



HOW TO BECOME A PSYCHIATRY JEDI

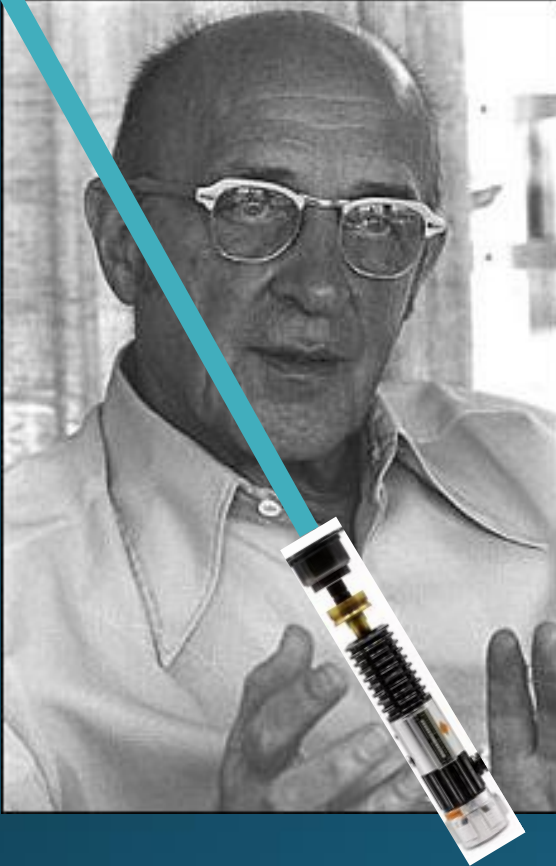
EPISODE I: RETURN OF THE THERAPEUTIC ALLIANCE

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Jedi Psychologist



In my early professional years I was asking the question: How can I treat, or cure, or change this person? Now I would phrase the question in this way: How can I provide a relationship which this person may use for his own personal growth?

(Carl Rogers)



Relationship Matters!

- A 2006 study of 112 depressed patients treated by 9 different psychiatrists with placebo or imipramine was able to stratify patient outcomes by prescriber.
- Variance in treatment outcome was 3.4% attributable to medication arm and 9.1% due to psychiatrist.
- The most effective one third of prescribers achieved better outcomes with placebos than the least effective one third of prescribers got with antidepressants.
 - Mckay KM, Imel ZE, Wampold BE. Psychiatrist effects in the psychopharmacological treatment of depression. *J Affect Disord* 2006; 92:287-90.



Placebo effect accounts for 50-75% of the therapeutic benefit of antidepressants and anxiolytics and even bipolar disorder and schizophrenia can show a 25-50% placebo response rate.

"How the doctor prescribes is even more important than what the doctor prescribes."

David Mintz, MD

A close-up of Baby Yoda from Star Wars, looking upwards with a hopeful or expectant expression. He is wearing his characteristic brown robe with a thick, fuzzy collar. The background is dark and out of focus, with a soft light source visible behind him.

Placebo effect is real effect.

- A placebo-controlled trial of benzodiazepine medication found that **psychological readiness for change was the single most important predictor of a therapeutic response, more powerful than drug-group assignment.**
 - Beitman, BD et al (1994). Patient stage of change predicts outcome in a panic disorder medication trial. *Anxiety*, 1, 64-69.
- **Placebos have been found to induce real neurobiological changes in neuroimaging studies of pain medication.**
 - Fields HL, Price DD (1997). Toward a neurobiology of placebo analgesia, In A. Harrington, (Ed), *The placebo effect: An interdisciplinary exploration*. Cambridge, MD: Harvard University Press.

"It is far more important to know what person the disease has than what disease the person has." -Hippocrates



Research evidence supporting the impact of therapeutic alliance on medication response applies to other areas of medicine as well.

Diabetes

- In a study of 20,961 patients in Italy, primary care providers with high empathy had significantly lower rates of metabolic complications in patients with diabetes compared to primary care providers with moderate to low scores.
 - Canale, et al. "The Relationship Between Physician Empathy and Disease Complications An Empirical Study of Primary Care Physicians and Their Diabetic Patients in Parma, Italy." *Academic Medicine: September 2012 - Volume 87 - Issue 9 - p 1243-1249*

HIV

- A study of 435 HIV patients found that patients of higher empathy clinicians had higher medication compliance, higher medication efficacy, and disclosed more accurate information.
 - Flickinger et al. "Clinician empathy is associated with differences in patient-clinician communication behaviors and higher medication self-efficacy in HIV care." *Patient Education and Counseling Volume 99, Issue 2, February 2016, Pages 220-226*



"Connecting to our patients... Yes, healing for them it is.... Healing for psychiatrist jedi it is too, sustains us and fulfills us connection does...protects us from burn-out it does."

-Yoda

What Robs Us of Our Ability to Connect?

Wampa Before 3rd Year
Medical School



Wampa After Medical School,
Residency, and Fellowship



"We don't need self-care. We need boundaries."

Jedi Psychiatrist
Pooja Lakshmin, MD

<https://opmed.doximity.com/articles/we-don-t-need-self-care-we-need-boundaries>



THREE CONDITIONS FOR THERAPEUTIC CHANGE

Traditionally referred to as **"congruence"**

- Our face looks like what we really feel.
- We say what we really mean.

Authenticity

Acceptance without Judgment

Traditionally referred to as **"unconditional positive regard"**
By Carl Rogers

Empathy





“Love is the only way to grasp another human being in the innermost core of his personality. No one can become fully aware of the very essence of another human being unless he loves him.”

Viktor Frankl, MD
Jedi Psychiatrist

FORMING A THERAPEUTIC ALLIANCE



WHAT IS EMPATHY EXACTLY?



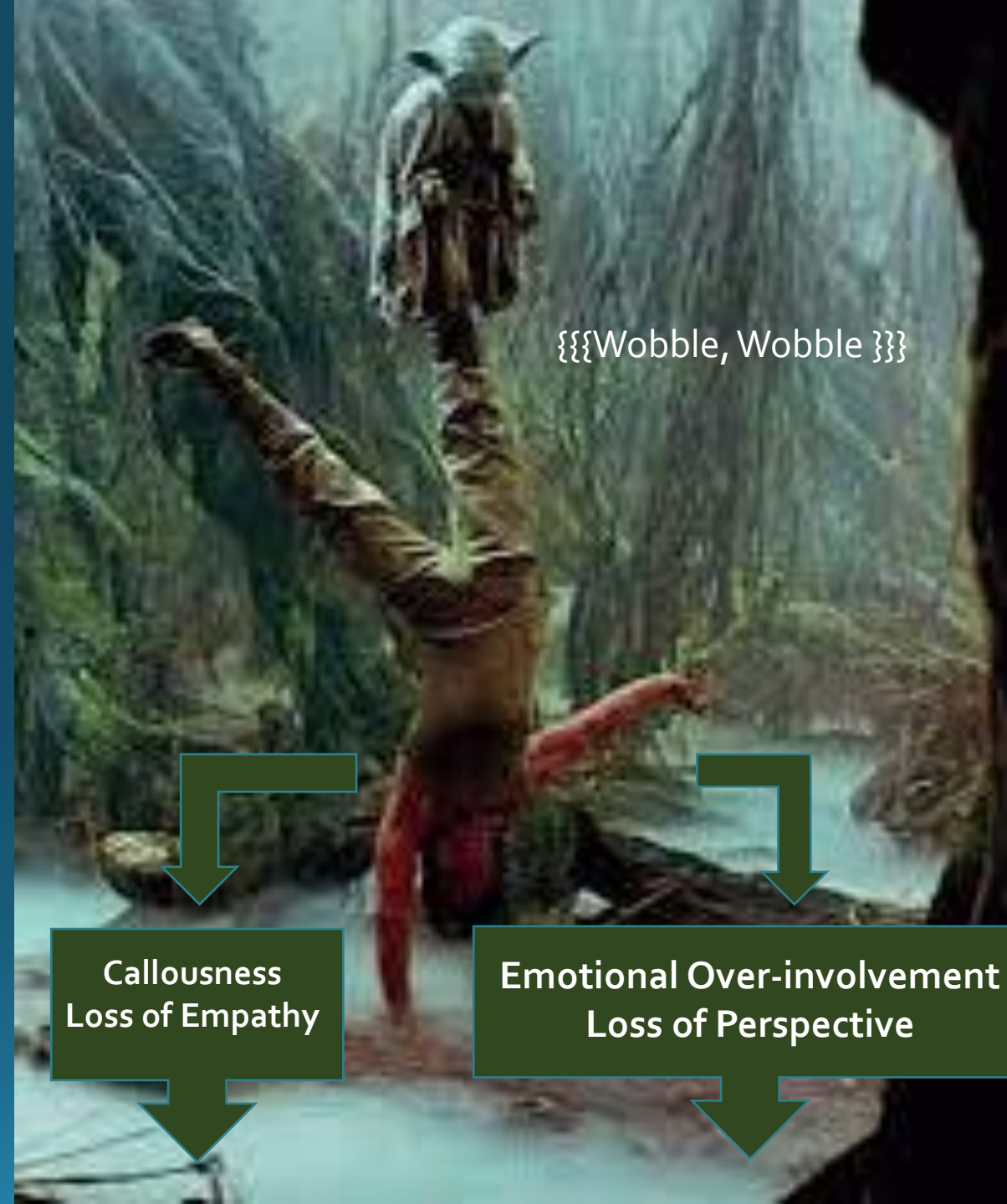
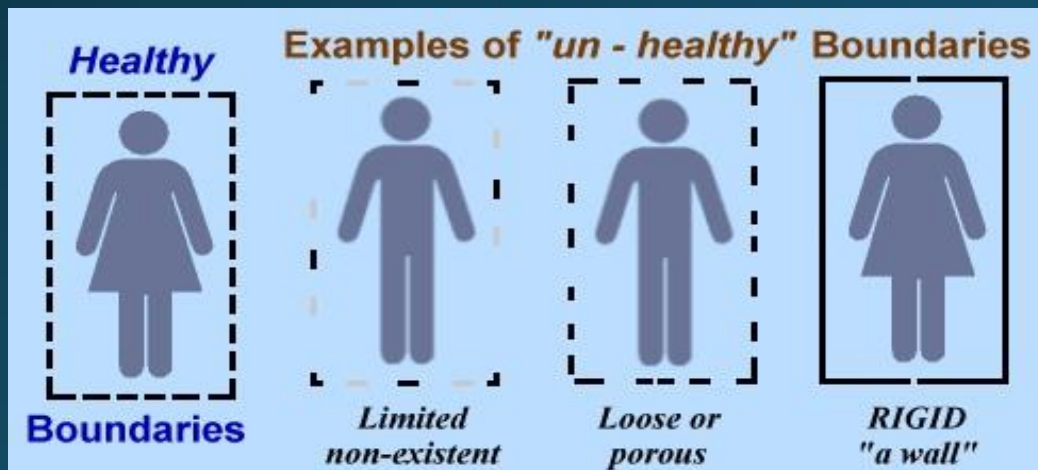
- **Affective Empathy** – “feeling with someone”
 - Shared emotional experience. Activates **mirror neurons**.
 - *I physically feel so sad and helpless watching this ewok’s pain.*
- **Cognitive Empathy** – “understanding”
 - Understanding another’s perspective.
 - *I can understand how painful it must be for that ewok to watch their friend die, how angry they must feel at those stormtroopers and how they will miss their friend.*
- **Compassionate Empathy** – “feeling for someone”
 - Concern, sympathy, desire to help
 - *I care about this ewok and want to help them.*

David Puder, MD Psychiatry and Psychotherapy Podcast

<https://www.psychiatrypodcast.com/psychiatry-psychotherapy-podcast/how-empathy-works-and-how-to-improve-it?rq=empathy>

Strategically titrating our emotional involvement in our patient's pain to avoid both coldness and emotional over-involvement.

Sometimes referred to as "emotional boundaries"



Callousness
Loss of Empathy

Emotional Over-involvement
Loss of Perspective

SHUTTTLING

What am I saying?

What is my patient saying?

Shuttle Between Prefrontal Cortex And Limbic System

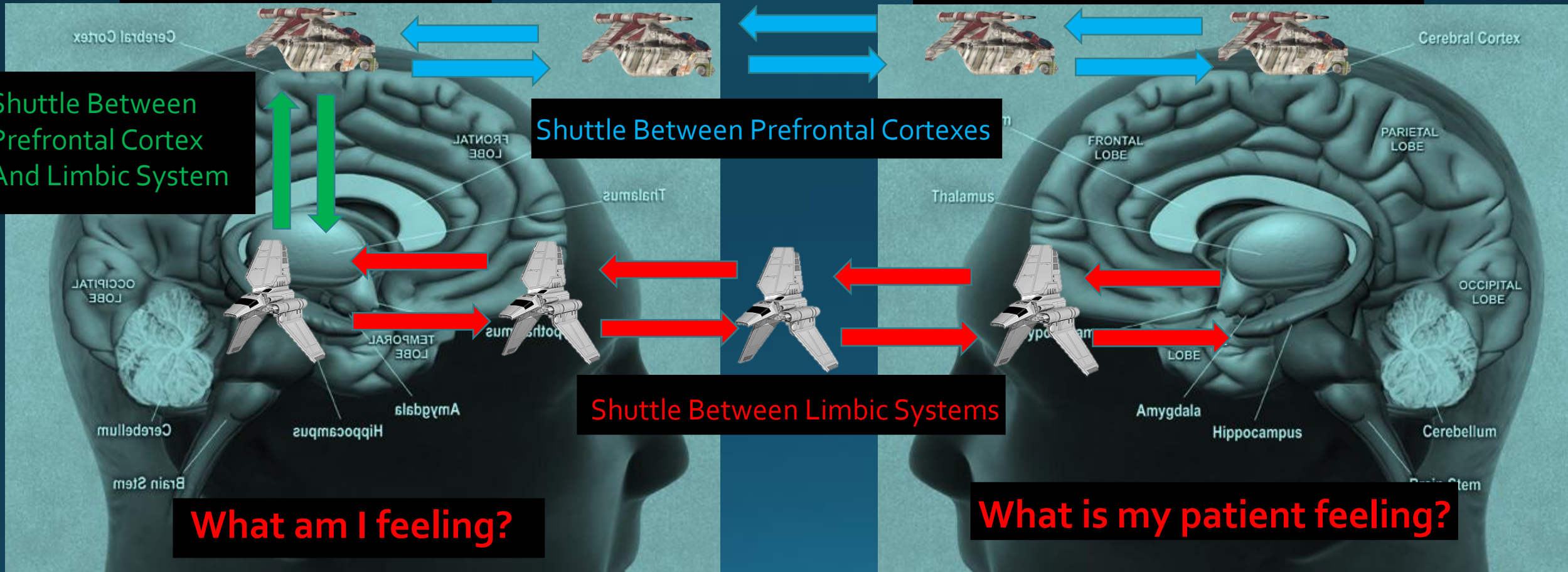
Shuttle Between Prefrontal Cortexes

Shuttle Between Limbic Systems

What am I feeling?

What is my patient feeling?

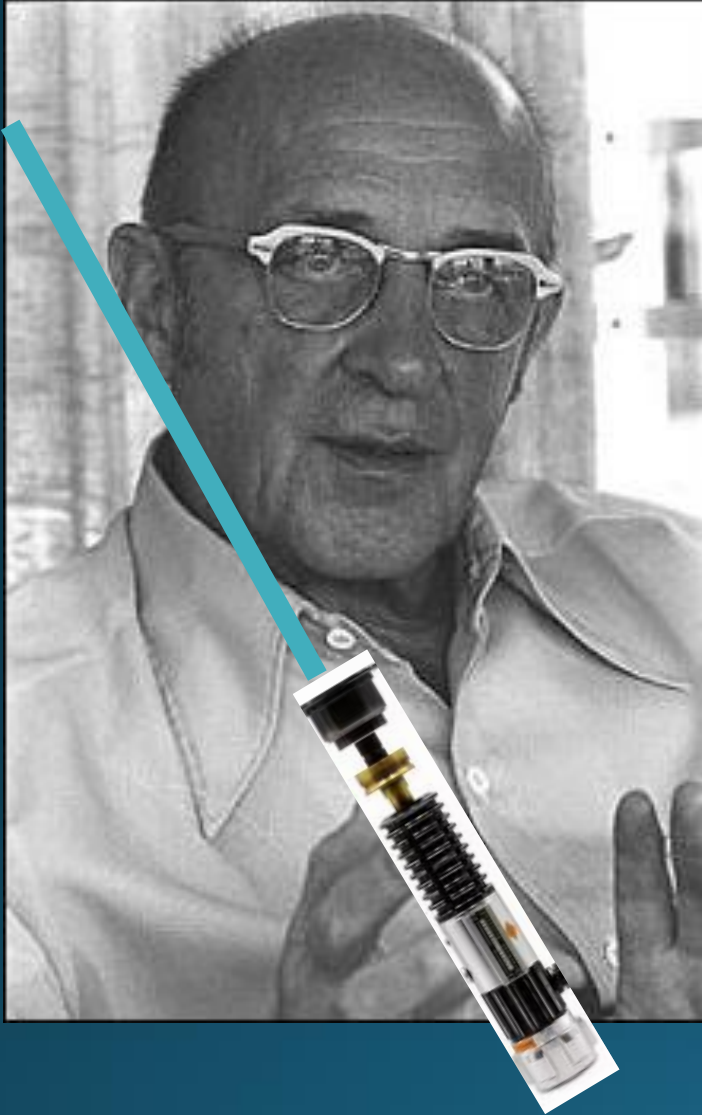
- Back and forth movement between patient's emotional response and your emotional response
- Back and forth movement between patient's intellectual processing and your intellectual processing
- Up and down movement between your intellectual processing and your emotional processing



How we cultivate our empathy....

- “Tune” your mirror neurons with continuous curiosity about the feelings of people you are with.
- Be curious about your own feelings, especially those that are uncomfortable for you.
- Notice when you feel most connected and most disconnected from your patients and why this occurs.
- Expose yourself to and practice understanding viewpoints that differ from your own.
- Take care of your basic physical needs (eat, sleep, etc)
- Practice self-compassion.



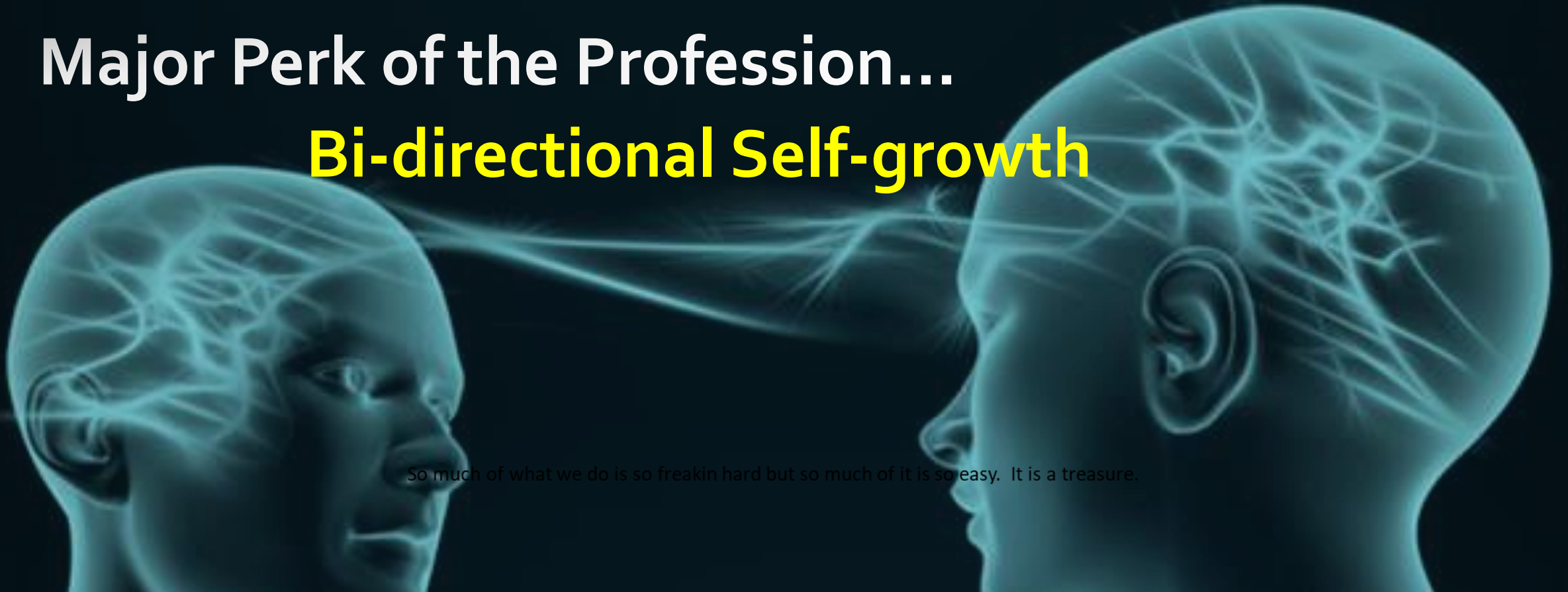


"The curious paradox is that when I accept myself just as I am, then I can change."

Carl Rogers
Jedi Psychologist

Major Perk of the Profession...

