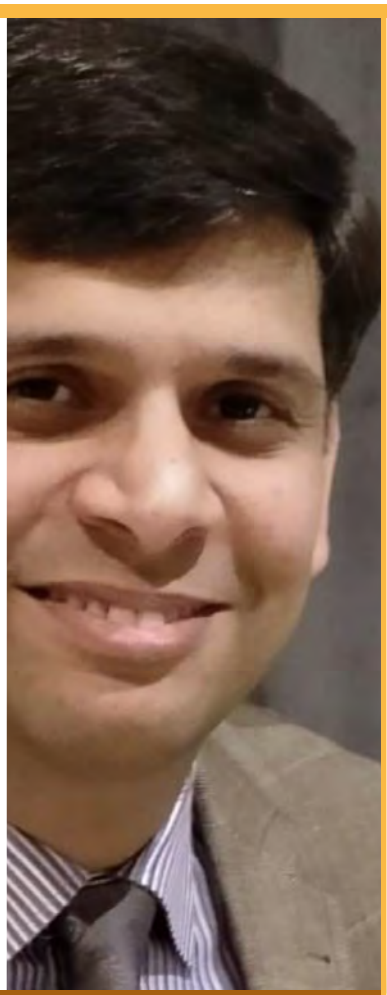
# PSYCHODYNAMIC PSYCHOPHARMACOLOGY- CARING FOR THE TREATMENT-RESISTANT PATIENT



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This book has been published by the American psychiatric association in 2022. Dr David Mintz MD, is the author of the book, who is working in Austen Rigg Centre, Massachusetts, USA. As written in the preface Austen Rigg centre treats patients, who haven't responded well to "multiple pharmacological treatment, psychotherapies and hospitalization". Patients under treatment carry six diagnoses on average and they are on the other extreme of a continuum from 'ideal patients' of clinical trials. In the initial half of the twentieth century, psychiatry was dominated by the psychoanalytic concept. Later biomedical psychiatry became more prominent with evidence base, and psychodynamic psychiatry couldn't develop evidence faster enough for industry to tag along and was misprized. Psychodynamic insights faded away from clinical practice partially due to limited evidence and partially due to economic pressure which have reduced the time of doctor patient interaction. This book is about an interesting topic which address issues which has been untouched since a long time.

Current model focus more on symptoms of patients and 'less on person with symptoms'. Medication doesn't only work on the neurotransmitter, but they do have symbolic meaning as well, for doctors and patients. In a meta-analysis which includes published and unpublished data, up to three-quarters of antidepressant effects can be attributed to non-pharmacological effects of medication. Psychodynamic psychopharmacology has been encouraged as the approach of combining psychodynamic principles with pharmacotherapy. Psychodynamic psychopharmacology deepens our understanding of patient-centred care by highlighting some important unconscious factors like ambivalence towards recovery, disempowerment due to diagnosis, secondary gain, transference, and defence mechanisms. For example, sometimes patients get unconsciously attached to secondary gain due to past experience. This book gives the framework to deepen our understanding of treatment-resistant patients with empathy.

One of the outcomes of the biomedical model is changing the power dynamics of the doctor-patient relationship, however patients' wishes, fear and attitude are important factors in treatment. Psychodynamic understanding restores the balance between the unequal doctor-patient relationships and encourages the patient for a more active role in recovery as compared to the passive role of wanting to be cured by the powerful physician.

