, these people heal faster and live longer; people who attend church regularly are 50% less likely to suffer from heart disease than religious abstainers; 53% of religious people are less likely to attempt or commit suicide (37).

Spirituality in the treatment of mental disorders

There is a lot of clear evidence on faith and spirituality and their positive role in the treatment of mental disorders. It is known that spirituality can help in the treatment of numerous neurotic and psychotic disorders as well as in the treatment of personality disorders, addictions or other psychological difficulties. There is no valid evidence that religion, if properly practiced, can lead to impairment of mental health in those who voluntarily choose this method of treatment, or that it can lead to deterioration in people who have certain mental difficulties.

Spirituality helps in the treatment of depressive disorders (38,39). Spirituality helps us

suppress negative and strengthen positive emotions, strengthen psychological stability and thus overcome various psychosomatic diseases alongside other forms of therapy. Through religion and prayer, we cultivate our emotions and refine our emotional life, and directly influence the course of psychosomatic diseases (37).

Acupuncture

In most European countries, acupuncture is now a recognized medical method and is included as a study course at some medical faculties (Babić 2018). The WHO recognized and equated acupuncture with all recognized treatment methods in 1979 and recommends it as the method of choice in the treatment of about forty diseases. This especially applies to painful conditions where there is no organic damage and where the pain is of functional nature. In psychiatry, it is recommended for the treatment of: anxiety, depression, insomnia, neurasthenia, dissociative disorders, anorexia, schizophrenia, addiction, and obesity. Results of several professional and scientific articles and experiences from the clinical field confirm the effects of acupuncture needles with the humoral theory, that is with the increased secretion of hormones, neurotransmitters and analgesic substances, and some studies show fewer side effects in the treatment of anxiety disorders than with conventional therapy (40,41). It is a safe method if performed by trained experts (28).

CONNECTION OF CLINICAL EMPATHY AND COMPLEMENTARY MEDICINE

In recent decades, the psychiatric profession has made great progress and better professional help is available to people with mental health disorders. As a result of high-quality psychopharmaceuticals, psychotherapeutic and socio-therapeutic

methods, success in treatment is rising. However, there are always individuals who, for reasons known to themselves, are reluctant to accept classical treatment methods and seek natural remedies. That is why it is important that all doctors, and especially psychiatrists, understand that the WHO has accepted the methods of complementary medicine and that it is desirable for them to be aware and on occasion apply them adequately. If they are exclusive and do not show clinical empathy towards such patients, the success in treatment will certainly be lower. If we understand and accept that people who know and are trained in complementary medicine can help and make the treatment more successful, this will have a positive effect on our patients. Clinical empathy includes communication with the patient in order to understand their perspective on the disease, medication, and overall health. The key in earning patient's trust is to respect them, which includes their beliefs, perspective, opinions, and feelings.

In the last few decades, the healthcare system has seen a clear and constant move away from the paternalistic model of care where the healthcare worker dominates the decision-making process. Today, the patient is placed at the center of the therapeutic relationship, where a common decision-making model is emphasized. The aforementioned model of care is focused on the patient, and the basis of such a model is empathy. Doctors, nurses, and all other healthcare professionals are expected not only to provide competent treatment, but also to care for their patients in an empathetic and compassionate manner. Listening and engaging with patients' experiences and feelings takes time, and research has shown that doctors who spend more time with their patients are perceived as more empathetic. In addition to time, empathy in the healthcare system also requires material support. Resources are needed to enable healthcare

professionals to reflect on their own feelings as a way of strengthening and maintaining the capacity for compassion (42,43).

Clinical empathy is the key in doctor-patient interaction and implies adequate communication with patients in order to understand their perspective on illness, treatment and overall health. Ultimately, clinical empathy helps build patient respect necessary for better success. The key to earning patient's trust is respect, which includes his beliefs, perspective, opinions, and feelings (7).

Empathy in the doctor-patient relationship should be a natural standard. Empathy gap and problems in the relationship may arise from the personality characteristics of the doctor or the patient, but it seems that they primarily arise from the fact that the doctor is a direct witness of the patient's illness, fear, insecurity and vulnerability, feelings that slightly destabilize the ego and threaten the fundamental narcissism (45).