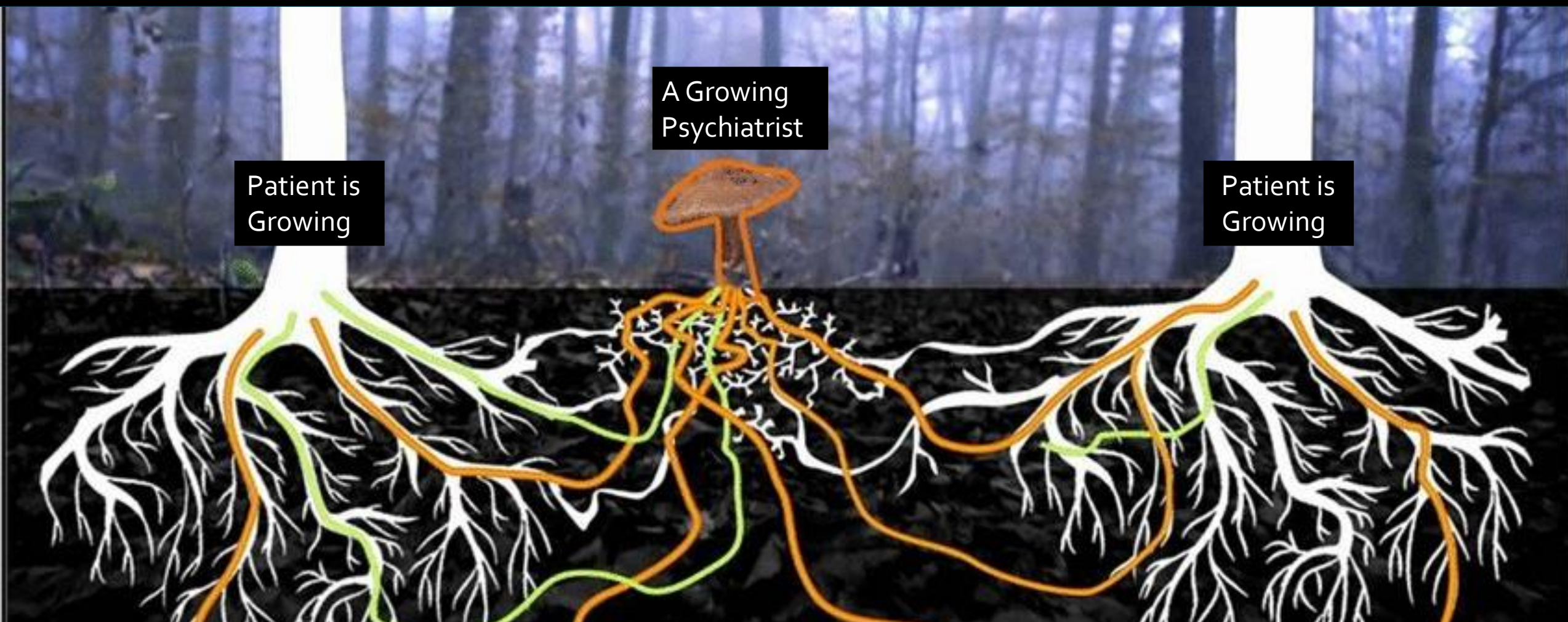
Bi-directional Self-growth




So much of what we do is so freakin hard but so much of it is so easy. It is a treasure.

- Practicing psychiatry is not something we do to patients; it is something we do with them.
- It is bi-directional. We are simultaneously student and teacher, healer and wounded. We look into patients and see ourselves.
- My own wounds, my pain, and my insecurities give me implicit emotional knowledge of my patient's inner suffering. I cannot heal these wounds within my patients without simultaneously changing and growing myself.

Psychiatrists are Like Fungi



The Personal Qualities we Cultivate in Ourselves to Connect with our Patients

- 
- Vulnerability
 - Openness
 - Non-defensiveness
 - Curiosity
 - Authenticity
 - Playfulness
 - Mindfulness
 - Caring
 - Acceptance
 - Flexibility
 - Responsiveness
 - Creativity
 - Self-reflectiveness
 - Self-knowledge
 - Humility
 - Courage



“Know all the theories, master all the techniques, but as you touch a human soul, be just another human soul.”

Carl Jung, MD
Jedi Psychiatrist



Self-reflection

How do I feel about this patient?

What do I think my patient is feeling about me and how does that make me feel?

Who does my patient remind me of?

What memories, attitudes, or biases am I bringing to this encounter that are unique to me?

Our emotional reactions are powerful diagnostic instruments.

“To access what our patients cannot put into words, we must tune into our own subjective experience. Patients will elicit within us that which they themselves are unable to verbalize.”

- David J. Wallin in Attachment In Psychotherapy

“One of the best ways to understand your patients’ feelings about you, is to be aware of your feelings about them.”

Deborah Cabaniss in Psychodynamic Psychotherapy: A Clinical Manual.

- **Countertransference reactions are clues to**
 - What our patient is really feeling but may not be saying
 - What other people in our patient’s life may feel about them
 - Our own personal histories and how they have shaped us.

UNLIKELY ALLIES

Wise Wookiee Reads





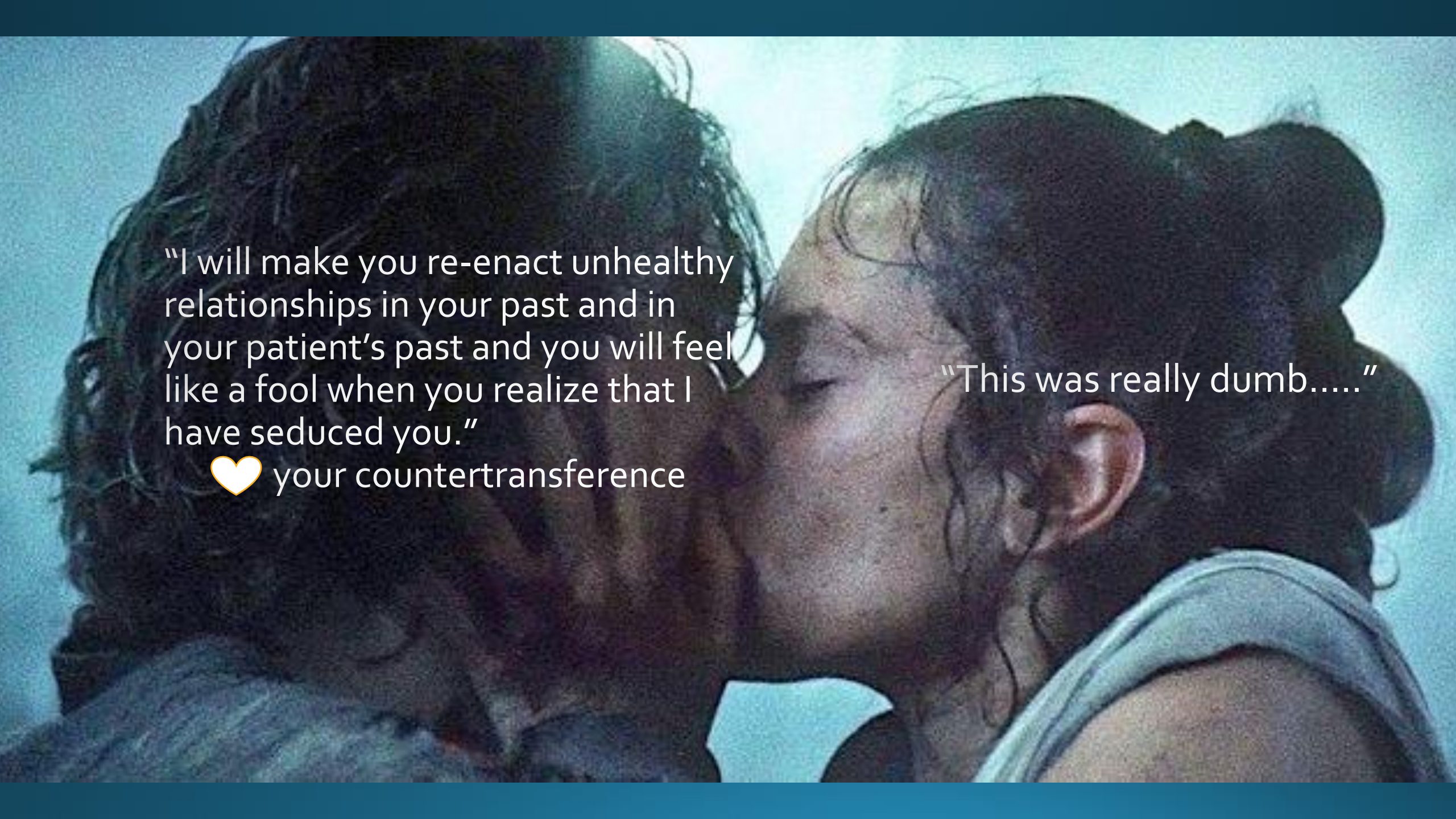
Hi, I'm your
countertransference....

Are you really my
adversary or could
you be my ally?

Well, I will make you suffer.

When your patients feel helpless,
you will feel helpless.

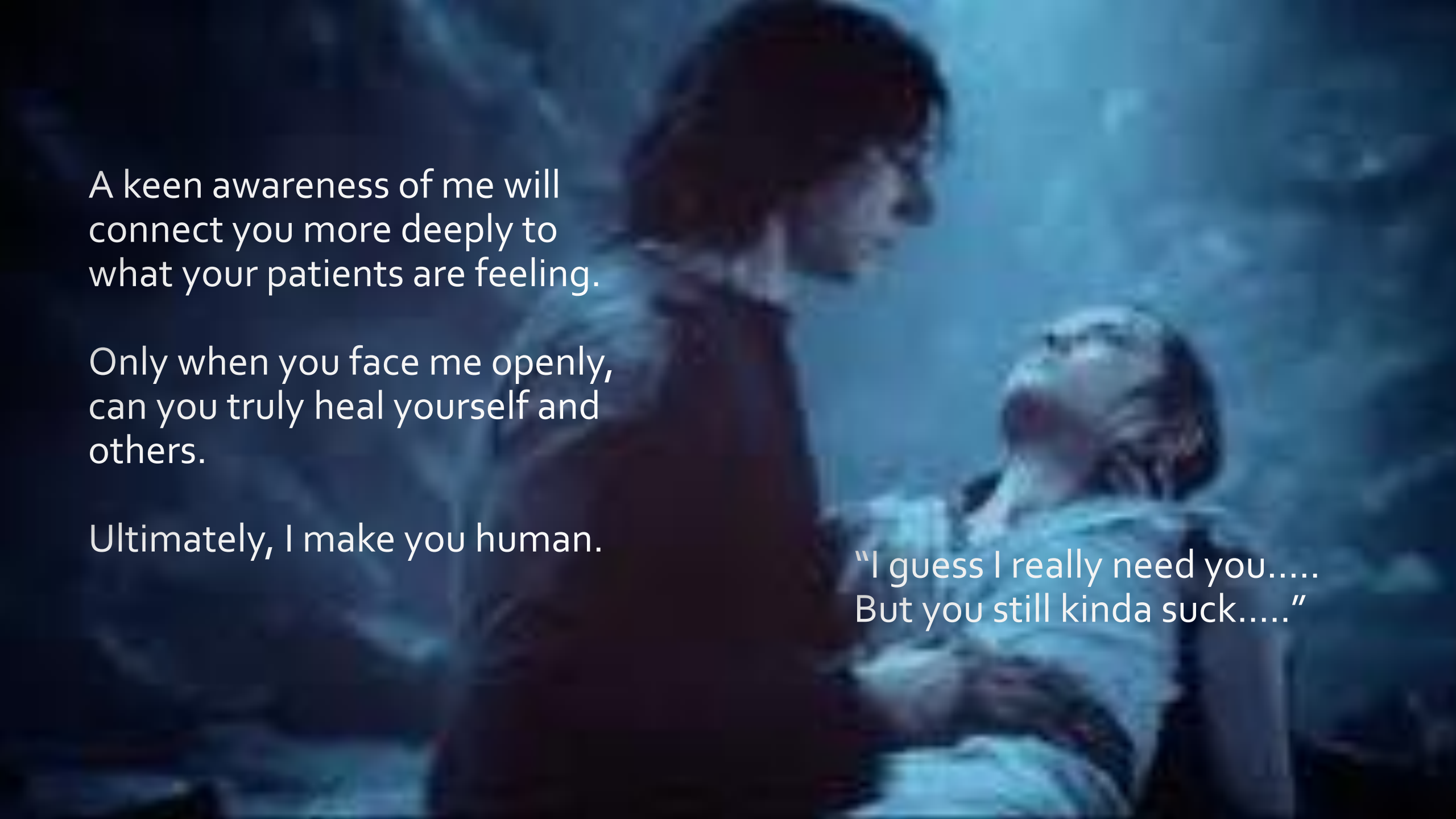
When your patients feel angry, you
will feel angry.



"I will make you re-enact unhealthy relationships in your past and in your patient's past and you will feel like a fool when you realize that I have seduced you."

💛 your countertransference

"This was really dumb...."

A man and a woman are in a forest at night. The man, on the left, is wearing a dark jacket and looking down at the woman. The woman, on the right, is wearing a light-colored shirt and looking up at the man. The background is a dark, misty forest with trees and foliage.

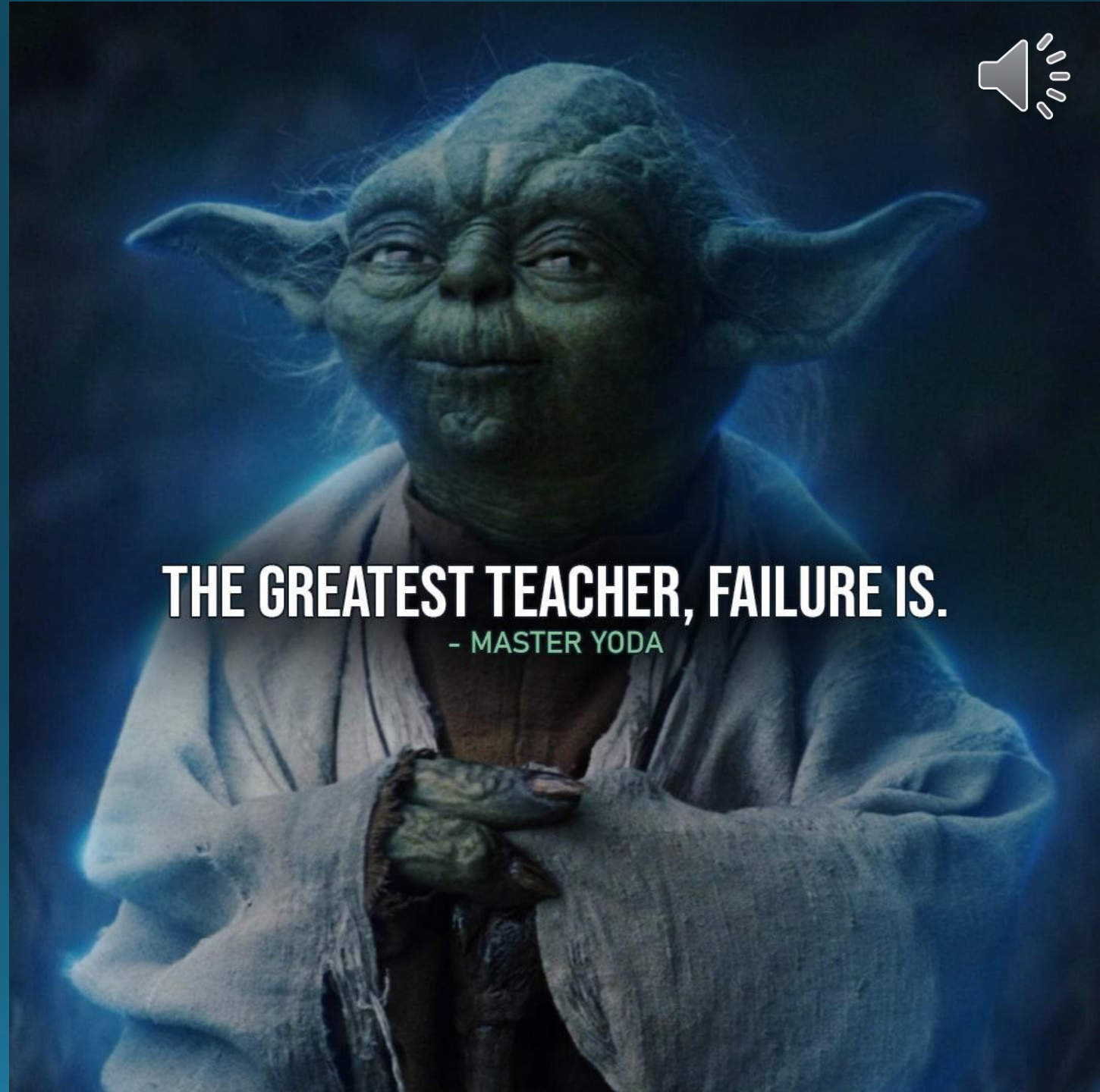
A keen awareness of me will
connect you more deeply to
what your patients are feeling.

Only when you face me openly,
can you truly heal yourself and
others.

Ultimately, I make you human.

"I guess I really need you.....
But you still kinda suck....."

Our failures and flaws connect us to our fellow wounded human beings far more than any of our wit, rhetoric, or training.



THE GREATEST TEACHER, FAILURE IS.

- MASTER YODA

Therapeutic Rifts and Ruptures!

The Crucible of Connection

Wait, that's Star Trek! Oops....hehehe

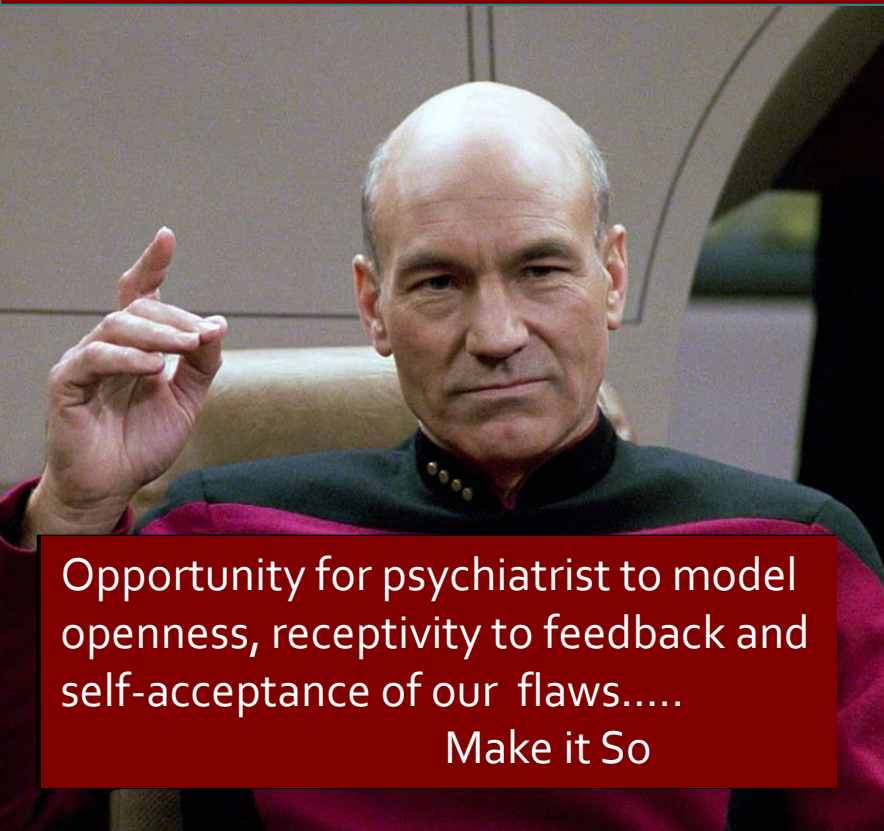
"When you have never upset a patient, never had a break in empathy, therapy has lacked power. It is a cream puff, not transformative, not deep enough."

The Use of Self in Therapy by Michele Baldwin

"It is possible to commit no mistakes and still lose. That is not weakness; that is life."

-Captain Jean Luc Picard

But in psychiatry, when we make mistakes, we can still win!



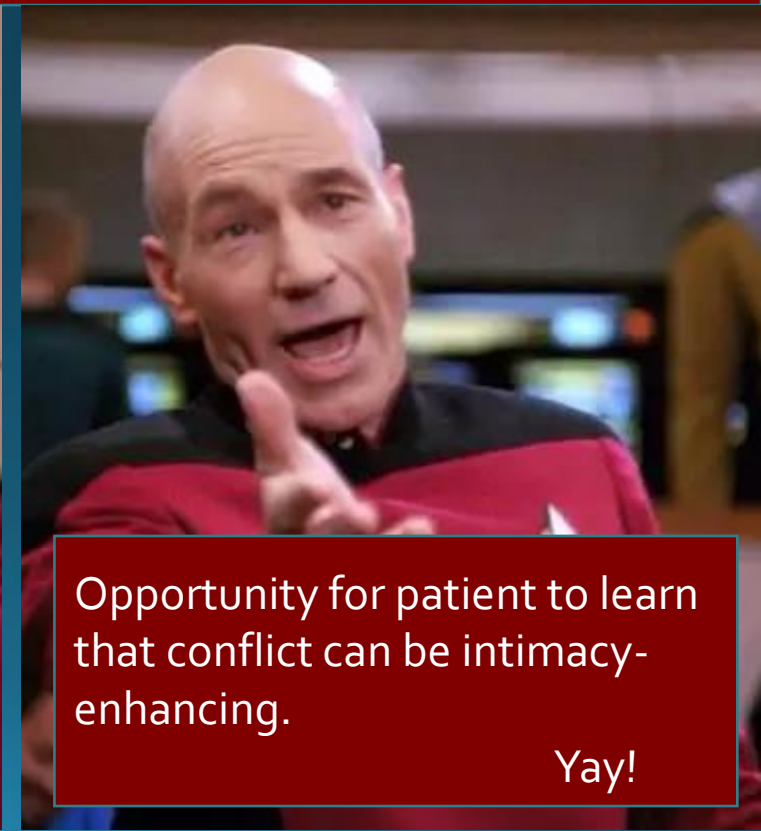
Opportunity for psychiatrist to model openness, receptivity to feedback and self-acceptance of our flaws.....