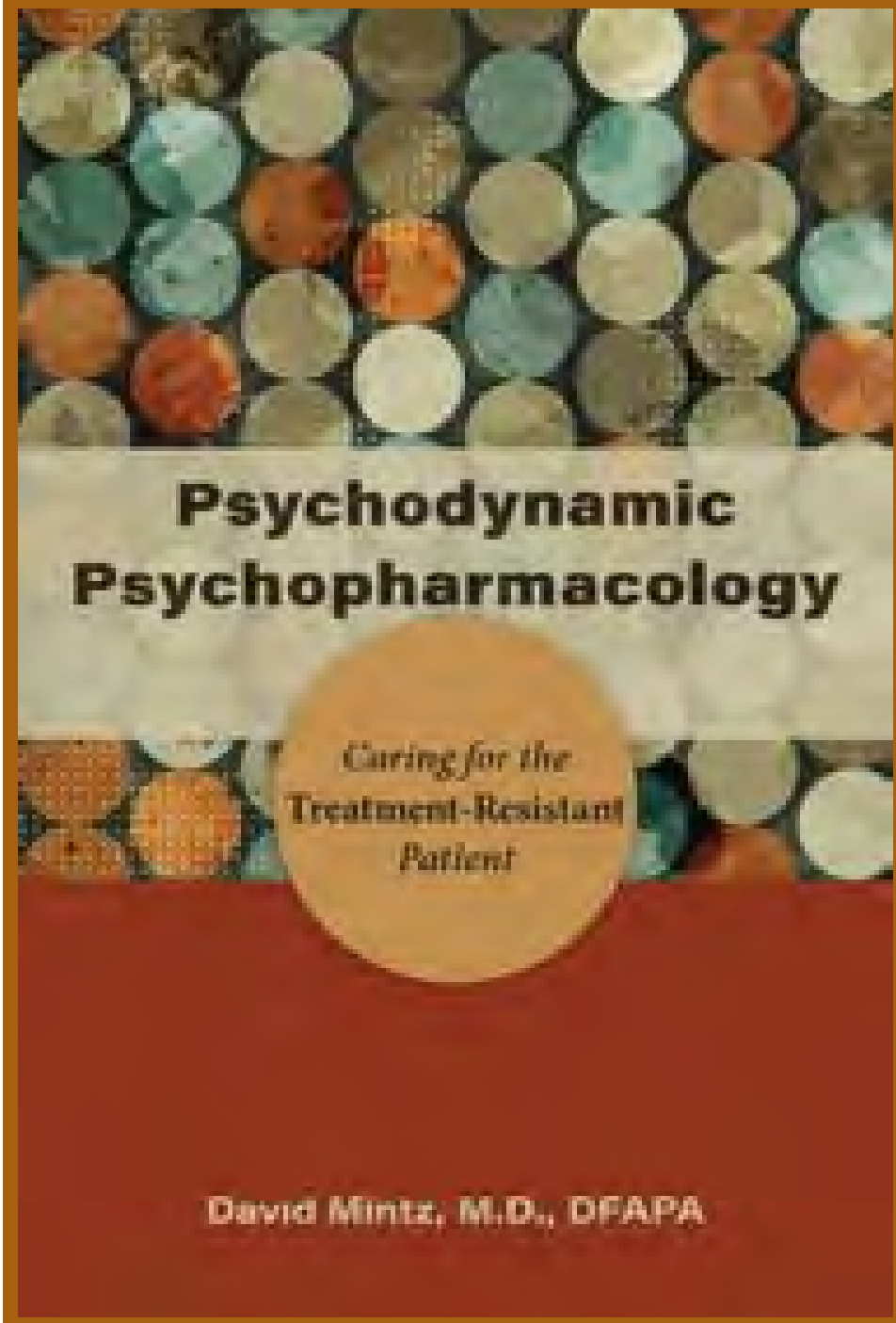
Medical professionals who work mainly in biological frameworks likely lack the tools to address psychological sources of treatment resistance. Psychodynamic principles help in understanding the different meanings of illness and treatment for a patient. Psychodynamic psychopharmacology gives a different spin to some dehumanising and reductionist approaches of the biomedical model.

The second chapter explains why we need psychodynamic psychopharmacology. Treatment resistance is quite common in a psychiatric patient population. Although the psychoanalytical model was prominent in the 20th century and polarization was present in mental health but the discovery of effective medications lead to the discarding of insight of psycho-analytical era. The pharmaceutical industry increases that polarization and promoted the medicalization of human suffering.

The biomedical model was limited by limiting ideas that patients present with a specific disorder which respond to specific treatment and pills are the best treatment. Most guidelines for the treatment of refractory conditions advocate diagnostic clarity and more different medications with limited guidance about psychosocial aspects of care. Psychodynamic psychopharmacology helps us in managing complex care by giving Insight into psychosocial complexity for optimal treatment. It also encourages patient-centred care where a pill is not enough. It encourages focusing on long-term behavioural change.

Literature on treatment resistance has increased exponentially in the last few years. Evidence also suggests that more than half of the patients are not adherent or partially adherent to medication. Psychodynamic psychopharmacology highlights psychodynamic factors in the doctor-patient relationship which play part in treatment resistance. The quality of the doctor-patient relationship improves treatment outcomes. A good therapeutic alliance is based on the qualities of a physician, like warmth empathy, tone of voice and emotional and physical presence of the prescriber. Psychoanalysts coined the concept of 'patient-centeredness'. Psychodynamic psychopharmacology moves the focus from 'the illness centre model, to 'the patient centre model'. This book has highlighted that since the 1990s psychiatrists have become mental illness professionals rather than 'mental health professionals.

