

INTERSUBJECTIVITY AND PSYCHOPHARMACOTHERAPY IN THE TREATMENT OF CHRONICALLY SUICIDAL PATIENTS

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INTRODUCTION

We can look on suicidal process from many angles. New knowledge's has lead to more holistic treatment in psychiatry (Jakovljević 2008). Our team has studying suicidality last years, mainly in the field of neurobiology and psychotherapy (Marčinko et al. 2002-2011). One of the main factors for suicidal prevention in clinical practice is area of intersubjectivity. The important part of intersubjectivity is empathy. The role of psychological factors in compliance in the context of psychopharmacologic response is recognized by many authors. A number of questioners addressed the issue of a psychiatrist's technique when faced with the different levels of communication of the chronically suicidal patients. The idea of this paper is to find common points and establishing useful exchanges between psychological approach and psychopharmacotherapy.

THE ROLE OF INTERSUBJECTIVITY IN THE THERAPEUTIC PROCESS

Intersubjectivity in contemporary psychoanalytic psychiatry has a range of meanings from the developmental-achievement view found in Stern (1985). The concept of intersubjectivity implies the way in which we observe and describe many of the interpersonal processes that begin in infancy and reflect in the therapeutic relationship. The more traditional ideas of holding (Winnicott) and containment (Bion), as well as relatively recent concepts such as attunement (Stern) and mentalization (the work of Fonagy and Bateman), can be seen as belonging within this coexisting area of experience. A number of questioners addressed the issue of a psychiatrist's technique when faced with the different levels of communication of the chronically suicidal patients. It is optimal to offer an integrative view, emphasizing that psychiatrist has to move between classical interpretive theory and romantic 'Winnicottian' theory during treatment. Holding is considered to be important by all psychiatrists treating suicidal or borderline patients but there is considerable disagreement as to how holding is best achieved (Bateman 1996). The psychiatrist needs to move between empathic responsiveness and interpretation depending on where a patient is at any given moment. Basically, secure attachment experiences are essential

for the development of a healthy narcissism. Many psychiatric patients do not have the sense of healthy narcissism because of attachment failures. It is very important for psychiatrist to take in account the role of attachment failures when speak with patients regarding psychopharmacotherapy. The psychiatrist should offer to the patients more secure attachment base like sensitive caregivers. This is the way to improve compliance of the patient. Bowlby (1988: 140) linked the provision of a secure base with Winnicott's and Bion's descriptions of 'holding' and 'containing' respectively. The psychotherapeutic treatment of suicidal patients with borderline personality organization (Kernberg 1967) is one of the biggest challenges facing mental health professionals (Marčinko et al. 2008a, Marčinko 2010, Marčinko & Bilić 2010, Marčinko et al. 2011). Suicidality in patients with borderline personality peaks when patients are in their early 20s, but completed suicide is most common after 30 years of age and usually occurs in patients who fail to recover after many attempts or treatment (Paris 2003). In the era of neuroscience, our team wants to emphasize the role of psychotherapy and intersubjectivity (Marčinko et al. 2005b, Marčinko et al. 2006, Rudan et al. 2008). Intersubjectivity has contributed to human evolution and has a neurological foundation based on mirror neurons. By means of embodied simulation we can map others' actions onto our own motor representations, as well as others' emotions and sensations onto our own visceromotor and somatosensory representations (Gallese 2011).

THE INTERNAL PSYCHIC REALITY AND MENTALIZATION OF THE PATIENT IN THE CONTEXT OF PSYCHOPHARMACOTHERAPY

The work of Balint, Winnicott, Bateman, Fonagy and Holmes, contributed to better understanding of intersubjectivity in the context of psychopharmacotherapy. Balint's basic fault (Balint 1968) certainly captures part of the symptomatology described elsewhere in relation to personality disorders (especially narcissistic type), namely feelings of emptiness, defeat and deadness, and futility. Basic fault of patients lead to commonly presented misunderstanding in therapeutic process. For example, the therapist uses clear interpret-