Make it So



Opportunity for patient to experience safety while dissenting/disagreeing within a valued relationship, encouraging authenticity.

Woohoo!!



Opportunity for patient to learn that conflict can be intimacy-enhancing.

Yay!

Re-connecting After Rupture



Strategies for Repairing A Rupture in the Therapeutic Alliance:

Don't make out with your patient, but you can try these strategies.....

- Have self-compassion and focus on the here and now in the relationship to be on the lookout for ruptures.
 - Get as comfortable as possible with patient dissatisfaction and practice non-defensiveness.
- Encourage patients to openly disagree with you and express dissatisfaction, explaining how this is helpful to your work together.
- Embrace and own your mistakes fully as an opportunity to deepen the relationship.



Luke shares with Grogu some of his Compassionate Self Talk

- “Perhaps my patient is doing the best they can with limited psychological resources.”
- “It’s understandable that I’m so frustrated because I care about this person.”
- “Perhaps I’m doing the best I can with limited resources.”
- “Perhaps my frustration and helplessness are a clue about how my patient feels right now.”

Compassion and Frustration: Not Antagonistic, but Synergistic. They Go Together Like....

Hot Sauce

Frustration/ irritation
with patient



Vanilla Ice Cream
Compassion for Patient



Yummy.....

Assessing Therapeutic Alliance

“Session Rating Scale”
by Miller, Johnson, and
Duncan

<https://www.scottdmiller.com/wp-content/uploads/documents/SessionRatingScale-JBTv3n1.pdf>

I did not feel heard,
understood, and
respected.

Relationship
I _____ I

I felt heard,
understood, and
respected.

We did not work on or
talk about what I
wanted to work on and
talk about.

Goals and Topics
I _____ I

We worked on and
talked about what I
wanted to work on and
talk about.

The therapist's
approach is not a
good fit for me.

Approach or Method
I _____ I

The therapist's
approach is a good fit
for me.

There was something
missing in the session
today.

Overall
I _____ I

Overall, today's
session was right for
me.

Institute for the Study of Therapeutic Change

www.talkingcure.com

REDUCING SHAME

"Shame derives its power from being unspeakable."

"Empathy is communicating that very healing message that you're not alone."

Brene Brown

LCSW Jedi

"The appropriateness of any intervention or therapeutic stance should be judged by the criterion of whether it increases the patient's ability to confide, to explore more and more painful self-states, and to expand access to more intense and more discriminated emotional experience—in other words, to elaborate the self."

Nancy McWilliams, PhD

Psychologist Jedi

Psychoanalytic Psychotherapy: A Practitioner's Guide.



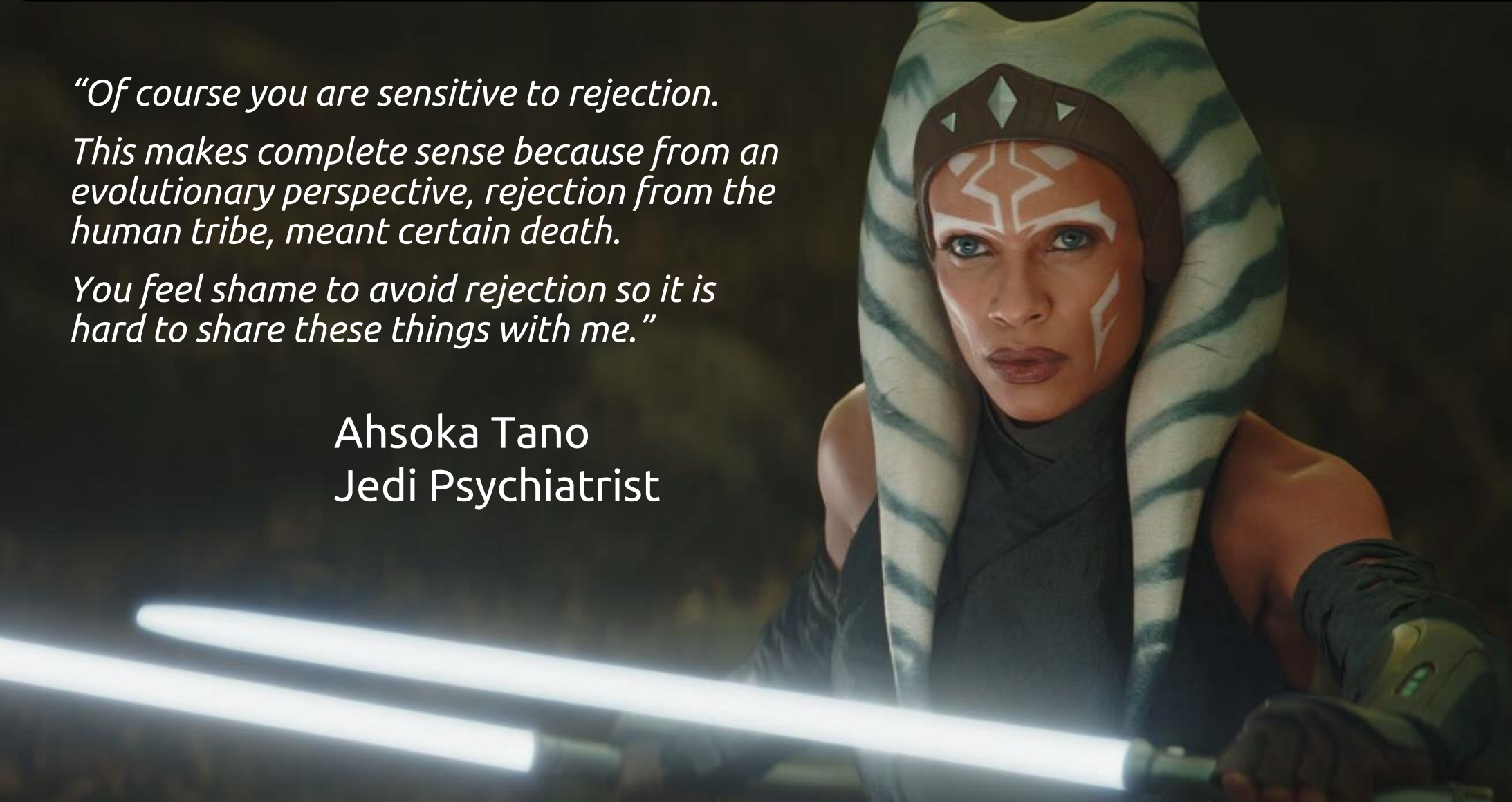
FIND THE ADAPTIVE PURPOSE OF A SHAME-INDUCING SYMPTOM...

"Of course you are sensitive to rejection.

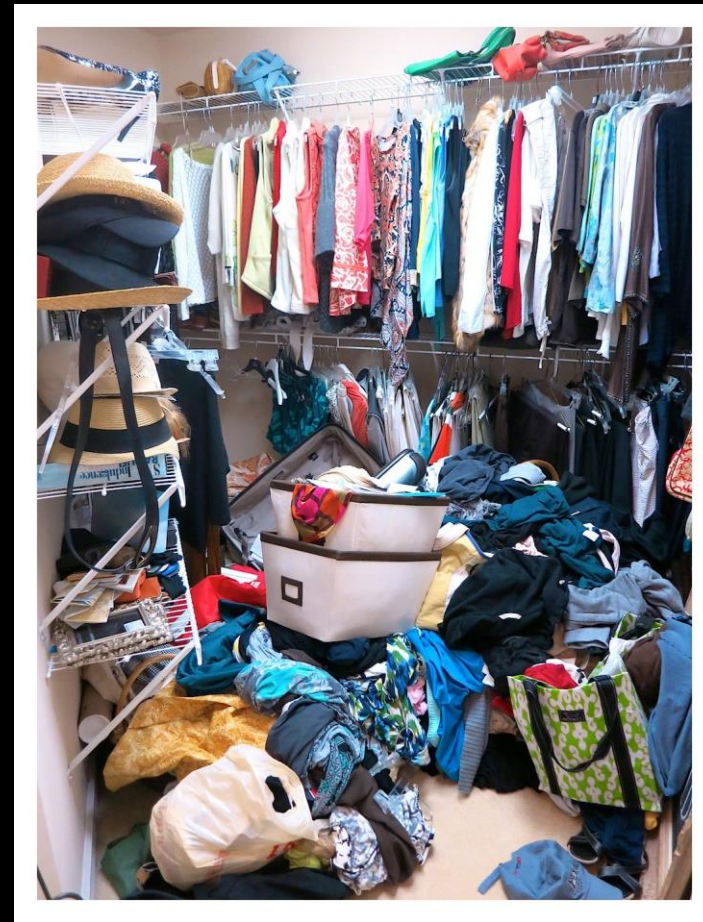
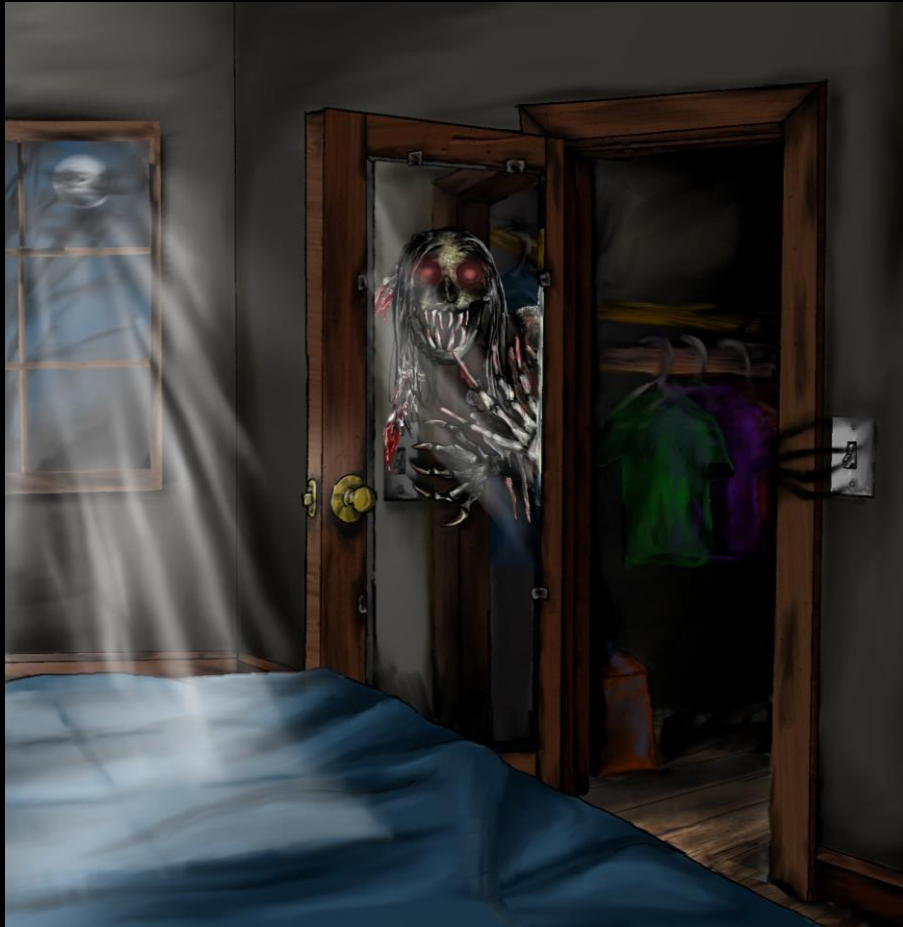
This makes complete sense because from an evolutionary perspective, rejection from the human tribe, meant certain death.

You feel shame to avoid rejection so it is hard to share these things with me."

Ahsoka Tano
Jedi Psychiatrist



Shame thrives in the darkness of secrecy and solitude. It cannot survive the light of open acceptance and human connection.





*I am not a psychiatrist for rational robots.
I am just a flawed human being trying to help other
flawed human beings.*

LET PATIENTS KNOW...

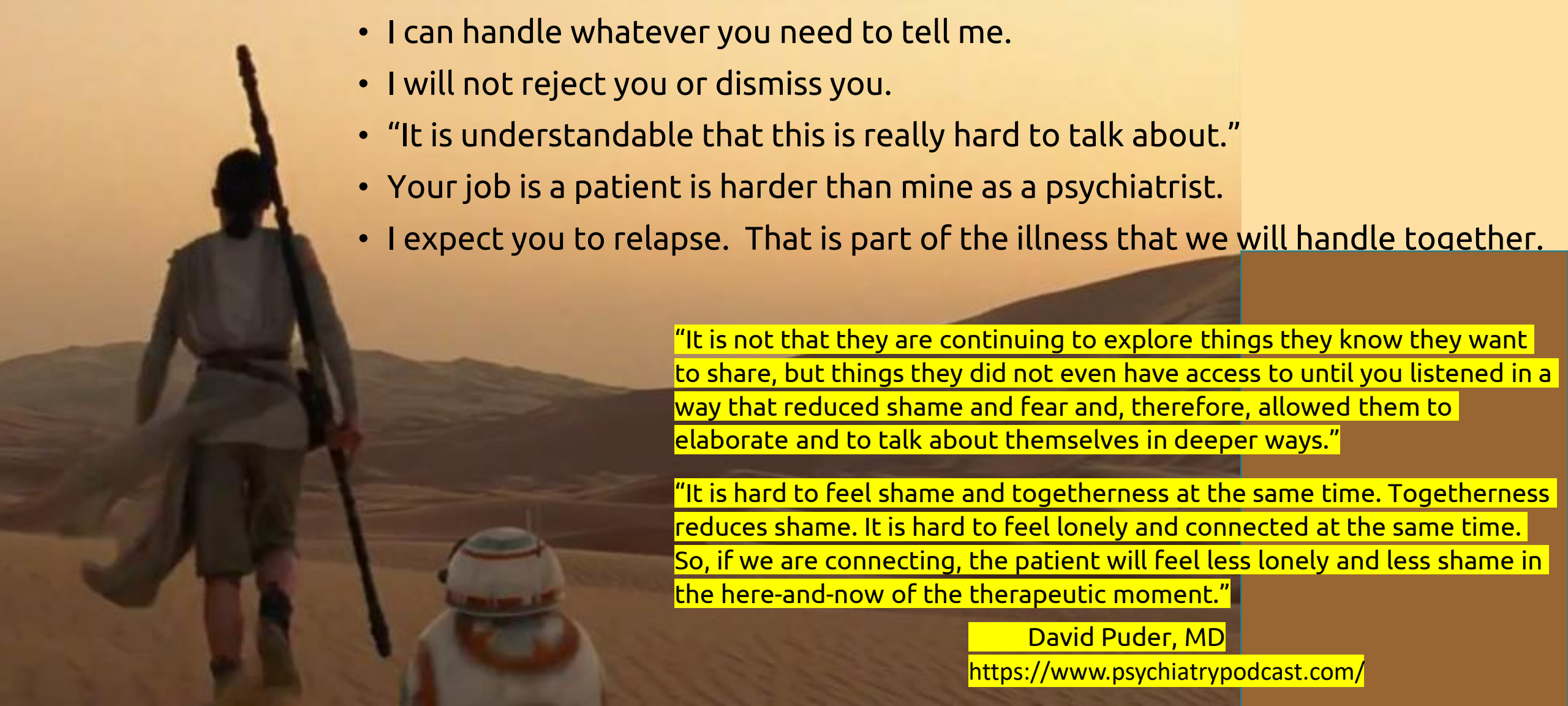
- I can handle whatever you need to tell me.
- I will not reject you or dismiss you.
- “It is understandable that this is really hard to talk about.”
- Your job as a patient is harder than mine as a psychiatrist.
- I expect you to relapse. That is part of the illness that we will handle together.

“It is not that they are continuing to explore things they know they want to share, but things they did not even have access to until you listened in a way that reduced shame and fear and, therefore, allowed them to elaborate and to talk about themselves in deeper ways.”

“It is hard to feel shame and togetherness at the same time. Togetherness reduces shame. It is hard to feel lonely and connected at the same time. So, if we are connecting, the patient will feel less lonely and less shame in the here-and-now of the therapeutic moment.”

David Puder, MD

<https://www.psychiatrypodcast.com/>



Self-disclosure

- Focus on similar feelings, not similar personal history.
 - Express that you have also known shame, sorrow, inadequacy without revealing distracting personal details about your situation.
- Disclose the feelings that you hope the patient will disclose and work on themselves.
 - This invites patients to share more of themselves, can reduce shame, and increase willingness to be vulnerable.
 - Signals that while we expect our patients to be free with their thoughts and feelings, we are willing to do this as well.
- Disclose thoughts and feelings that help the patient focus on the 'here and now' of the session to foster a corrective emotional experience.

“Play your cards face up.”

Lando Calrissian Playing His Sabaac Cards Face up....

*"Let's get
vulnerable
baby."*

my
authentic
feels

"Using the self [in psychotherapy] means that the therapist has to be willing to face his or her own pain, finiteness, and vulnerability."

Michele Baldwin

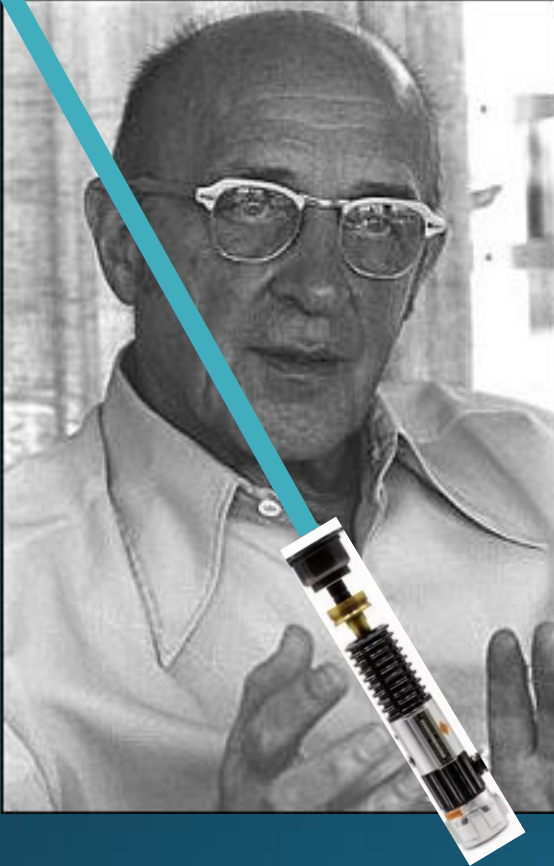
Use of Self in Therapy

When Self-Disclosure Backfires



**It's a
Trap!**

Listening Psychodynamically.....



WE THINK WE LISTEN, BUT VERY RARELY DO
WE LISTEN WITH REAL UNDERSTANDING,
TRUE EMPATHY. YET LISTENING, OF THIS
VERY SPECIAL KIND, IS ONE OF THE MOST
POTENT FORCES FOR CHANGE THAT I KNOW.

- CARL ROGERS -

LISTENING FOR MEANING...

"Imagine approaching someone with the mindset that what they say has meaning. Inevitably they will feel meaningful. They will feel that their thoughts are important and are there for a good reason."

"Emotions aren't nonsense; they have a purpose. When we help them identify the purpose, they can begin to untangle the event that made them emotional, and the meanings they assigned to that event."

David Puder, MD
Jedi Psychiatrist
Psychiatry and Psychotherapy Podcast
<https://www.psychiatrypodcast.com/>



DAVID PUDER, M.D.

**PSYCHIATRY &
PSYCHOTHERAPY**



“Perhaps symptoms are messengers of a meaning and will vanish only when their message is comprehended.”

Jedi Psychiatrist
Irvin Yalom, MD

When Nietzsche Wept

GO AHEAD



IM LISTENING

Patient Question:

Do you have kids of your own?

Defensive
response:

If you want some parenting tips, you can read a magazine. If you want a thorough psychiatric evaluation, I'm here.

Simple
reflection:

It matters to you whether I'm also a parent.

Complex
reflection:

You're worried that if I'm not also a parent, I won't be able to understand what you're going through and I'll judge you more harshly.

Hard Emotions:

Anger
Disgust
Judgement
Resentment



Soft Emotions:

Fear
Shame
Inadequacy
Guilt
Loneliness



Connect with the underside of the turtle!



The background of the slide features a large iceberg floating in the ocean. The top of the iceberg is visible above the water line, while the much larger, jagged base is submerged underwater. The sky is blue with scattered white clouds. The water surface is dark blue with some white foam from the waves.