Clinical empathy in medicine and especially in psychiatry, has a cognitive component. In the meeting with the patient, it directs our attention and becomes an important therapeutic tool. According to Bordin, therapeutic alliance can be defined through three components: a connection between doctor and patient, agreement on tasks that lead to improvement of the health condition and as agreement on the therapeutic goal. Empathy has a therapeutic effect, it reduces the patient's anxiety, the patient becomes more cooperative, and treatment outcomes are better. Clinical empathy and a good therapeutic alliance are mutually beneficial. For therapists, a good therapeutic outcome has been proven to reduce the risk of developing burnout syndrome at work (44).

In recent years, a great deal of interest towards spirituality can be found in medicine and particularly psychiatry. There is a large

number of scientifically substantiated facts about the positive effects of spirituality on the healing and recovery of patients. Spirituality cannot be excluded from the overall human existence because, in addition to the psychological and physical dimensions, it forms the whole a human being. The strength of human spirituality is in the acceptance of illness and suffering as a means to achieve the spiritual growth and self-transcendence. Finding meaning is the individual responsibility and life task of every individual. Psychiatry, religion and spirituality do not need to be separated because they complement each other. Spirituality is an essential component of human life and should not be neglected during psychiatric treatment (46).

CONCLUSION

Clinical empathy is key in the doctor-patient interaction. It includes communication with the patient to understand their view on the disease, the use of drugs and other methods. Individuals with a higher level of clinical empathy are less inclined to view people with psychological problems as aggressive and hostile. Empathy encourages us to be more altruistic, cooperative, peaceful, and humanistic, rather than selfish, egoistic, narcissistic, paranoid, and aggressive.

Due to the growing interest of the public in complementary treatment methods as well as numerous evidences of their therapeutic effectiveness, it is necessary for doctors not only to know them but also to provide adequate advice. We recommend complementary methods of treatment that are proven safe, thoroughly studied, and their effects are scientifically validated. They are not a substitute for standard treatment methods nor does their appropriate application diminish the severity of the approach to the treatment of psychiatric diseases. They should be advised with caution alongside therapy recommended

by official medicine for people who do not like or have a hard time accepting "chemical" drugs as a complementary therapy to standard psychoactive drugs.

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KLINIČKA EMPATIJA I KOMPLEMENTARNA MEDICINA

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ABSTRACT

Empatija je sposobnost osjećanja i razumijevanja proživljenih iskustava nekog drugog i nevidljiva sila koja povezuje ljude, što je izuzetno važno za individualno i kolektivno mentalno zdravlje, za suradnju, terapijsku komunikaciju i uspjeh terapije. Empatija se pokazala kao značajna psihološka funkcija zdravih ljudi, jer im pomaže da očuvaju zdravlje i više uživaju u životu. Ljudi s višom razinom empatije manje su skloni doživljavati ljude s psihološkim problemima kao agresivne i neprijateljske. Deficit empatije često se javlja kod osoba kojima je dijagnosticiran poremećaj osobnosti, kao i psihotični poremećaj. Empatija u međuljudskim odnosima općenito, a posebno u odnosu liječnik-pacijent, nije sama po sebi data, ali dobra je vijest da se može razviti i oblikovati kroz umjetnost i praksu organizacije koja uči. Klinička empatija ključ je interakcije i temelj u oblikovanju terapijskog i etičkog odnosa liječnik-pacijent te pomaže u izgradnji pacijentovog poštovanja potrebnog za bolji zdravstveni uspjeh. Posljednjih desetljeća "službena medicina i psihijatrija" sve više dobivaju svoje mjesto u liječenju osoba s mentalnim poremećajima zbog rastućeg interesa javnosti za komplementarne metode liječenja kao i brojnih dokaza o njihovoj terapijskoj učinkovitosti uz podršku Svjetske zdravstvene organizacije. Nerijetko nas pacijenti traže neki prirodni lijek ili neki drugi oblik komplementarne medicine. Naš je zadatak, uz službene metode liječenja, poznavati i propisivati metode komplementarne medicine koje priznaje i savjetuje Svjetska zdravstvena organizacija te tako pomoći našim pacijentima. Kroz poštovanje, razumijevanje i podršku našim pacijentima, povećavamo naš empatični odnos, što svakako doprinosi učinkovitosti liječenja. Cilj ovog rada je razjasniti vezu između kliničke empatije i komplementarne medicine.

Ključne riječi: klinička empatija, komplementarna medicina

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