tation (verbal instrument) in the case of pre-verbal functioning (impaired mentalization) which can turn the patient to more regressed psychological state. Concerning psychopharmacotherapy, it is not sensed using the mechanism of detailed interpretation about psychiatric drugs when the patient is deeply regressed; the better therapeutic instrument is the creating “atmosphere in therapeutic relationship”, without too much words. Winnicott (1971) emphasized the presence of good enough mother in the optimal development. Winnicott’s term (1971) ‘The capacity to be alone’ centered on the image of a securely attached child happily playing alone in the presence of the mother. Winnicott used phrase „the mother’s face is the mirror in which the child first begins to find himself,, which reflected the role of intersubjectivity process in the early development. The mother’s background presence as a secure base allows the child to be (with) him or herself. His metaphor of the potential space, can be associated with optimal psychopharmacotherapy in the way that psychiatrist constantly offers to the patient enough empathy in therapeutic relationship. In patients with highly presented narcissistic features (for example, eating disorder patient with borderline personality organization and chronic suicidal potential), Winnicott’s concepts of the true and false self are significant. A true self develops through an adequately empathic environment which is failed in mentioned type of patients. It can lead to the development of mainly false self with insecure autonomy, fantasies of omnipotence and other type of narcissistic defense mechanisms. Psychiatrist should recognize these mechanisms in order to prevent over prescription of psychiatric drugs. Bateman and Fonagy (2008) improved the intersubjectivity with the concept of mentalization. Mentalization is the process by which we implicitly and explicitly interpret the actions of ourselves and others as meaningful based on intentional mental states (e.g., desires, needs, feelings, beliefs, and reasons). This process is disrupted in individuals with borderline personality organization and suicidal potential, who tend to misinterpret others’ motives. Regarding failure of mentalization, psychopharmacotherapy for these patients should be created on the intersubjective deeply experiences, not only to reduce presented symptoms on the surface. British psychiatrist and psychoanalytic psychotherapist Jeremy Holmes (2010) emphasizes the role of attachment theory and promotes the secure base in the context of optimal therapy for severely regressed and suicidal patients. Psychiatrist is not just interested in symptoms, but also important aspects of the patient’s experience. This activities, based on recognizing intersubjectivity aspects of relationship, may improve therapeutic alliance, which enhances drug efficacy (Krupnick et al. 1996) and improves treatment compliance (Ciecanowski et al. 2001).

INTERSUBJECTIVITY AND CONCEPT OF THIRD SPACE – SOCIAL AND PSYCHODYNAMIC THEORIES

According to social theories, the concept of third or borderland spaces is epistemologically located within a postmodern perspective. This perspective assumes multiple realities rather than one external truth (or objectivity). Third spaces exist between subjectivities or between multiple perspectives (not between subjectivity and objectivity). Postmodern thinkers challenge the view that selves can be stable and coherent; rather, one’s self or identity is complex and multifaceted and the purpose is not to reduce the views into polarities or essentialist categories, but rather to observe and understand the complexity of relationship (Keenan & Miehl 2008). Social theorists (Keenan & Miehl 2008) suggest that the creation of “third” or “borderland” spaces can provide the opportunity for creative, novel, and respectful interpersonal relationship dynamics. Ogden, (1994) investigated the interplay of subjectivity and intersubjectivity in psychotherapeutic context and emphasized the term of „analytic third“. Dynamic interplay of subjectivities creates the analytic third. This third subjectivity, the intersubjective analytic third, is a product of a unique dialectic generated by (between) the separate subjectivities of therapist and patient within the therapeutic setting. The psychotherapeutic process reflects the interplay of three subjectivities: that of the therapist, of the patient, and of the analytic third.

CONCLUSION

Psychiatrist prescribing psychopharmacotherapy for chronically suicidal patients needs to recognize differences between inner and outer realities of the patients. Outer reality is presented by multiple symptoms and it is only small part of patient self. The complexity of the self should be explained in the context of inner reality and third position including intersubjectivity. In the clinical situation of prescribing psychopharmacotherapy psychiatrist is not just interested in symptoms, but also different aspects of the patient’s experience.

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