Simple Reflection

- Repeating
- Rephrasing

Complex Reflection

- Affective- what is the patient really feeling?
- Values – what is really important to them?
- Meaning – what are they not saying but really mean
- Images/Metaphors – enhance perspective

What thoughts, feelings, and meanings lurk beneath the surface?

Courage



Dr. Greeter
on Monday



*“Don’t call me a shrink.
Call me a stretch.”*

Edith Eger, PhD
Jedi Psychologist

The patient is the real jedi here....



"Let the patient be the authority on their life and you be the student."

*David Puder, MD
Psychiatrist Jedi*

The patient is the hero, not their doctor.

Ironically, the more credit you give to the patient for the win and less credit to the medication that you prescribed them, the less likely they may be to quit their medication.

Ultimately, let the wookiee win.....



LET THE WOOKIEE WIN

Two Expert Coinvestigators Teaming Up



Doctor is Expert in.....

- Medication selection.
- Medication dosage.
- Diagnosis.
- Treatment plan.
- Frequency of visits.
- Method of communication outside of appointments.

Patient is expert in.....

- Their subjective experience.
- Their symptoms.
- Decision to take medication.
- Their values.
- Their side effects.
- The positive effects of medication.
- Their story/history.
- Their goals.

We should not expect patients to know their role and must teach them how to ally with us in treatment.



Historical Model of Medical Treatment



“The patient is not a passive battleground between the doctor and the disease, but an important ally or adversary in the fight.”

Psychodynamic Psychopharmacology: Caring for the Treatment-Resistant Patient. By David Mintz, MD

Effective Medical Treatment is More Complex

Psychiatrist

Patient
Both Ally
and Adversary

Psychotherapist

Family



Meesa Your Insurance
Company!

CONNECTING WITH PATIENTS IN A NEURODIVERSE WORLD!



CONNECTING DIFFERENTLY WITH AUTISM

- Neurotypical rituals of connection (ie intentional eye contact, small talk, and vague open-ended questions) may be aversive to an autistic individual.
- Sensory stimuli (bright lights, noises, etc) are more than a nuisance; they can completely derail an autistic individual's ability to process information.
 - Like trying to hear a bell ringing when a bomb is going off in your head.
- Allow stimming, fidgeting, pacing around the room and other body movements used for emotional regulation.
 - Mirror what works for them.
- Autistic patients connect through their special interests
 - If they are wearing a pikachu shirt, you have a good clue of how to open the conversation.



Autistic patients are more likely to struggle with alexithymia and impaired interoception. This can make answering open-ended questions about feelings or bodily sensations threatening and overwhelming for them.



Dr. Rancor

How are you feeling?

{{direct eye contact indicating interest}}

{{Shit, they're looking at me. What is the right answer? If I don't answer correctly, they will reject me like everyone else. I won't get treatment and I'll stay miserable. I really need this person to help me.}}

"I DON'T KNOW HOW I FEEL!!!"

Strategies for Connecting With Autistic Patients

- Be as direct, concise, and specific as possible.
 - Instead of asking “how’s your sleep?”
 - Ask, “Do you have difficulty falling asleep, staying asleep, or sleeping too long?”
- Explaining the specifics of how the encounter will begin, proceed, and end and the expectations of their role as patient is very helpful.
 - Allow alternate forms of communication (writing).
 - It can be helpful to prepare patients with a written list of questions prior to the appointment so they have time to contemplate their answers without being “put on the spot.”
- Provide written instructions to take with them from the appointment.
 - Knowing explicitly what you want from them will offer security to an autistic patient.



“Individuals from socially disadvantaged groups (minorities, women, low socioeconomic status) are more nocebo prone, as are people who characteristically acquiesce to the wishes of others.”

Psychodynamic Psychopharmacology: Caring for the Treatment-Resistant Patient. By David Mintz, MD

Hahn RA. The Placebo Effect: An Interdisciplinary Exploration. 1997





“Curiosity you must have. Ever mindful of your power over your patient and humble of your knowledge you must be.”

-Yoda

Encouraging Patients to Take Medication



Addressing Stigma With Psychiatric Medication

"One of the things that baffles me ... is how there can be so much lingering stigma with regards to mental illness, specifically bipolar disorder. In my opinion, living with manic depression takes a tremendous amount of balls."

— CARRIE FISHER —



Encouraging Patients to Take Medication

Our Psychotherapist Allies Can Help Too!

Re-framing taking medication as a strength, not a weakness/flip:

- Using every resources at your disposal to achieve health is a strength
- It requires courage to try a new medication.

Dis-spelling common myths about medication:

- Most medications are not addictive.
- Most people are eventually able to come off of medication. You are not stuck on medication forever.
- Medication is not meant to change who you are or alter your personality.
- Medication is not “the easy way out.”
 - It neither represents a weakness, nor will it accomplish the work of achieving health for you.



Change begins with hope. It is not enough for patients to want to change. They must believe that change is possible.

Let the patient feel both your belief in them and your belief in the medication to heal them.



**Belief in the Power
of Medication to
Heal**

**Belief in the
individual's power
to heal themselves**

gettyimages®
Barcroft

Medication is Essential For Change But the Patient Is Responsible for Change



Always put the locus of control on the patient!

- Emphasize the patient's autonomy in the decision to take medication.
- Attempt to give patients choices regarding medication where-ever possible.
- A 2010 study of 403 patients with depression found that patient who were involved in treatment decisions (even as simple as dosing schedule once daily or three times daily) were 2.3 times more likely to continue taking their medications.
- Patients who disagreed with their diagnosis and felt uninvolved, were 7.3 times more likely to stop taking their medication.
 - Woolley SB, Fredman L, Geoth JW et al: Hospitals patients' perceptions during treatment and early discontinuation of serotonin selective reuptake inhibitor antidepressants. J Clin Psychopharmacol 30(6):716-719, 2010.
- A 2006 study of patients being treated for depression by primary care doctors found that the degree of patient involvement in medical decision making directly correlated with degree of improvement with substantially better 18 mo treatment outcomes.
 - Clever SL, Ford DE, Rubenstein LV, et al: Primary care patients' involvement in decision-making is associated with improvement in depression. Med Care 44(5):398-405, 2006.

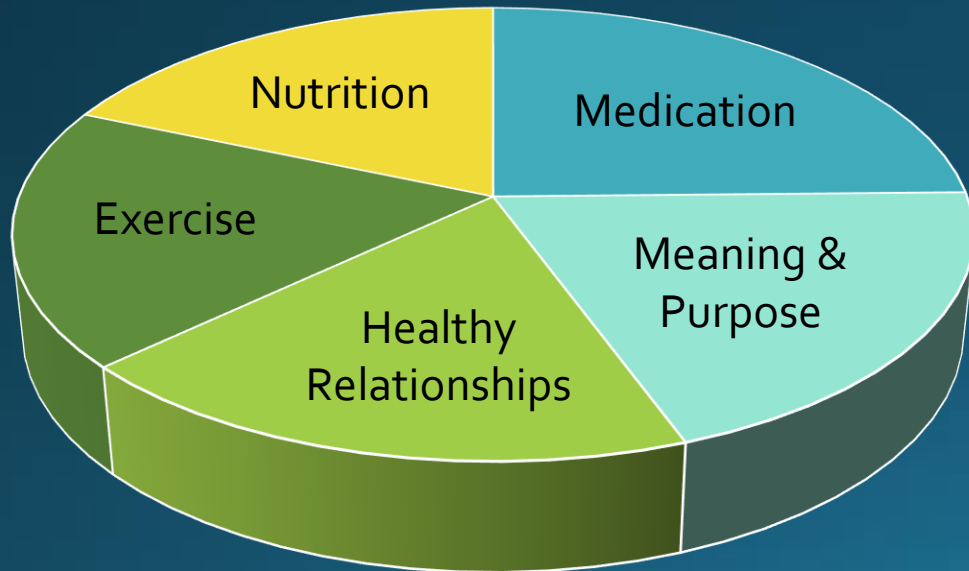
Addressing the Naturalistic Fallacy

Naturalistic Fallacy:

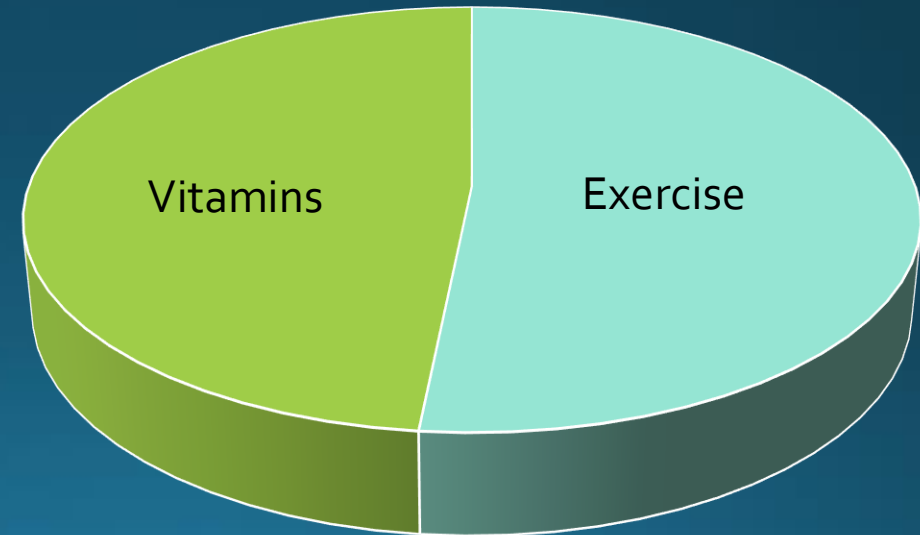
- What is “natural” is safe and what is “man-made” is harmful.

“I’m holistic so I avoid medication....”

Holistic Approach



Reductionistic Approach



Addressing the Naturalistic Fallacy

Lithium



- Whether a substance is natural or man-made has no bearing on its safety, effectiveness, or side effects.
- A truly holistic approach means utilizing all tools/resources, including medication, exercise, psychotherapy, pursuit of meaningful activities.
- A reductionistic approach is anti-medication.



"If I can connect, I'll be ok."

-Stacy Greeter, MD
psychiatrist jedi in training

(talking to myself reassuringly every day)



How To Become a Psychiatry Jedi

Episode II: The Darkside of Psychiatry

May 31, 2023 06:30 PM Eastern Time

Stacy Greeter, MD

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Relationship Matters!

- A 2006 study of 112 depressed patients treated by 9 different psychiatrists with placebo or imipramine was able to stratify patient outcomes by prescriber.
- The most effective one third of prescribers achieved better outcomes with placebos than the least effective one third of prescribers got with antidepressants.
 - Mckay KM, Imel ZE, Wampold BE. Psychiatrist effects in the psychopharmacological treatment of depression. *J Affect Disord* 2006; 92:287-90.

"How the doctor prescribes is even more important than what the doctor prescribes."

David Mintz, MD

The Dark Side of Psychiatry

Patients have valid reasons for mistrusting psychiatric treatment.

- Conversion therapy
- “Schizophrenogenic” mothers
- Asylums
- Lobotomies

A close-up image of Emperor Palpatine from Star Wars, showing his pale, wrinkled face and red, glowing eyes. He is wearing his black hooded robe. The background is dark and blurry.

Emperor Palpatine

Enjoys administering ECT without anesthesia....

Psychiatrists in the media: either evil or sex objects.



We may be tempted to emphasize a simplified biological explanation of medication treatment:

“It’s just like taking medication for diabetes.”

to legitimize our medications in response to society’s demonization of psychiatry.



Though exploring the cognitive dissonance between a patient’s attitude towards psychiatric medication and medication for a different health issue can be helpful, **beware of oversimplification...**

Explanations matter

- In a 2014 study, college students seeking treatment for depression were administered a “DNA test” ostensibly to determine whether their depression was biological or psychological in origin.
- College students led to believe that their test results indicated a “chemical imbalance” reported..
 - Worse perceived prognosis
 - Expectation of negative mood
 - No improvement in self-blame/shame
 - Lower expectation of psychotherapy as helpful

Kemp, et. al. 2014 *“Effects of A Chemical Imbalance Causal Explanation on Individuals’ Perceptions of Their Depressive Symptoms.”* Behavior Research and Therapy.

The Dangers of Biological Reductionism

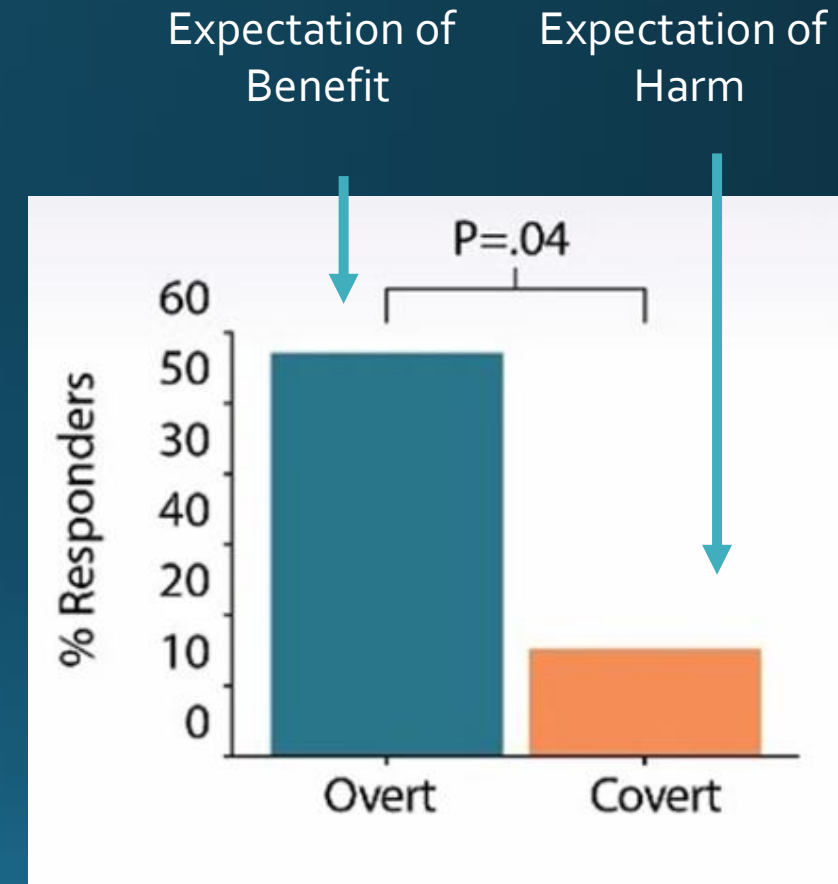


A strictly biological label of psychiatric illness can assuage a patient's guilt and responsibility, but further their sense of victimhood and helplessness.

Expectations matter!

- In a 2021 study, 27 participants with social anxiety disorder were given escitalopram 20mg, but some were told they were getting medication and others were deceptively told they were receiving a neurokinin-1 receptor antagonist, expected to give them the same side effects as escitalopram but none of the therapeutic effect.
- Overt SSRI treatment resulted in 4 folder higher response rate.

Hjorth, et al. (2021). "Expectancy effects on serotonin and dopamine transporters during SSRI treatment of social anxiety disorder: a randomized clinical trial." Translational Psychiatry. Vol 11. 559.

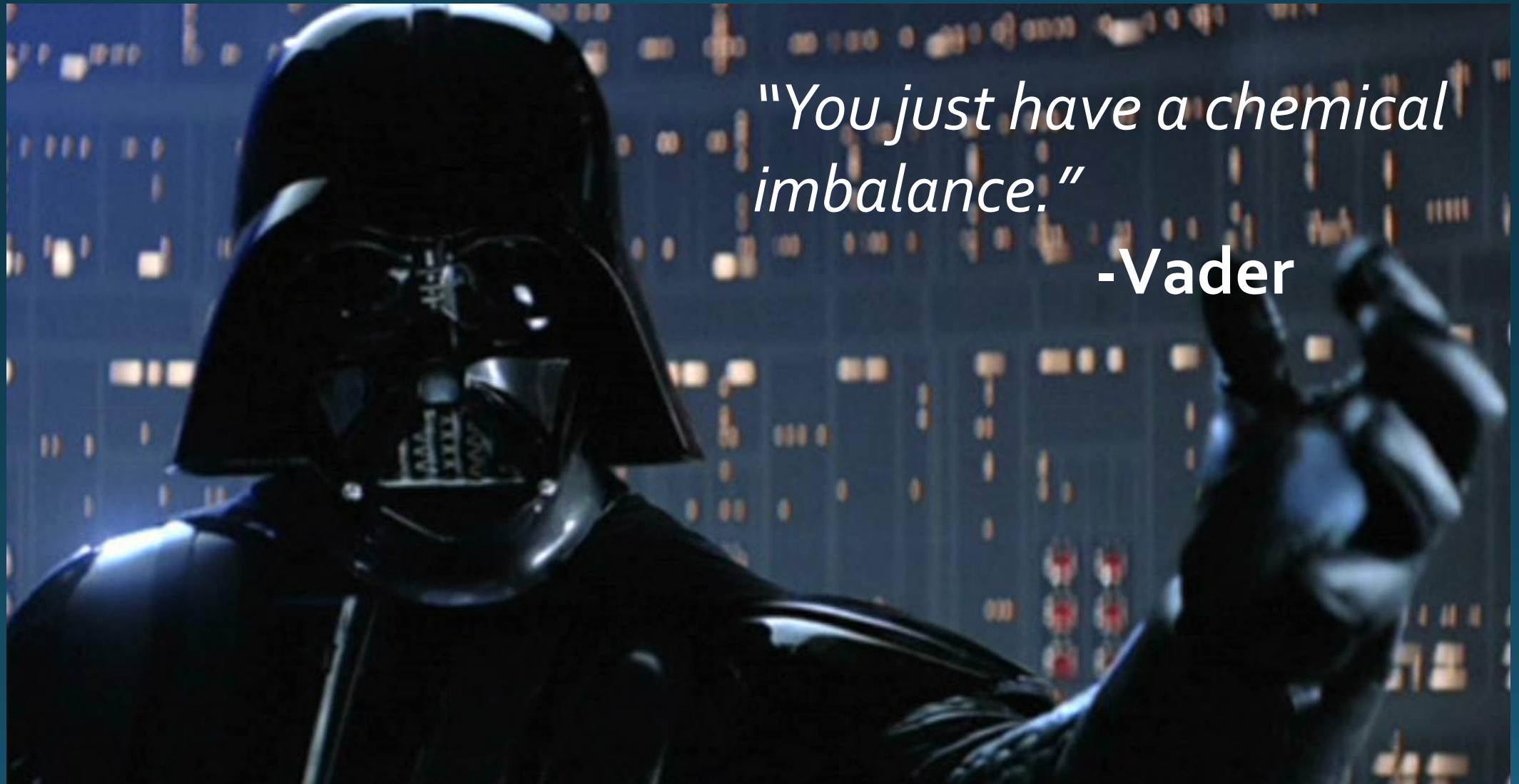


Psychotherapist allies can be pivotal in setting up positive expectations of medications.

Expectation of benefit (overt SSRI treatment) vs Expectation of side effects (covert SSRI treatment)

- On follow-up PET scans
- Serotonin transporter occupancy was similar in both groups and unrelated to treatment response.
- In the overt SSRI group expecting benefit:
 - Dopamine transporter binding decreased in the right putamen, pallidum, and the left thalamus and this level of decrease correlated with treatment response
- In the covert SSRI group expecting side effects and no benefit:
 - Dopamine transporter binding increased in these brain areas

RESIST THE PULL OF BIOLOGICAL REDUCTIONISM!



A Jedi Embraces the Ambiguity of Two Truths

"Meds are just a band aid because changing your thinking in psychotherapy is the only way to actually get better."

Darth Mal

"I BOTH recognize how your symptoms can be determined by your neurochemistry AND also recognize your power and self-agency in relieving your symptoms."

Luke

"Medications are the answer to treating your symptoms which are caused by defective neurochemistry."

Emperor Palpatine





Blaming attitude of
psychodynamics

Disempowering
attitude of
biology

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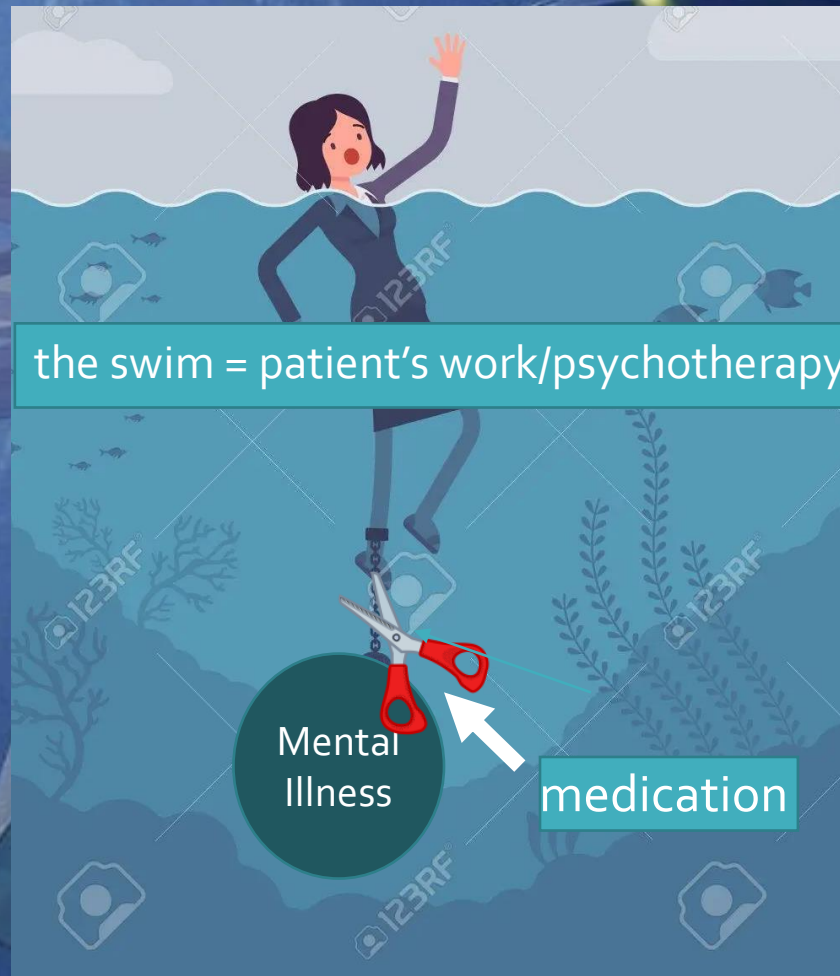
A person wearing a red jacket and a dark hat is balancing on a thin red tightrope. They are standing on a rocky, snow-dusted mountain peak. The background shows a vast mountain range under a blue sky with scattered clouds. Two large white arrows point outwards from the center, one to the left and one to the right, framing the central image and text.