In chapter three authors discussed how psychodynamic psychopharmacology complements pharmacotherapy. Psychodynamic psychopharmacology also shares common grounds of confining relationship, theoretical rationale, and installation of hope with biological psychiatry. Insight from psychoanalysis, like attachment,




ambivalence, defence mechanism, transference, and unconscious forms basic pillars of psychodynamic psychopharmacology. Understanding unconscious struggle, conflicts, desire, and fears make sense in confiding doctors patient relationship. Although many patients seek help for symptoms, these symptoms could carry an unconscious meaning of regression or dependence. A patient may have anger and unresolved resentment towards the early caregiver. Patients who faced difficulties in early childhood may react with distrust towards authority figures of a physician. Sometimes it gives them a hide of legitimacy to carry a deep desire to care and love. Sometimes patient uses the label of diagnosis in an unhelpful way to avoid responsibility and guilt. Phenomena of transference also give us insight into the doctor-patient relationship. Past relationships shadow current relationships. We learn from our parents or significant others how to relate to

others. These dynamics continue in prescribing relationship. A patient, who had a difficult childhood, and minor inattention on the part of the prescriber could remind a patient of his past. Attachment styles also give us insight into the doctor-patient relationship. People with secure attachment forms a good therapeutic alliance and respond well to medication. Patients with difficult childhood may develop anxious preoccupied attachment. They may get more dependent and prone to experiencing side effects. A patient who has a dismissive attachment style shows less adherence to treatment. The biological approach might see a patient as a victim of genes or chemical imbalance however psychodynamic psychopharmacology see symptoms to address internal conflict. It gives more power to the patient to take part in recovery. Treatment of symptoms might be a focus of prescribers however treatment goals should be collaboratively negotiated. There are some psychodynamic principles which could be used in the understanding of the treatment-resistant patient. Understanding the patient expression of emotion is important. It can change the focus from the 'problem of illness to the problem of living. Understanding patient emotions allows a patient to acknowledge, bear and work through emotions. Identification and exploration of a topic which the patient attempts to avoid may direct towards the source of symptoms. Psychodynamic Psychopharmacology does not explore unconscious conflict as psychodynamic psychotherapy, however, it helps develop a deeper understanding of patient conflict and resistance toward psychiatric treatment. It helps us understand how a patient is using their symptoms and treatment. It could be practised along ordinary brief medical encounters. It developed a psychodynamic attitude and helps to enhance understanding of the patient's conscious and unconscious wishes.

In the second part of the book, the author discussed psychodynamics understanding of resistance. Michael Balint suggests psychodynamic formulation for understanding. Treatment resistance could be divided into two categories resistance to medicine or resistance to the medicine. Patients who are resistant to medicine, don't allow the medication to have its desired effect. They are ambivalent towards treatment. A patient who is resistant to medicine described medicine as helpful, but they don't seem to get better. When a patient shows resistance to treatment psychiatrist feels different emotions which could include anger, helplessness and subsequent detachment. In subsequent chapters, authors have explained these two types of resistance with examples. It is not only the patient who shows resistance to or from medication but sometimes prescribers also contribute towards it unconsciously. Sometimes prescribers become part of family dynamics which project all their troubles onto a patient. Authors

have given clinical examples where the unconscious of the prescriber leads to resistance. Part three provides specific guidelines to address treatment resistance. Although all prescribers are aware of the biopsychosocial model, they often faced reductionist pressure for example focusing on prescribing only and leaving psychosocial intervention to other professionals. Doctors also face the internal pressure of reducing cognitive complexity under stress. Exploring patient views towards medication could be useful that how much conscious and unconscious meaning they carry towards medication. The unconscious mind is not rational. Many patients use medication to use it counter therapeutically like using benzodiazepine to avoid facing painful reality or using the medicine for self-regulation and not giving the chance for capacity to develop for self-regulation. This book has also discussed the limitation of psychodynamic psychopharmacology. Psychodynamic psychopharmacology allies with a patient for recovery however it is not possible in a patient with an intellectual disability, neurocognitive disorder or patient with anti-social personality traits. In the last part of the book, the author give a practical example and sample intervention to address different issues in the initial engagement phase and the later maintenance phase. Overall, this book has given an outline of incorporating psychodynamic principles in prescribing practice. This book would increase our understanding of treatment resistance cases and our skills to deal with them.