**Belief in the Power
of Medication to
Heal**

**Belief in the
individual's power
to heal themselves**

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Medication is Essential For Change But the Patient Is Responsible for Change





ONLY A SITH DEALS IN ABSOLUTES

"I am 100% sure of your diagnosis and how these medications work on the body!"

Anakin – going to the dark side



The Temptation of Biological Reductionism

- **Patients may be tempted** to embrace a strictly “chemical imbalance” explanation for illness so that the “badness” is located solely in biochemicals for which the patient feels little responsibility, thus excusing them from lifestyle changes, going to therapy, addressing unhealthy interpersonal relationships....
- **Clinicians may be tempted** to offer this interpretation in response to the empathic pull to relieve the patient of painful self-loathing/shame.
- **Psychiatrists may be tempted** to focus on a biochemical explanation to assert their usefulness/legitimacy as a prescriber of biological treatments.

RESIST THE PULL OF THE DELUSION OF PRECISION



*"You just have a deficiency of serotonin and SSRIs
increase the level of serotonin in your brain."*

-Emperor Palpatine





"The moment you feel confident that you have the answer, that is when you know that lost you are."

-Yoda



Instead of chemicals, explore with patients....

- What does taking psychiatric medication say about you?
 - Weakness/deficiency
 - Confirmation of badness/deficit
- What are your greatest fears about taking medication?
 - Fear of dependency
 - Fear of loss of control
 - Loss of identity?
- What does your family think about psychiatric medication?
 - Spiritual/religious beliefs about mental illness
 - Family of origin attitudes towards medication
- **What are your greatest hopes for medication?**
 - **Include expected therapeutic benefit.**
 - **Include patient's role in effective treatment.**

Named must your fear be
before banish it you can.

Yoda

Resistance to Taking Medication

*"I don't think St. John's Wort and
CBD are working enough for you."*

-random medical droid



Addressing Fear of Being Controlled by Medication

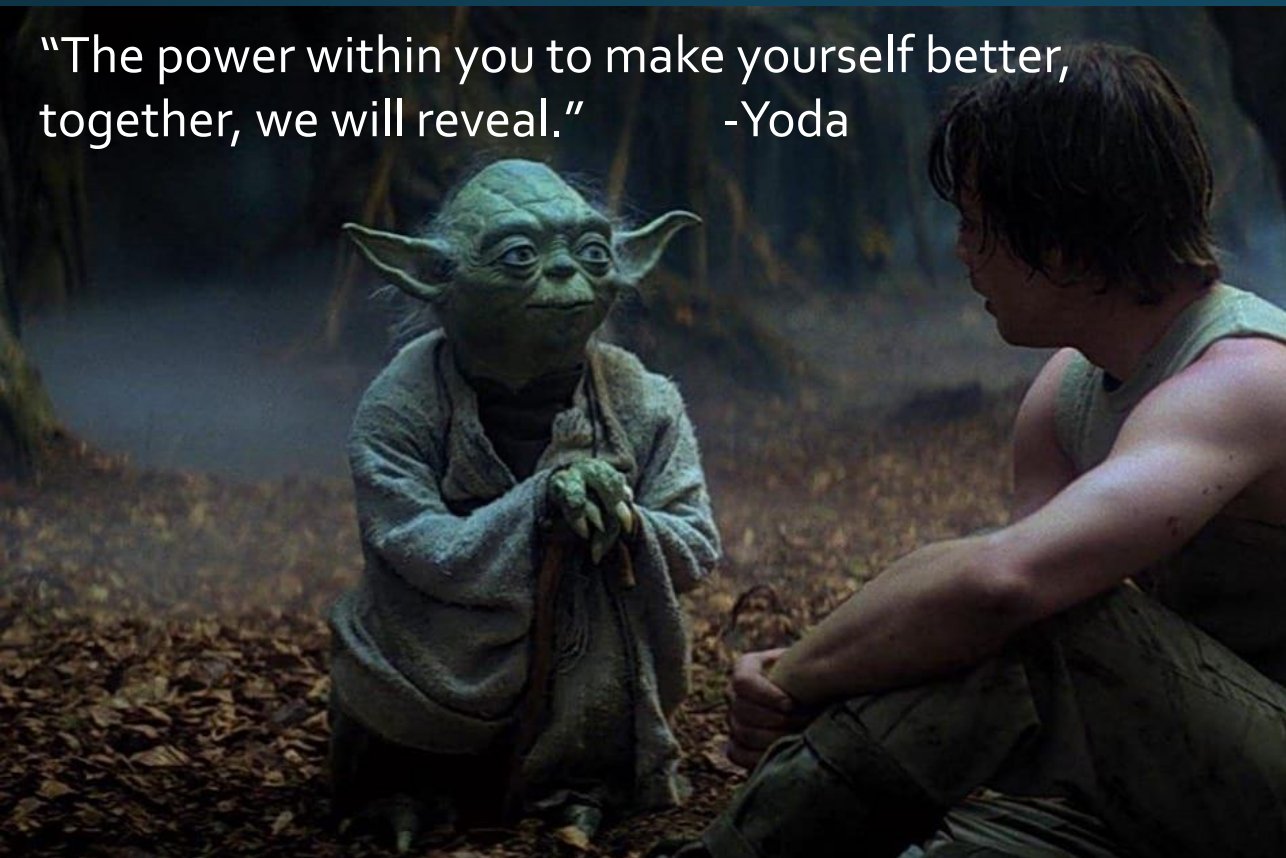
- Patients fear being controlled by or harmed by medication, especially those patients with a past history of being harmed by authority figures and caregivers.
- Patients fear losing their identity. Especially patients with a tenuous sense of self, fear that medication will alter who they are as a person.



Focus medication discussion on empowerment and patient's role in successful treatment.



Cultivate an internal locus of control.

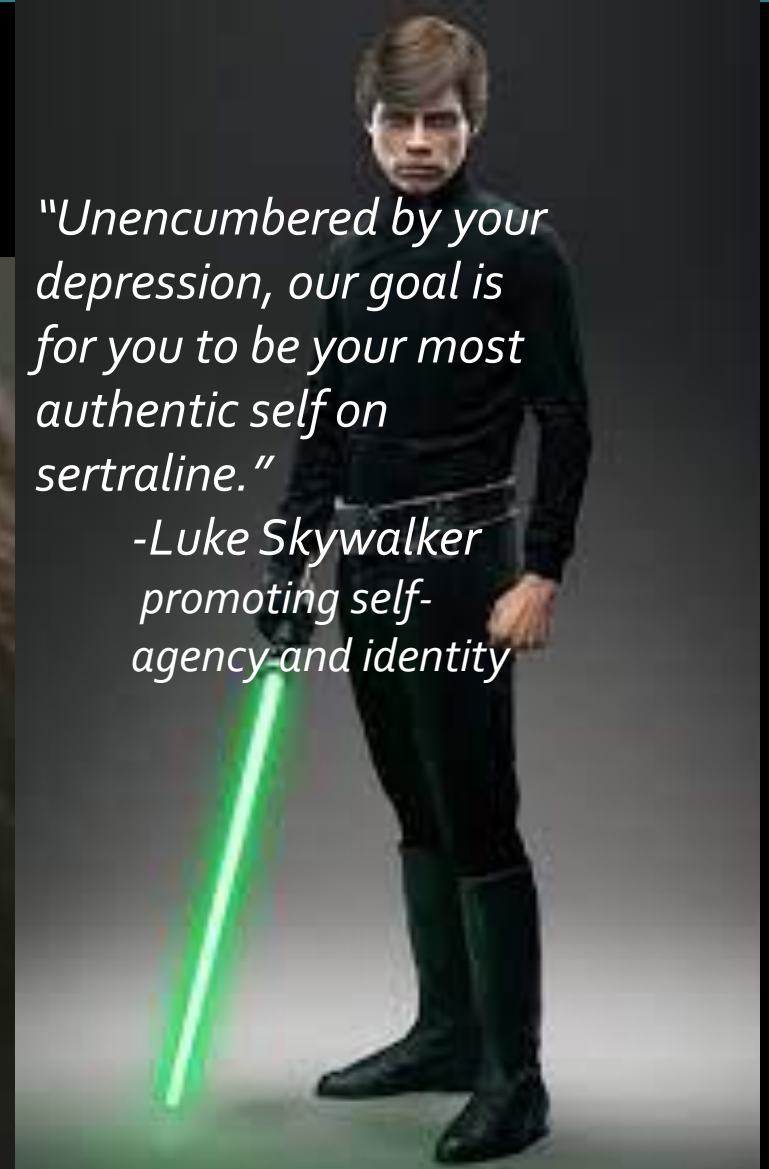
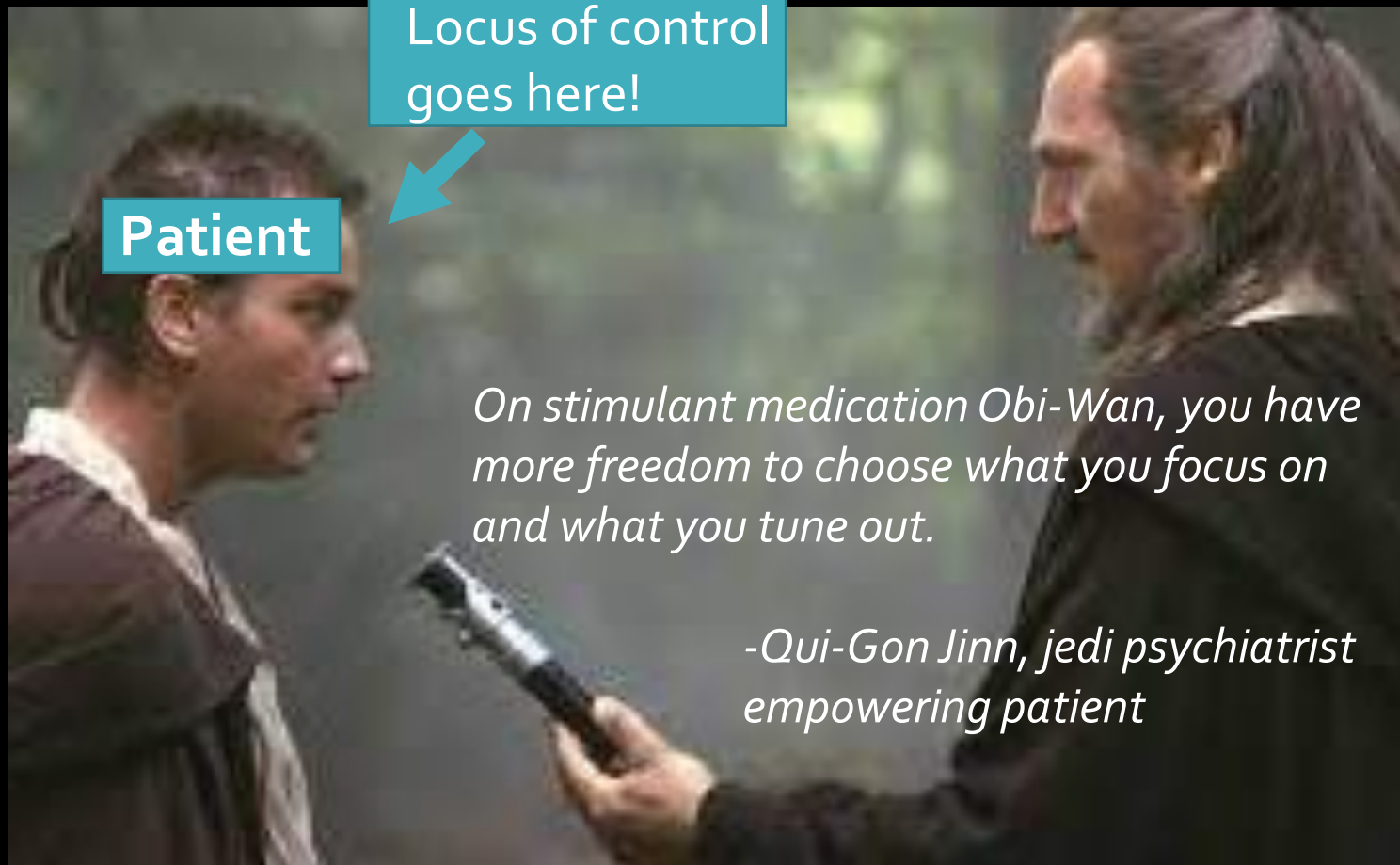


"The power within you to make yourself better, together, we will reveal."
-Yoda

*Let's talk about **what you can** do to make the medication work better.*

- *seeking meaningful/fulfilling activities*
- *connecting to healthy people*
- *Nutrition*
- *Regular sleep/rest*
- *physical activity*
- ***Pay attention to how you are feeling and functioning and assertively communicate this to your psychiatrist!***

Focus medication discussion on promoting freedom, self-agency, and authentic identity.



You can't make me take medicine!



- Patients view their psychiatrist through the lens of their childhood attachment figures.
- Help patients anticipate and become aware of these re-enactments when they happen.

"When you were on meds for ADHD as a child, you had no say in your treatment and medication symbolized your "badness" as a kid.

It makes complete sense that you're scared to start medication again.

Sometimes, you're going to feel like I'm trying to control or punish you like your mom did. When that happens, please let me know so we can work through it together.

Those bad experiences with medicine in the past will make side effects to your new medicine magnified for you, like on a loudspeaker. Remember that you can stop the medication at any time. I just ask that you call me and we make the decision together."

-Mace Windu
doing his psychiatric intake assessment.... like a jedi



"I'm not here to tell you what to do.

*I'm here to give you information to
help you make a decision about
medication that is driven by your
values and medical evidence, rather
than fear."*

*Obi-Wan Kenobi
Psychiatrist Jedi*




Stopping medication without talking to my doctor.....




What could go wrong?

Medications are powerful symbols of illness/deficit. Patients often hope that they can rid themselves of illness, by ridding themselves of the need for medication.


Patients may take too much or too little medication or start and stop medication on a whim to **assert their control**.



"Let's be curious together Anakin about what's going on when you stop your medication without talking to me..."



"I want to be strong enough to do it on my own."



"It's important for you to be self-sufficient. Your father was never there for you. How can we make it easier for you to reach out to me?"





"Choice of illness, you have not. Choice to either face illness and take medication or deny and hide, you have."

-Yoda



“You Remind Me of My Dad”

Understanding Developmental History is key to Understanding a Patient's Relationship with Medical Authority Figures!

Attachment Styles and Medication Response

Neglected Avoidant/Dismissing

- Does not want to be “dependent” on medication
- Eager to debate with doctor
- Changes dosage of medication or stops medication without consulting doctor
- May experience an increased dosage of medication as controlling or punitive
- Side effects to one medication = “no medication works for me”

Abandoned Anxious/Preoccupied

- May be outwardly acquiescent but covertly subversive of treatment ie “forget” medication
- May resist becoming well as it represents losing a cherished and predictable source of caregiving.
- Medication may become an attachment object and patient is reluctant to taper medication.
- Afraid to disagree with doctor and struggles to give honest feedback to doctor
- When doctor asks, how they are doing on the medication, “I don’t know doc. you tell me ”

Abused Disorganized/Fearful

- Expects to be harmed by medication
- Prone to nocebo response
- Does not trust doctor.
- Medication/medical treatment may be viewed as an “intrusion” on their body or re-enactment of sexual or physical abuse.

Ambivalence about medications

Medications cause physical harm (i.e., side effects)

Medications are an imposition

Medications are a reminder of defect or deficit

Medications are stigmatizing

Medications represent dependency

Medications represent control by the doctor

Medications represent toxic or sexual intrusion

Medications disrupt equilibrium

Ambivalence about treaters

Caregivers are unreliable

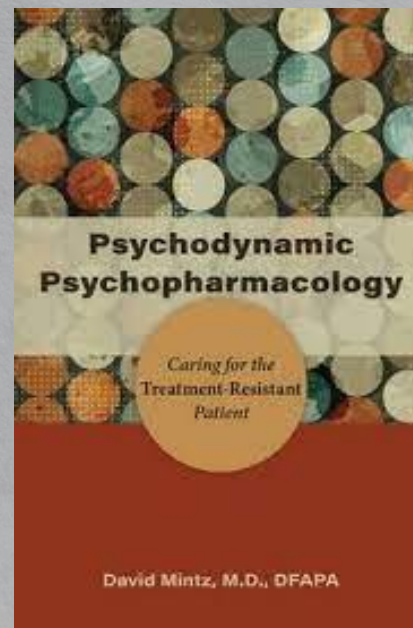
Caregivers are out to meet their own needs

Caregivers are harmful

Caregivers are rejecting

Caregivers are paternalistic or controlling

Caregivers treat patients like symptoms



https://www.researchgate.net/profile/David_Mintz2

Psychodynamic Psychopharmacology: Caring for the Treatment-Resistant Patient. By David Mintz, MD

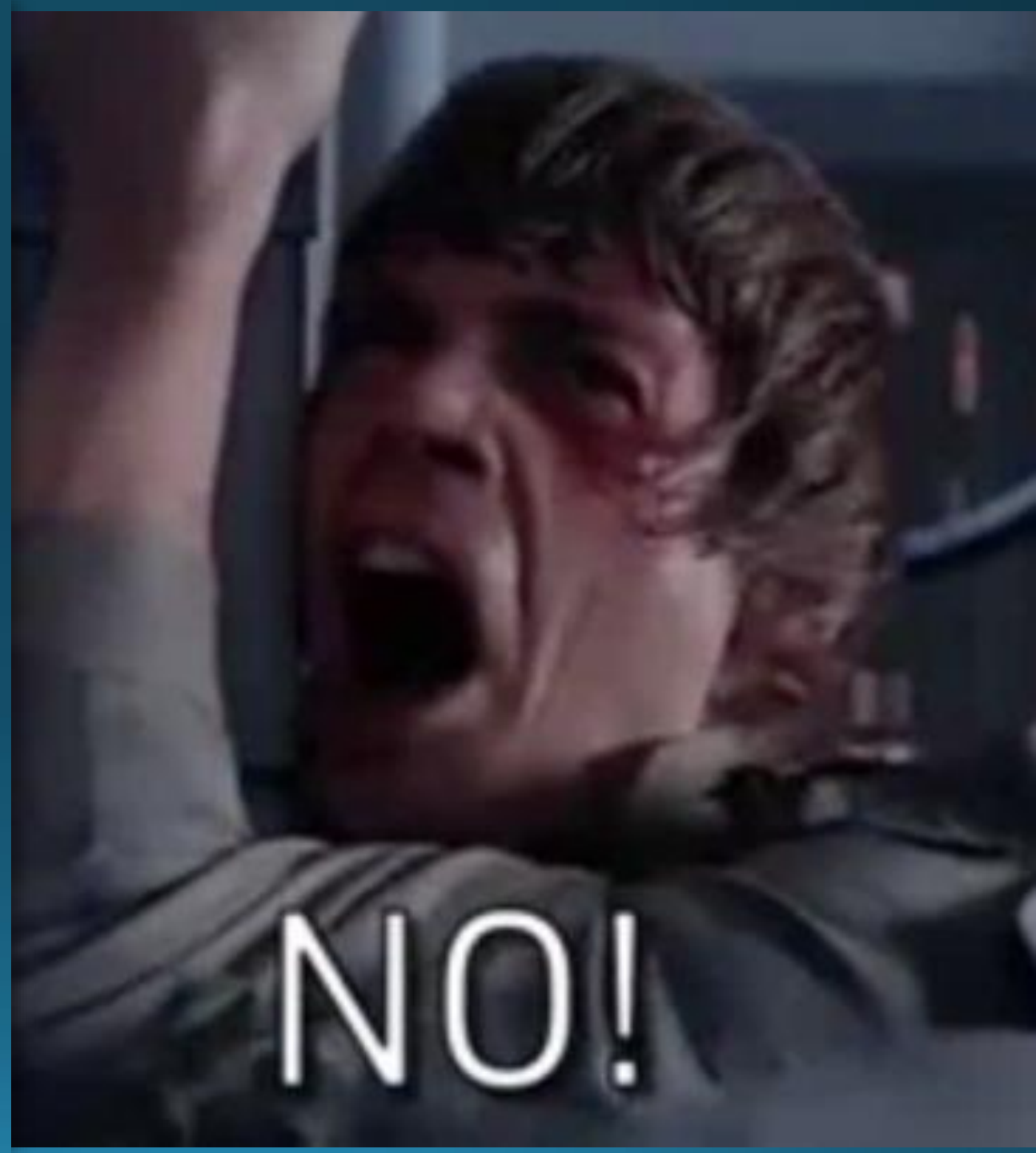
Expectation of Harm Nocebo Effect

Nocebo Effect:

When a patient experiences harm from a medication as a result of the patient's expectation of harm.

"It is as if these patients, unable to say no with their voices, do so instead with their bodies."

David Mintz, MD
Jedi Psychiatrist



Addressing Nocebo Effect

- Encourage patient to express disagreement with psychiatrist openly.
 - Welcome dissent!
- Emphasize that patients can discuss discontinuation of medication at any time.
 - “You’re just dating the medication, not marrying it.” Give the patient an out!
 - Patients may need to experience “failing” a few different medications with their doctor to feel secure that their doctor will hear them.
- Explore the treatment-interfering meanings that patients hold for medication (ie confirmation of deficit, intrusion, re-enactment of abuse ...)

“Individuals from socially disadvantaged groups (minorities, women, low socioeconomic status) are more nocebo prone, as are people who characteristically acquiesce to the wishes of others.”



Psychodynamic Psychopharmacology: Caring for the Treatment-Resistant Patient. By David Mintz, MD

Hahn RA. The Placebo Effect: An Interdisciplinary Exploration. 1997



Always Let The Wookie Win Somehow....



The patient is the hero, not their doctor.

The more credit you give to the patient for a positive treatment response and the less credit to the medication that you prescribed them, the less likely they are to quit their medication.

The more power the patient perceives themselves to have, the better.



LET THE WOOKIEE WIN



Do not confuse
compliance with
alliance....



If a patient cannot
overtly disagree with
their physician, they
will do it covertly.

Coach Patients on How to Assertively Engage in their Treatment

Psychotherapist allies can help!

- Encourage patients to openly disagree with their psychiatrist, express their fears/concerns about medication, and ask difficult questions...
 - Why did you choose this particular medication for me?
 - What is the evidence behind choosing this treatment?
 - Why did you choose this particular diagnosis for me?
 - Did you consider any other diagnoses and why?
- Teach patients to be advocates for themselves and not just passive consumers of mental health treatment.

Two Expert Coinvestigators Teaming Up



Doctor is Expert in.....

- Medication selection.
- Medication dosage.
- Diagnosis.
- Treatment plan.
- Frequency of visits.
- Method of communication outside of appointments.

Patient is expert in.....

- Their subjective experience.
- Their symptoms.
- Decision to take medication.
- Their values.
- Their side effects.
- The positive effects of medication.
- Their story/history.
- Their goals.

We should not expect patients to know their role and must teach them how to ally with us in treatment.

~~WebMD®~~



"It makes sense that you're afraid of being dependent on the medication."

"Let's talk about your fears and your goal to eventually be off of medication."

"Seroquel is giving me insomnia."

"I like to do things solo."

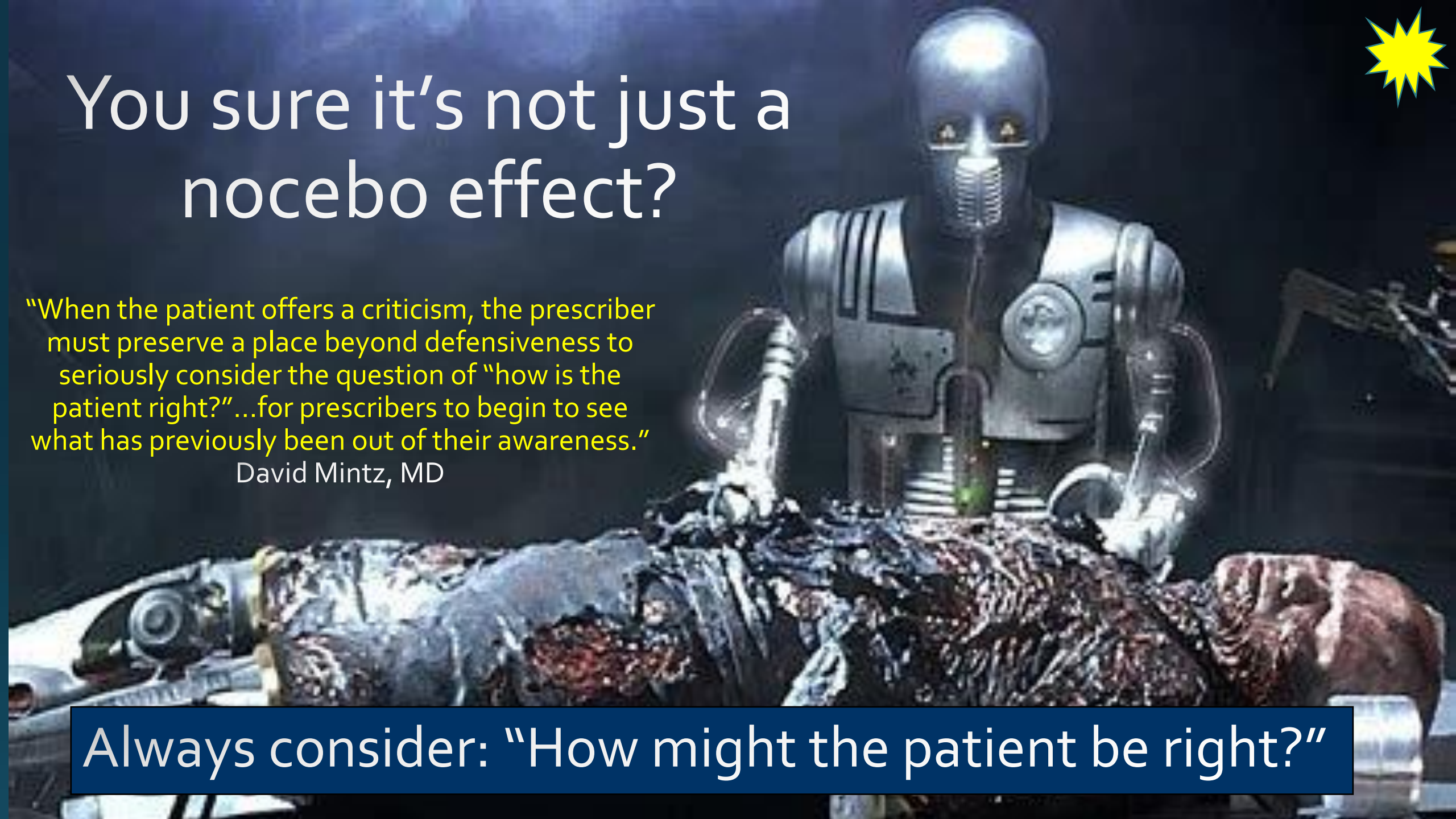
Leia correctly intuiting how Han's avoidant attachment style is impacting his treatment alliance with his psychiatrist and encouraging overt instead of covert disagreement.

You sure it's not just a nocebo effect?

"When the patient offers a criticism, the prescriber must preserve a place beyond defensiveness to seriously consider the question of "how is the patient right?"...for prescribers to begin to see what has previously been out of their awareness."

David Mintz, MD

Always consider: "How might the patient be right?"





“Curiosity you must have. Ever mindful of your power over your patient and humble of your knowledge you must be.”

-Yoda

Balancing Power and Control

Patient's
Experience of
Self-Agency and
Empowerment

Confidence in
Expertise of Mental
Health Professional
to Guide Treatment



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Patient Attitude Toward Medication

Predicts Better Outcome

- high autonomy (internal locus of control)
- high expectations of benefit of treatment
- Do not view their depression as strictly biological
- Experience empowerment and self-efficacy

Predicts Worse Outcome

- **high sociotropy**
 - orientation towards seeking help from others
 - focus on pleasing others
- **low expectations of benefit**
- **view their depression as biological**
- **experience of powerlessness/acquiescence**

Effect of Physician/Psychotherapist Attitudes

Unhelpful

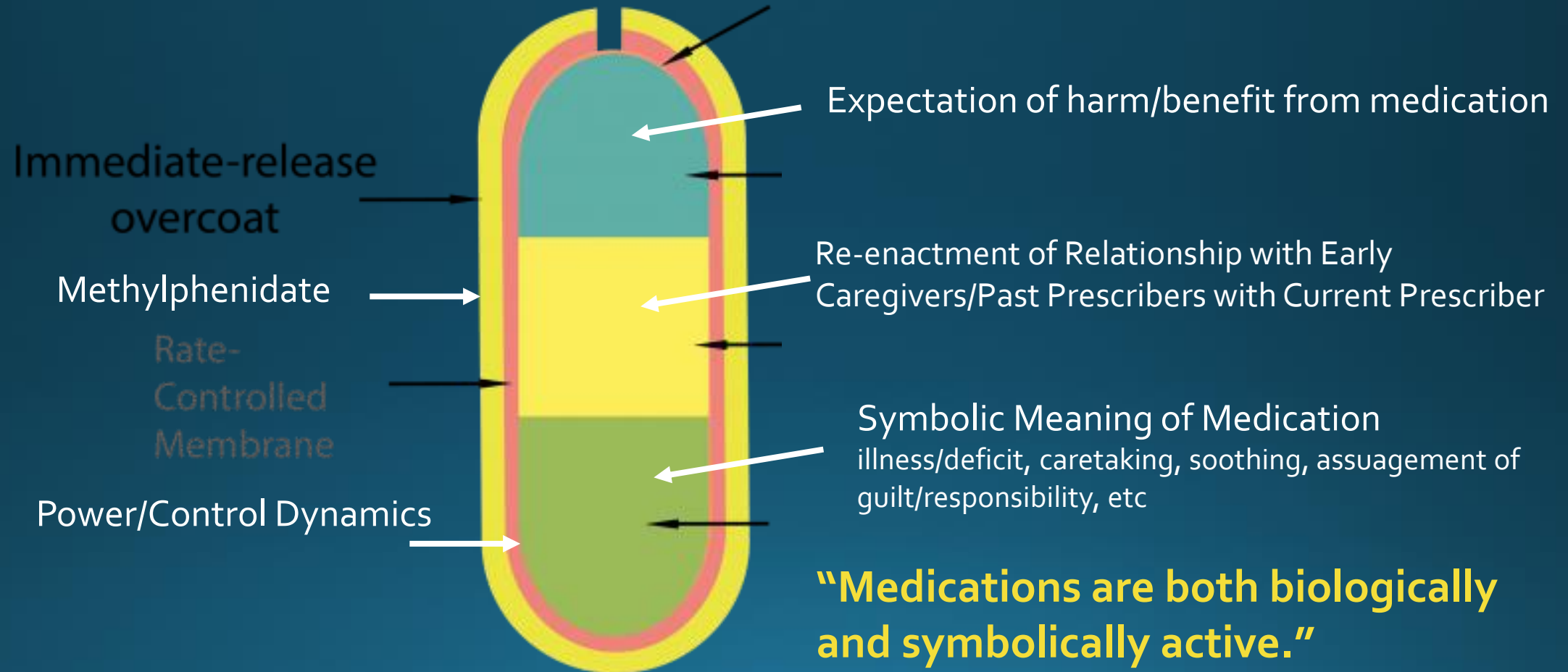
- War metaphor of a battle between the doctor and the disease.
- Viewing the patient as a biological object that reacts to a substance rather than recognizing patient as both subject and object.
- delusion of precision
 - believing we understand exactly what causes the illness and how the medication causes the treatment effect

Helpful

- Hope on the part of the prescriber/therapist can be transmitted to the patient.
- Promote medication for health, not just the absence of illness/symptoms.
- Foster self-agency and adaptive capacity
- Attuned to defensive and disempowering uses of medications



What's really inside a pill?



Concerta OROS delivery system

"Medications are both biologically and symbolically active."

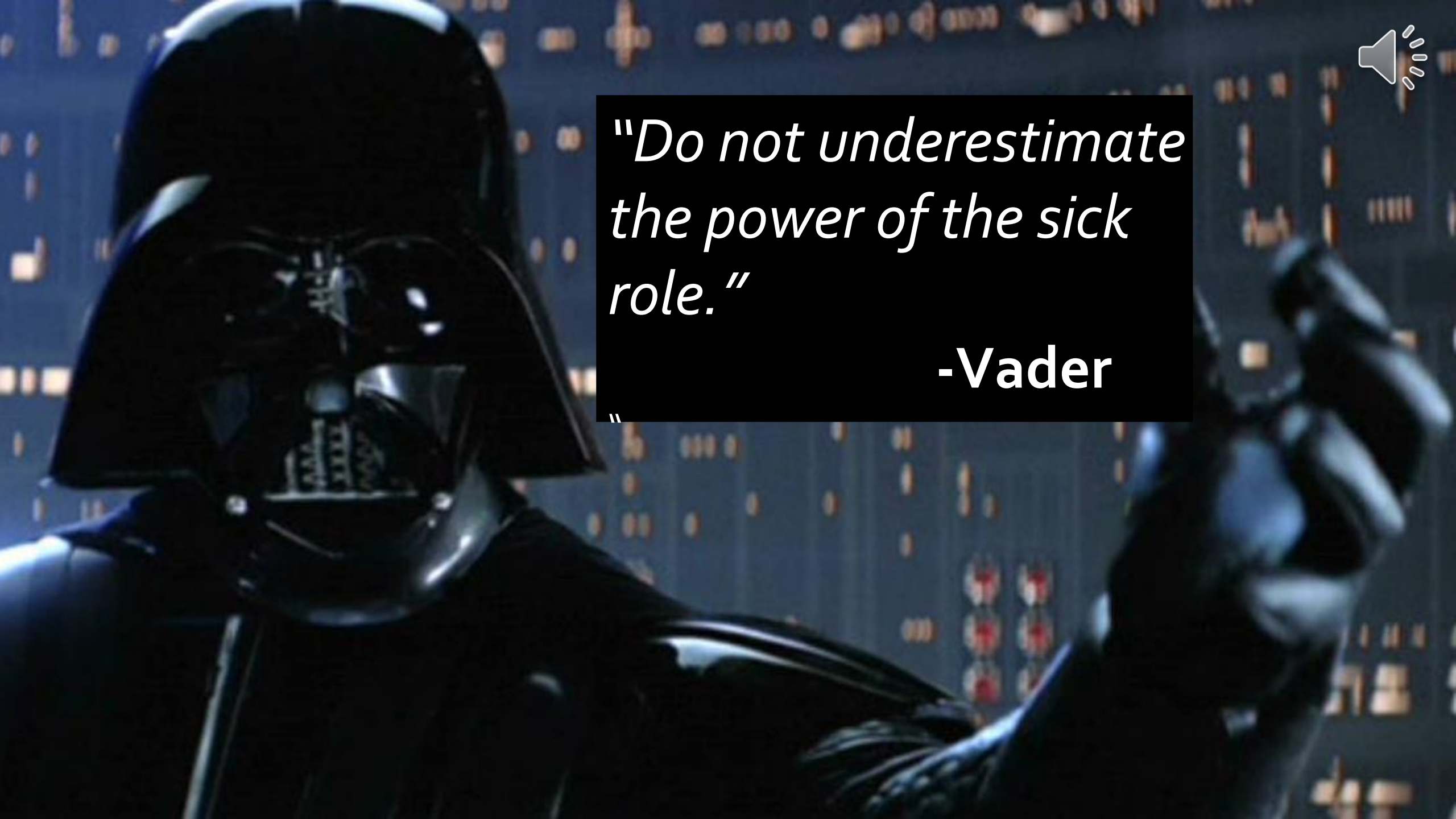
David Mintz, MD
Jedi Psychiatrist

“You don’t know how
to fix the hyperdrive!”



Maybe the
hyperdrive
doesn’t want to
be fixed.....



A close-up of Darth Vader's helmeted head and shoulders. He is in a dark control room with many glowing orange buttons and lights in the background. His right hand is raised, holding a control panel.

*"Do not underestimate
the power of the sick
role."*

-Vader

The Power of the Sick Role

"As long as meesa remain depressed, meesa excused from unpleasant social obligations, meesa spouse is attentive to meesa needs, and meesa psychotherapist listens to meesa."

Meesa feel like meesa needs are finally being attended to, meesa voice is heard, and meesa treated like important person."

- JarJar Binks

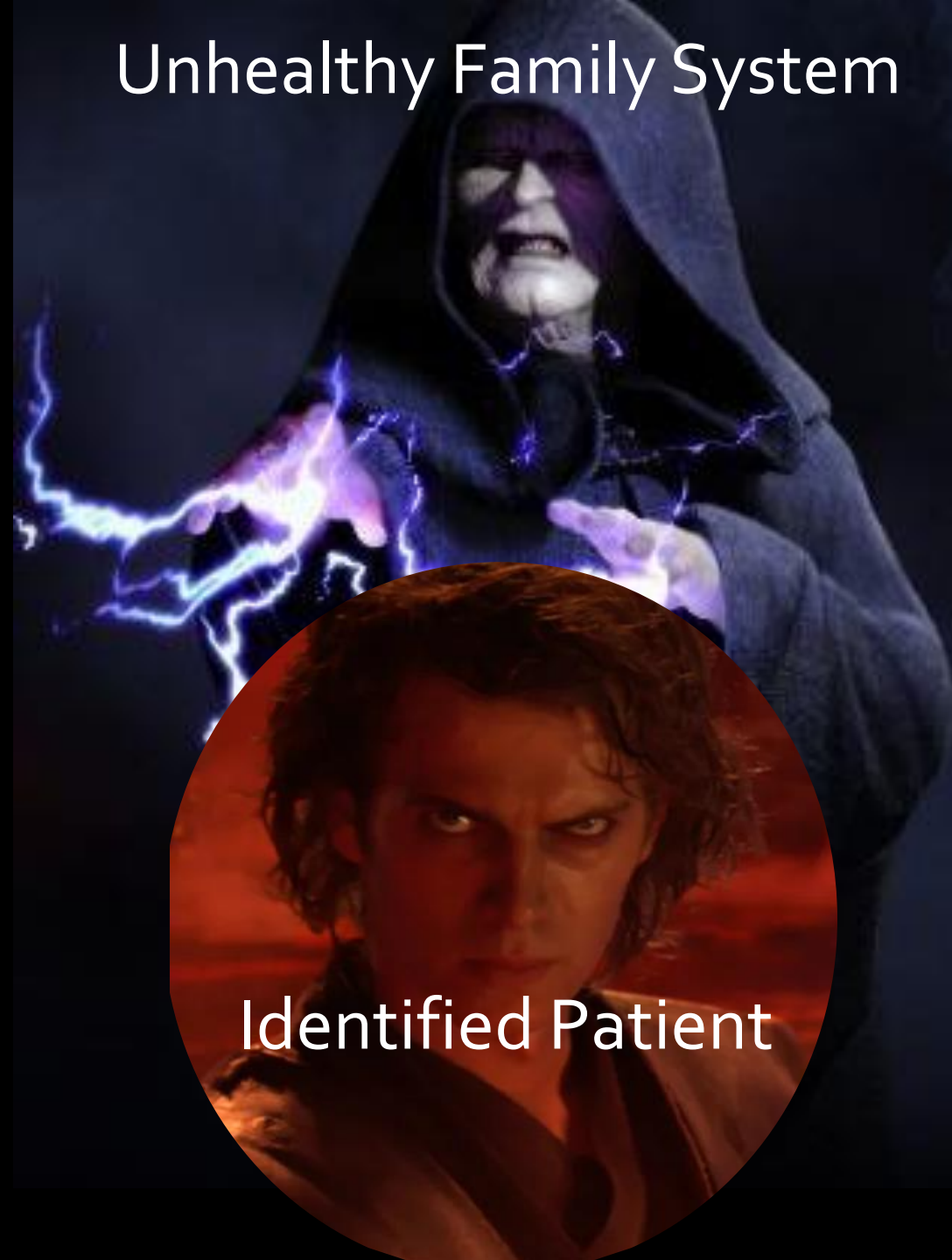


Unhealthy Family System

Is an unhealthy family system orchestrating the persistence of an illness from the shadows?

- Is the family perpetuating an unhealthy illness narrative?
- Is illness serving a function for the family?

How does “treatment resistance” make sense in this patient’s life?



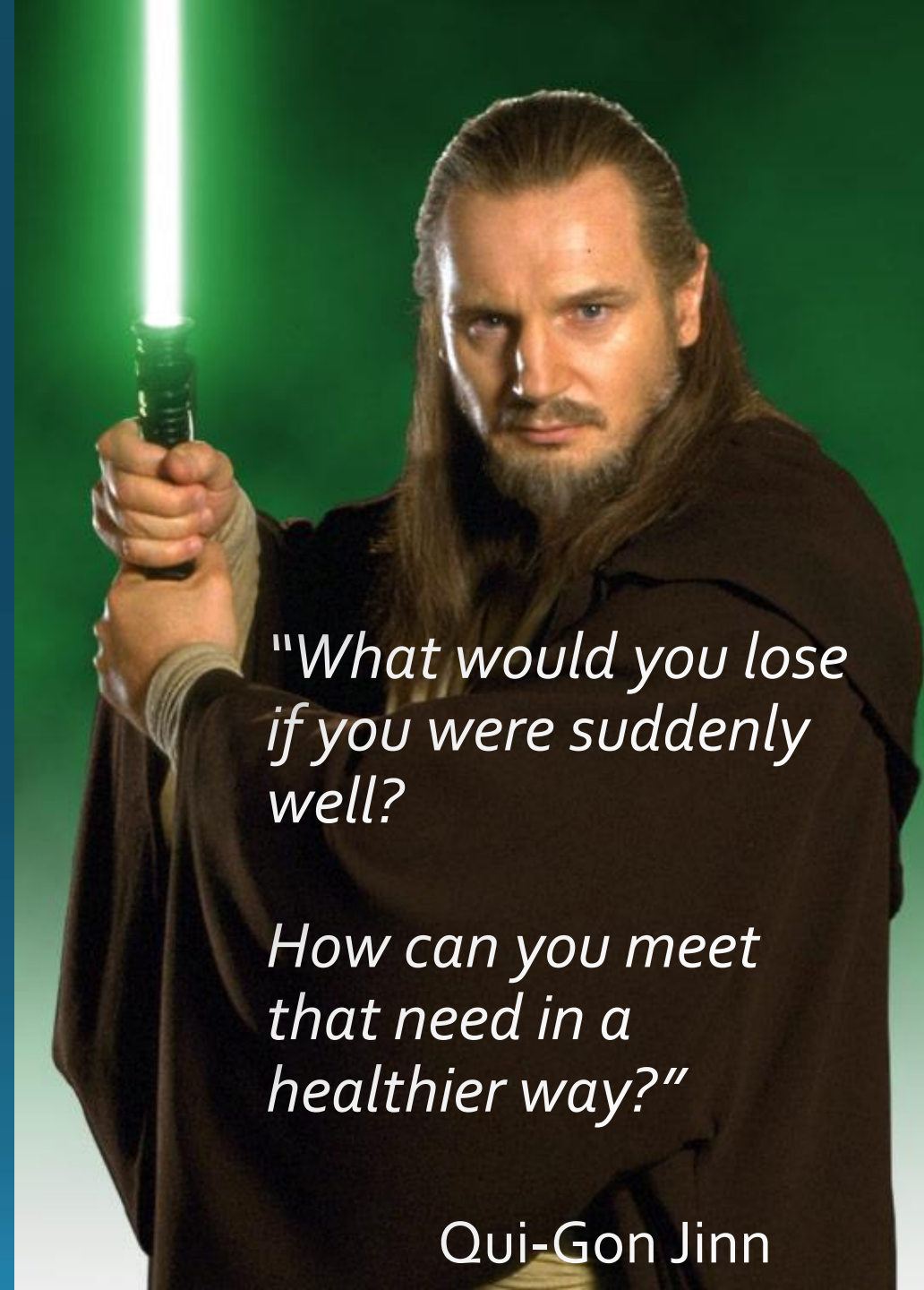
Identified Patient

Patients, even while desiring to be rid of symptoms, may value them. Look for subtle ways that symptoms serve defensive functions.

- Secondary gains
- Part of their identity
- The sick role gives them power/ frees them from overwhelming obligations/expectations
- Symptoms are “partial solutions” to a problem

“When the meaning of medication or the meaning of wellness is psychologically intolerable to a patient, treatment may fail.”

David Mintz, MD



“What would you lose if you were suddenly well?”

How can you meet that need in a healthier way?”

Qui-Gon Jinn

STAR WARS

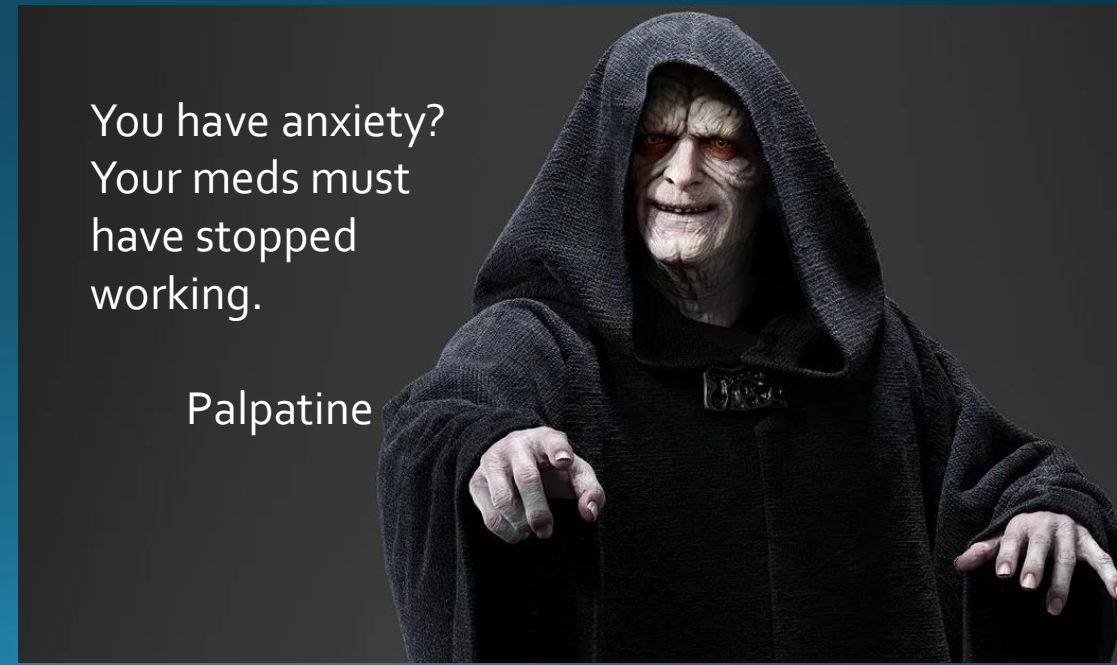
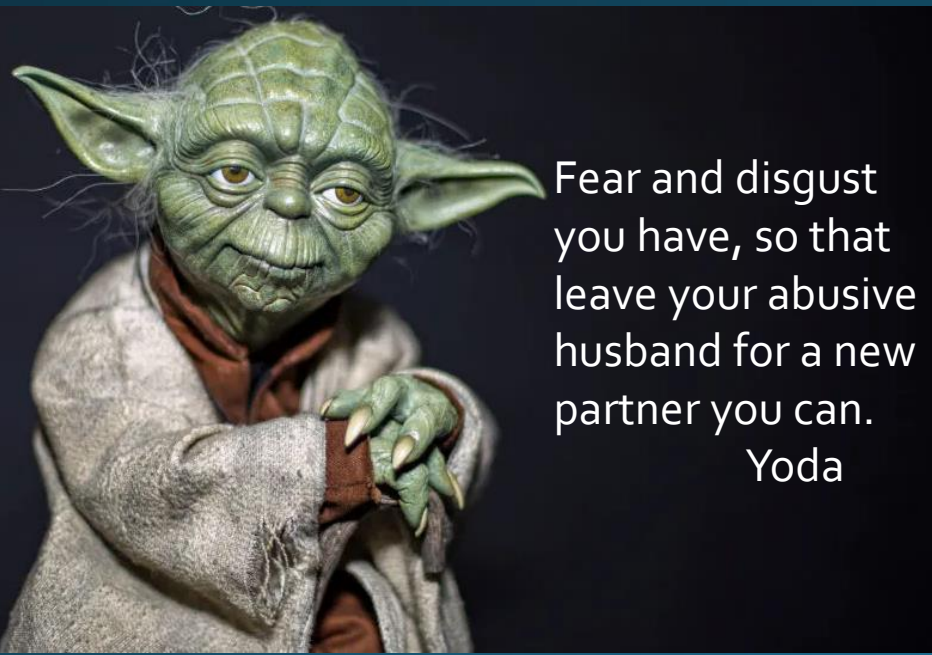
RISE OF THE RESISTANCE

- Resistance **To** Medication
 - Patients are resistant to allowing the medication to have the desired affect.
 - Discontinuing medication, “forgetting” to take medication, nocebo effect.....
 - Countertransference felt by treatment provider is frustration and helplessness.
- Resistance **From** Medication
 - Patients are using medications in a way that is countertherapeutic.
 - Explicit
 - Medication used for self-harm, recreational purposes, or to numb healthy feelings.
 - Covert
 - Medication used to avoid healthy developmental steps, to replace people, to replace patient’s own adaptive capacity, to re-enact trauma/abuse, to reinforce the sick role....
 - Countertransference felt by treatment provider may be vague guilt or shame.

Over-use of Medication

When Medications Replace Healthy Capacities

- Psychiatric patients have been betrayed by their feelings. They may learn to view all painful feelings as part of a disease process.
 - Help patients understand the purpose of painful feelings as sources of information and inspiration for growth.
- Curiously explore other possibilities when patients suggest their medication has stopped working.
- Psychotherapists can ally with psychiatrists in teaching patients the value of healthy painful emotions and ensuring that medication treatment is not used subversively to replace healthy capacities.

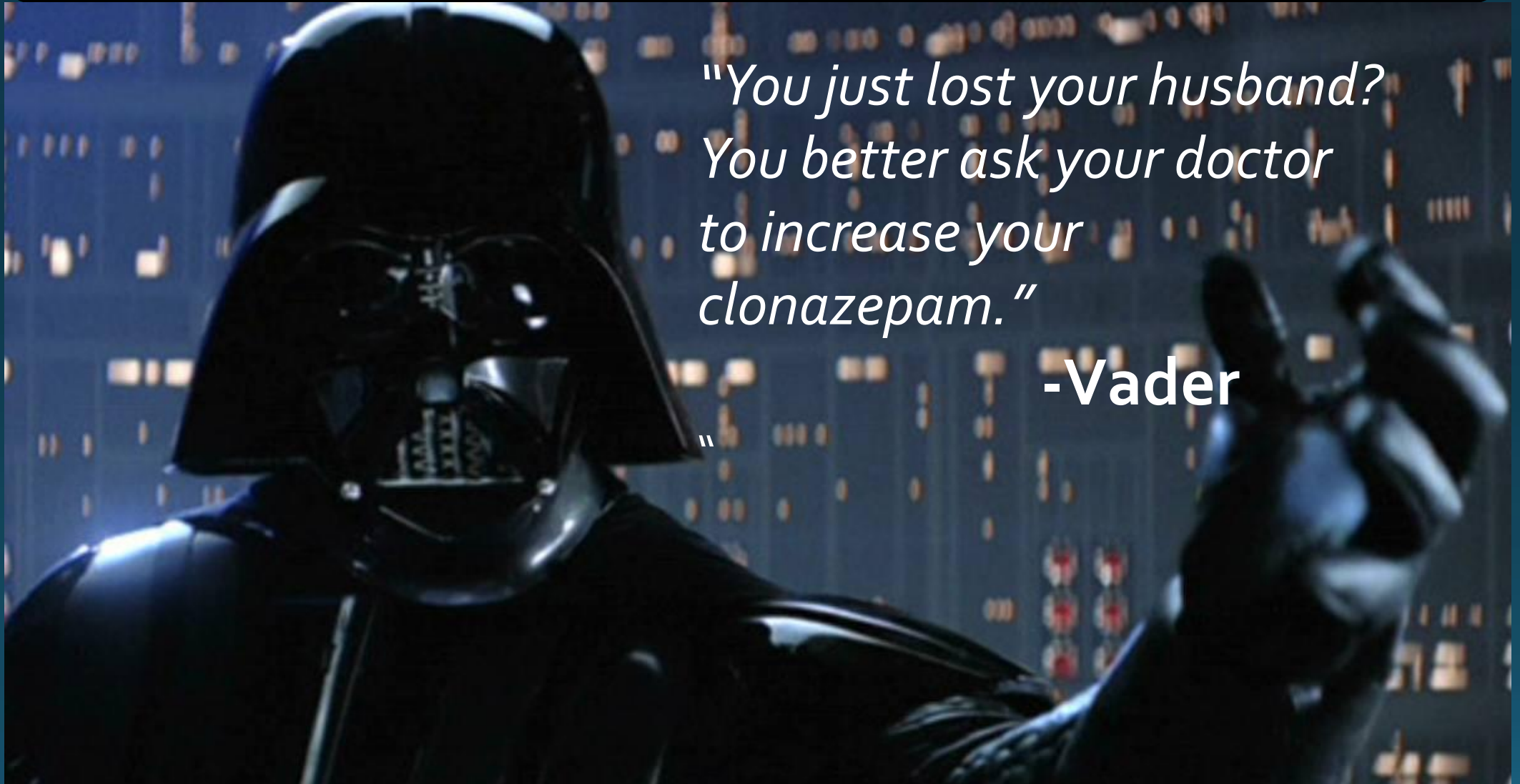




RESIST TREATING HEALTHY PAINFUL EMOTIONS

*"You just lost your husband?
You better ask your doctor
to increase your
clonazepam."*

-Vader





Starting to feel somewhat sad and lonely...All the women in my life are enslaved and don't really want to be with me.....
I must need to up my dosage of medical marijuana.

Emphasize achievement of developmental goals, not just symptom reduction.



"When you take your risperidone Rey, you can distinguish what's real and not real, master the force, hold down a fulfilling job, and find a healthy romantic partner who is not a sith apprentice."

Countertransference Prescribing

The prescribed medications are managing the emotions of the prescriber, not the patient.

Without humility regarding the limitations of psychopharmacology, physicians may prescribe more and more medication in response to the pull to find the medication that will “fix” the problem, when the solutions lies not within a medication bottle.

Discussing with a patient the treatment-interfering meanings they hold of medication or of wellness may not resolve the treatment-resistance, but it can still save the clinician from piling on medication after medication and feeling inadequate as a physician.





"Absence of symptoms, absence of pain, treatment is not. Achievement of health, resilience, adaptability, and capacity to work and love, it is."

-Yoda



Over-use of Medication When Medications Replace People

"Who's the most supportive person in your life you can reach out to when you are feeling overwhelmed?"

"You're a lot more vulnerable when you reach for people instead of medication."

*Princess Leia
psychiatrist jedi*

"There's no one I can rely on like Xanax."

Leia addressing how Han's avoidant attachment style has rendered him vulnerable to using medication to replace healthy attachments to people.

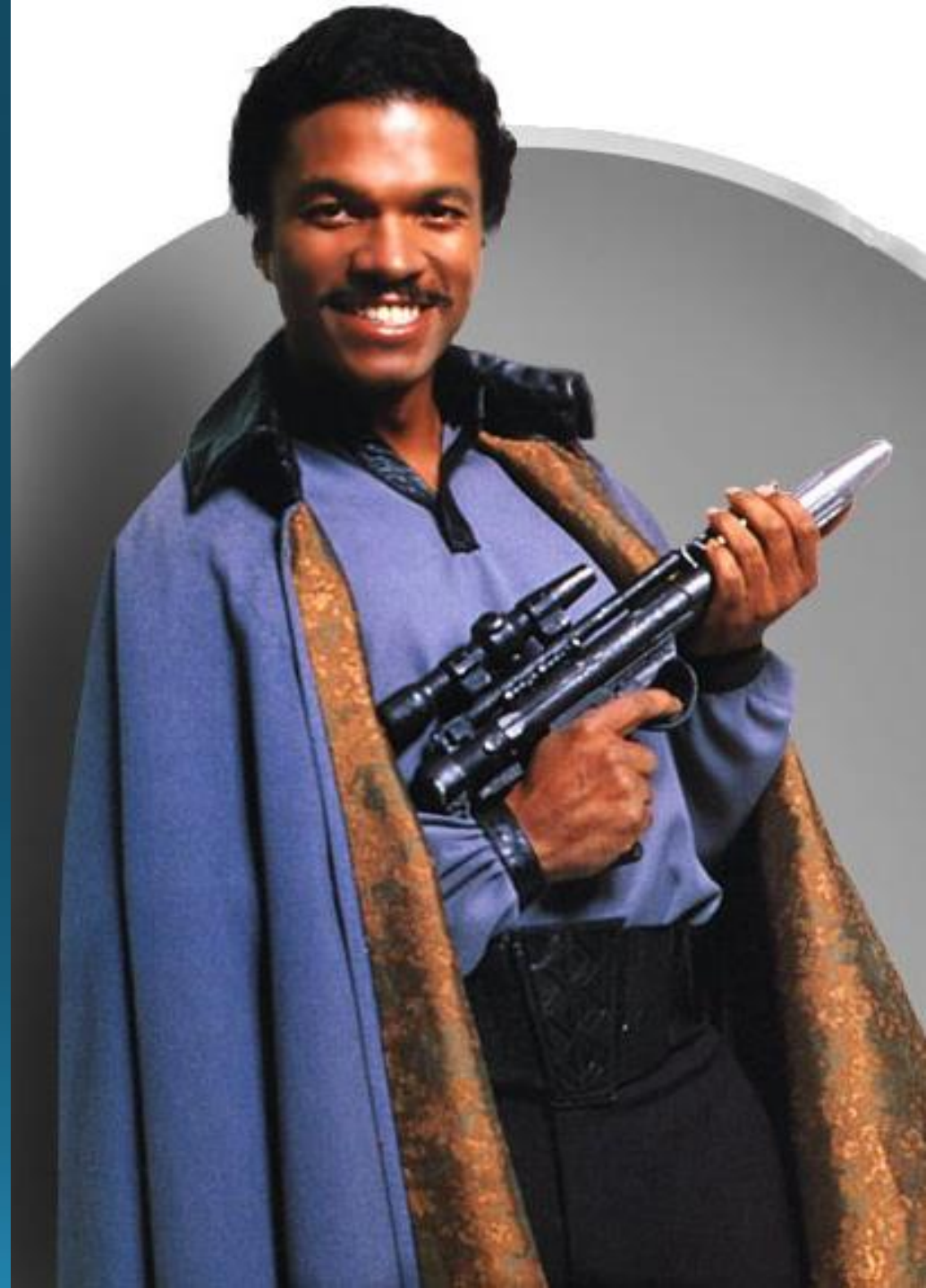
Defensive Use of Diagnosis

"I didn't betray all my friends because of my selfishness, narcissism, and greed."

"I was manic. It was bipolar disorder. My lithium level must be low."

-Lando Calrissian

Now that Lando's "bad behavior" is a disease process, it is his prescriber's problem, not his and he is relieved of guilt and responsibility.



Defensive Use of Diagnosis

Hyper-sexual much?

I need to talk to my doctor about giving me that diagnosis!

It's my bipolar.





"Your fault, disease is not, but your responsibility treatment still is."

-Yoda

For patients attached to an incorrect diagnosis or using their diagnosis defensively to avoid growth

- Let the wookiee win.... Do not engage in debate re “correctness”
- Explore importance of this particular diagnosis to patient.
- Acknowledge that diagnostic categories are clear cut but humans are complicated and thus we never fit any diagnosis exactly. Let’s remain curious and skeptical about diagnosis.
- Explore how their diagnosis informs them about themselves and empowers them to seek the correct treatment?

Addressing the Meanings of Medication in Children




Discussing the meanings medications hold for children.....

- Children are particularly focused on autonomy, competency, and identity.
 - “Did I really get an A on my test or was it my medicine?”
 - Are these my feelings or my medicine?”
- They are more vulnerable to nocebo effect and expressing dissent covertly because they have less control over their lives.
- They may want to stop medication to “prove I can do it on my own” or to “see what I am like without medication, the real me.”
- Talk to kids about the role their medication plays and the role they play in managing their feelings, behaviors, and relationships.
- Emphasize a child’s self-agency and competency.

A colorblind painter may only be capable of finer art once he is wearing corrective glasses, but his artwork is still fully his own. He is deserving of no less praise and his effort and ingenuity are still required.



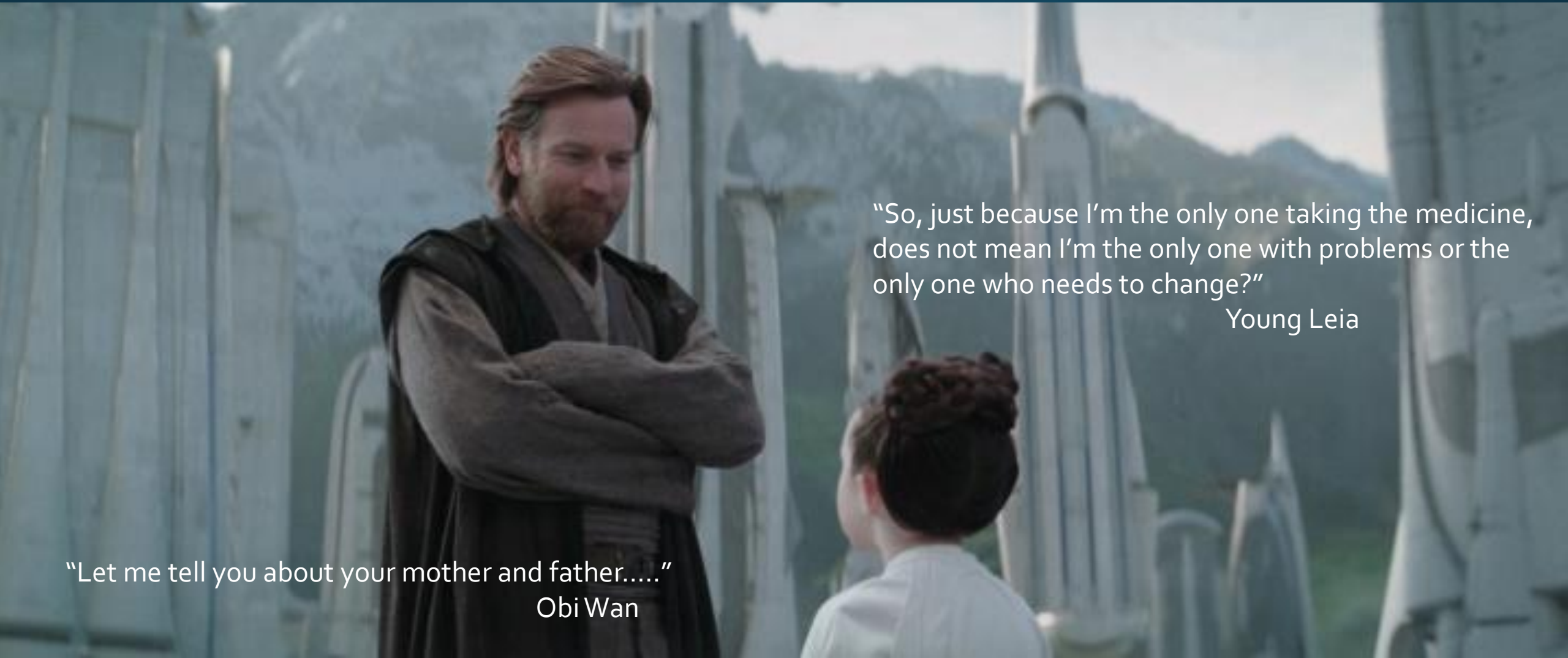


"So.... Even though I couldn't have done it without the medicine, I still get credit for doing it?"

"And even though I'm on medicine, I still need to take responsibility for developing emotion regulation skills." Young Leia

"You will grow into a very wise woman some day Leia."
Obi-Wan

Pills can be a powerful symbol that localizes the defect of a family system in the child who takes the pill.



"So, just because I'm the only one taking the medicine, does not mean I'm the only one with problems or the only one who needs to change?"

Young Leia

"Let me tell you about your mother and father...."

Obi Wan

Discussing the meanings medications hold for parents.....

- Parents may experience a strong pull for a child to be on medication because this confirms that there is a “sick child” rather than an “inadequate parent.”
- Conversely, parents may resist much needed medication for their child as medication may confirm their inadequacy as parents.
- A medication may be used to avoid painful/shameful family dynamics.

A Jedi appreciates how the entire family system contributes to maladaptive behaviors.



"Little Billy is having more anger outbursts. Let's increase his medication."

-Emperor Palpatine

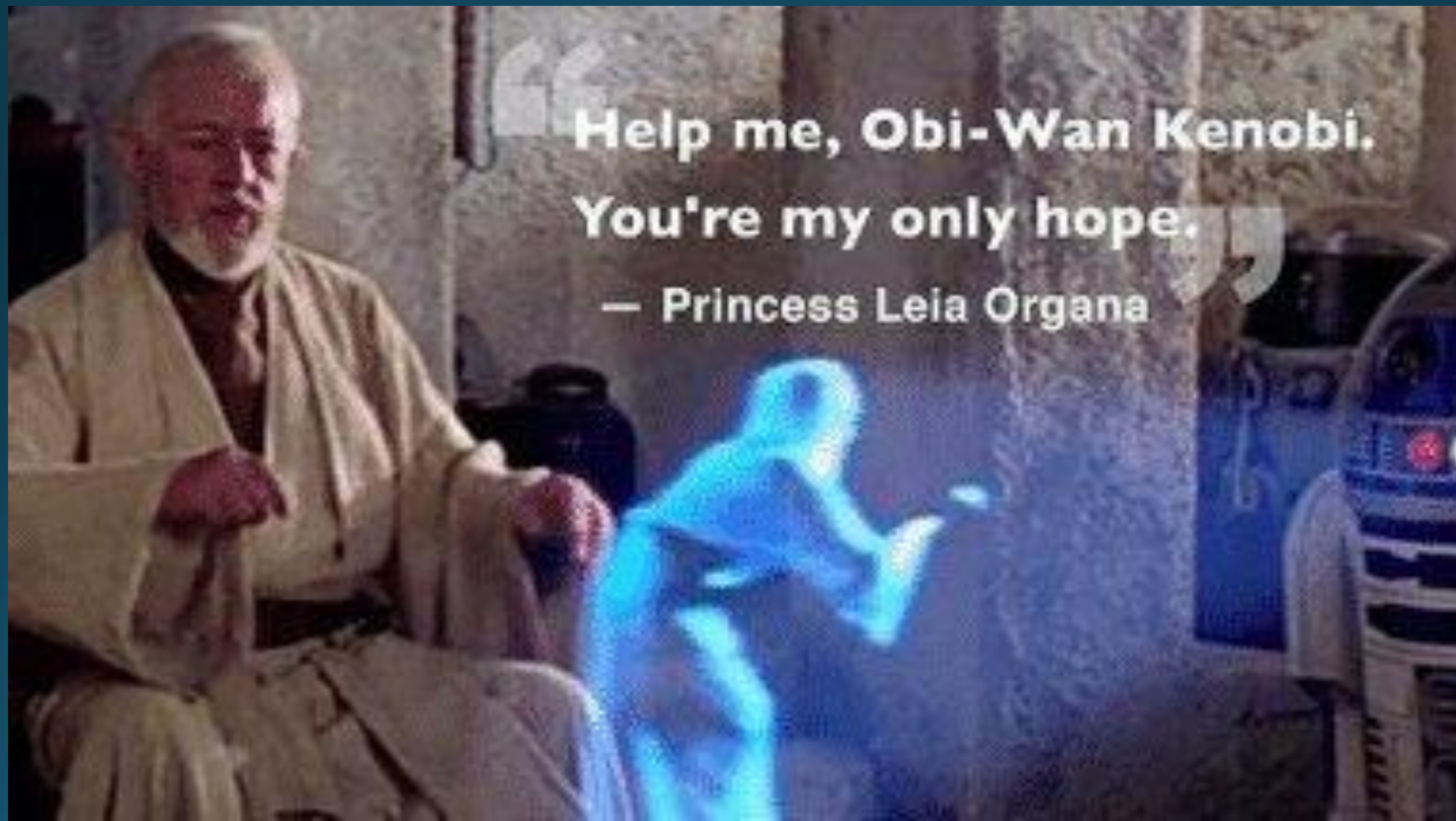


"Little Billy may indeed need an increase in his Adderall, but first let's explore what might be making him more angry."

Billy reminds his mother of her abusive ex-husband, his father, and perhaps mother's favoritism to his sister and unconscious hostility towards him is playing a role.

-Mara Jade, MD Child Psychiatrist

How Psychotherapists Allies Aid Successful Medication Treatment!



A still from Star Wars showing the droids C-3PO and R2-D2 floating in space against a blue, nebula-like background. C-3PO is on the left, and R2-D2 is on the right.

Monitoring Use of Medication

- Patients have the closest relationship with their therapist, so are more likely to readily admit to:
 - Non-compliance with medication
 - Substance abuse
 - Medication mis-use and overuse
 - Side effects or other issues patients are too embarrassed tell their doctor about (ie anorgasmia)

Psychotherapist allies can....



- Reframe taking medication as a strength and healthy behavior, decreasing shame.
- Explore what medications mean to patients.
- Tell us what we missed. Tell us your concerns.
- Teach patients to advocate for themselves and assertively disagree with their doctors.
- Tell us your specific observations of how your client is doing.
- Tell us which symptoms you believe are impairing your client the most. What's your wish list for what your client would gain from medication?

Call me!

Doctor! We're not fine over here.



- Coordinating times both clinicians are available may impractical difficult, but an exchange of detailed voicemails can go a long way!
- Focus on your specific clinical observations – avoid jargon
 - Instead of just saying “manic” or “paranoid,” **please describe the specific behavioral evidence that you observed.**
- Back up your perspective with specific facts/behavioral observations.
 - Doctors are scientists at heart; we look for specific evidence.
- Be confident. You have a different perspective that is worth sharing with the physician/other prescriber.

Psychotherapist allies please **do not** recommend specific medication names or categories of medications.

Psychotherapist allies please **do** suggest specific symptoms to target with medication.



May The Force Be With You!

Please put your email address in
the chat to receive ppt slides and
recording.

Questions?
Contradictions?
Objections?

Stacygreetermd.com
stacygreetermd@gmail.com



DON'T UNDERESTIMATE THE POWER OF
READING



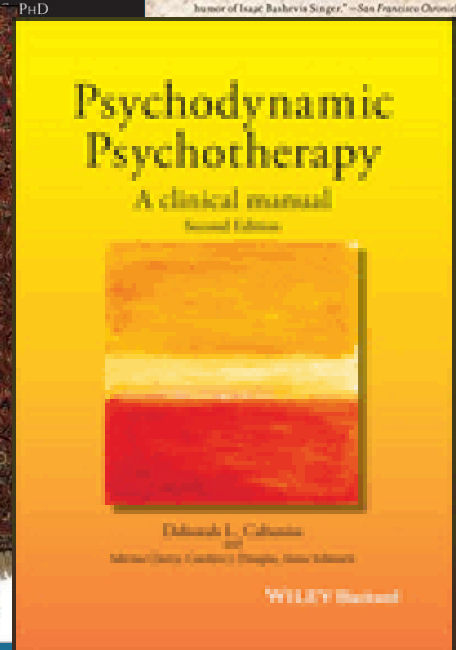
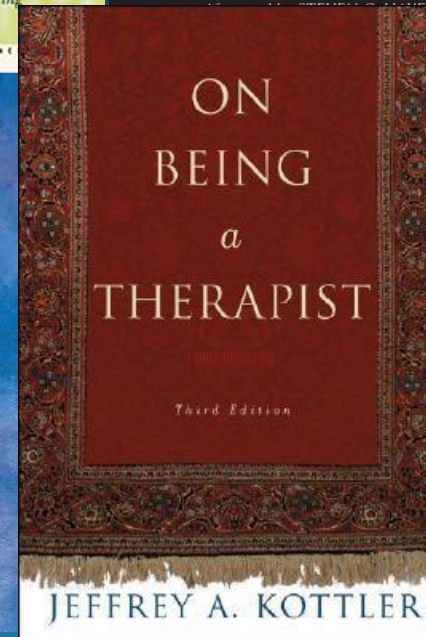
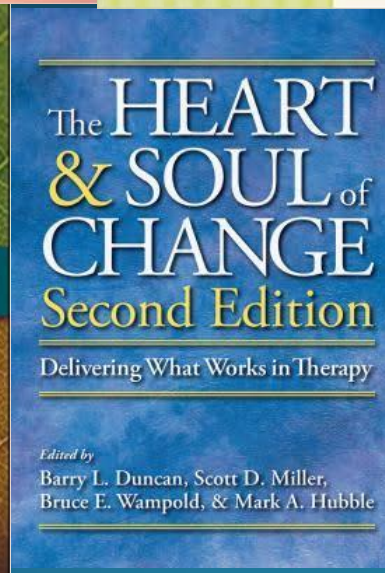
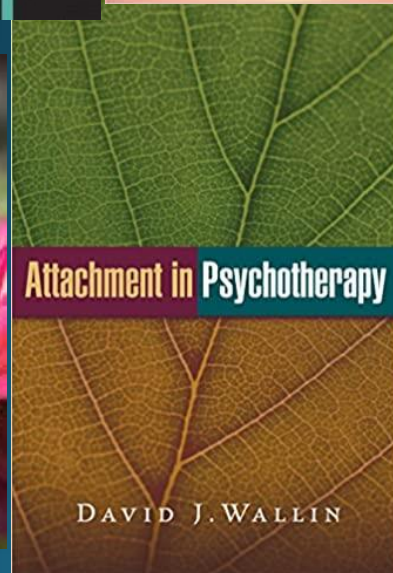
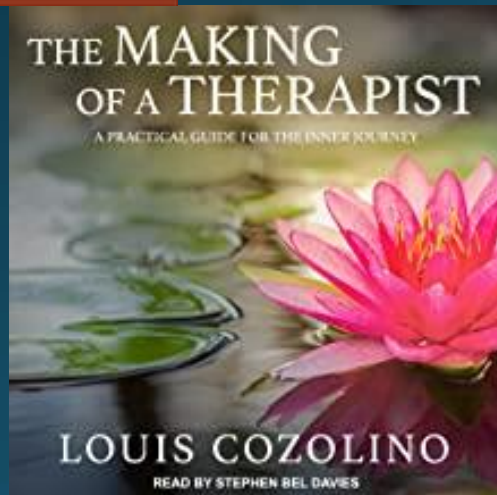
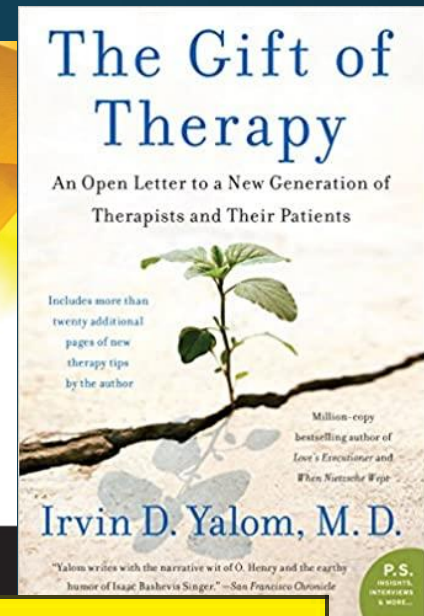
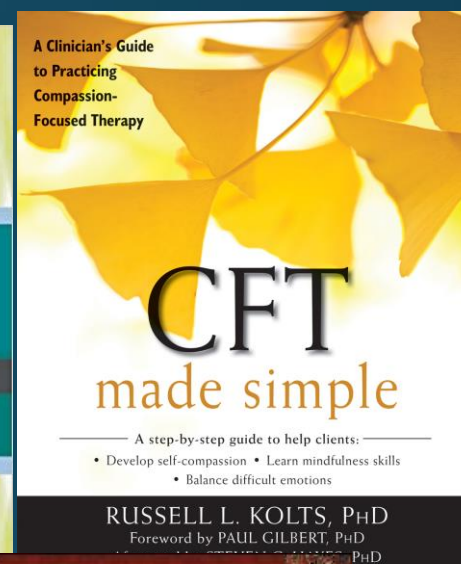
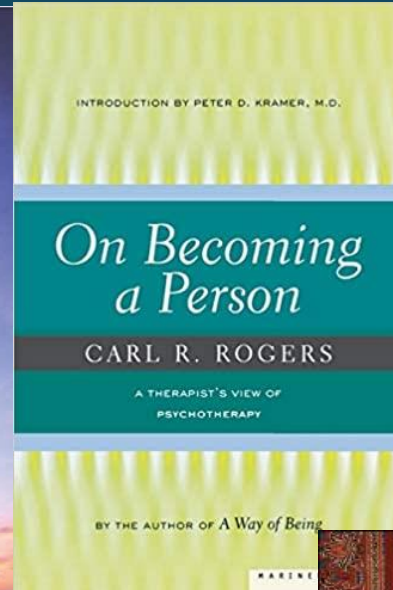
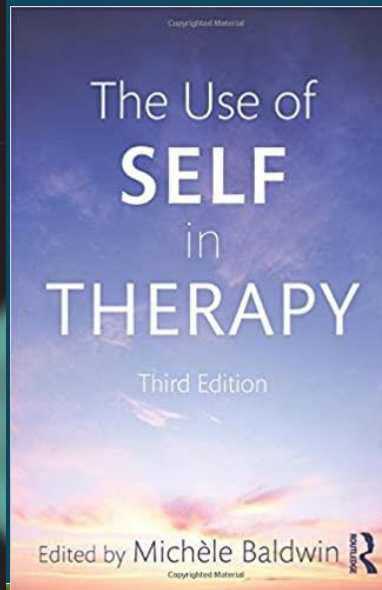
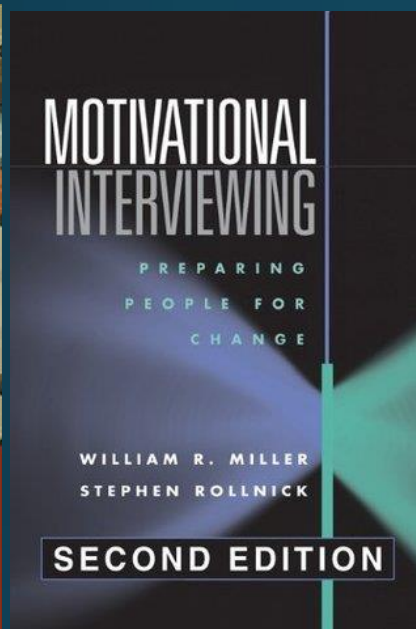
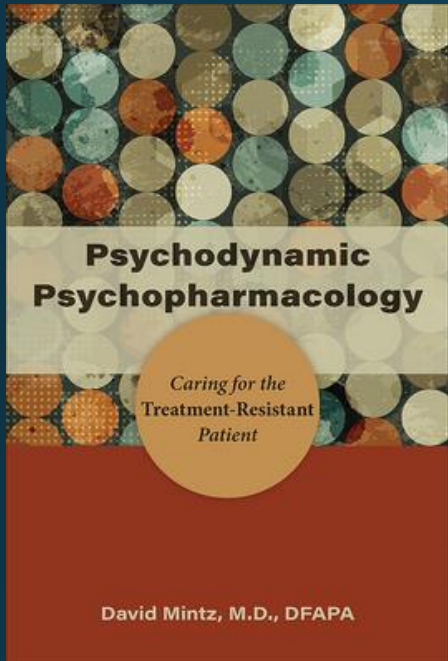
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References:

- Boudes P (1998). *Drug compliance in therapeutic trials: A review*. Controlled Clinical Trials, 19, 257-268.
- Beitman, BD et al (1994). *Patient stage of change predicts outcome in a panic disorder medication trial*. *Anxiety*, 1, 64-69.
- Hjorth, O. R., Frick, A., Gingnell, M., Hoppe, J. M., Faria, V., Hultberg, S., Alaie, I., Månsson, K. N. T., Rosén, J., Reis, M., Wahlstedt, K., Jonasson, M., Lubberink, M., Antoni, G., Fredrikson, M., & Furmark, T. (2021). Expectancy effects on serotonin and dopamine transporters during SSRI treatment of social anxiety disorder: a randomized clinical trial. *Translational Psychiatry*, 11(1). <https://doi.org/10.1038/s41398-021-01682-3>
- Hjorth, et al. (2021). *"Expectancy effects on serotonin and dopamine transporters during SSRI treatment of social anxiety disorder: a randomized clinical trial."* *Translational Psychiatry*. Vol 11. 559.
- McKay KM, Imel ZE, Wampold BE. *Psychiatrist effects in the psychopharmacological treatment of depression*. *J Affect Disord* 2006; 92:287-90.
- Miller, W. R., & Rollnick, S. (2022). *Motivational interviewing in Health Care: Helping Patients Change Behavior (Applications of Motivational Interviewing)* Second Edition. Guilford press.
- Kemp, et. al. 2014 "Effects of A Chemical Imbalance Causal Explanation on Individuals' Perceptions of Their Depressive Symptoms." *Behavior Research and Therapy*.
- Krupnick JL, Sotsky SM, Simmens S, et al. *The role of therapeutic alliance in psychotherapy and pharmacotherapy outcome: findings in the National Institute of Mental Health Treatment of Depression Collaborative Research Program*. *J Consult Clin Psychol* 1996;64:532-9.
- Khan A et al (2000). *Symptom reduction and suicide risk in patients treated with placebo in antidepressant clinical trials: an analysis of the Food and Drug Administration Database*. *Archives of General Psychiatry*, 57, 311-317.
- Kirsh I, Sapirstein G (1998). *Listening to Prozac but hearing placebo: A meta-analysis of antidepressant medication*. In *Prevention and Treatment*, Vol 1.
- Fields HL, Price DD (1997). *Toward a neurobiology of placebo analgesia*, In A. Harrington, (Ed), *The placebo effect: An interdisciplinary exploration*. Cambridge, MD: Harvard University Press.
- Yetman, et al. (Dec 2021). *"What do placebo and nocebo effects have to do with health equity? The hidden toll of nocebo effects on racial and ethnic minority patients in clinical care."* *Frontiers in Psychology*. 12:788230

References:

https://www.researchgate.net/profile/David_Mintz2

- Mintz, David MD (2022). *Psychodynamic Psychopharmacology: Caring for the Treatment-Resistant Patient*. American Psychiatric Association Publishing.
- Mintz and Flynn (March 2012). *How (Not What) to Prescribe; Non pharmacologic aspects of pharmacology*. The Psychiatric clinics of North America 35 (1):143-63.
- Mintz, David MD (Feb 2002). *Meaning and Medication in the Care of Treatment-Resistant Patients*. American Journal of Psychotherapy. 56(3):322-337.
- Mintz, David, MD (Sept 2019). *Recovery from Childhood Psychiatric Treatment: Addressing the Meaning of Medications*. *Psychodynamic Psychiatry*. 47(3):235-256.
- Mintz, David and Belnap, BA (Jan 2011). *What is Psychodynamic Psychopharmacology? An approach to pharmacological treatment resistance*.