BIOLOGIZATION, TALK CURE, OR INTEGRATIVE PRACTICE

By

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In our natural world characterized by complexity, it is difficult not only to establish clearcut relationships between its different phenomena but also to find simple ways in which these phenomena can be grouped, or dealt with.

A theory or an hypothesis is not reality, or an inevitable or predetermined representation of the objective world. But, a theory or an hypothesis is only to serve to organize experiences in logical manner and function as explanatory propositions by which experiences may be analyzed.

To guide our observations and interpretations as psychiatrists, our only optional tools to recognize are the definitions, concepts, and hypotheses. These various tools may coexist as alternative approaches to the same basic problem. The diverse of possibilities is precisely the reason why we must not narrow our choice of approaches to one theory in our practice.

Clearly, mental disorders are expressed in a variety of ways. They can be viewed from different "levels" and at many "angles". Each level or angle of approach lends itself to a number of specific concepts. The usefulness of which can be judged by their ability to help solving the particular problem.

As Freud foresaw, "Let the biologist go as far as they can and let us go as far as we can – one day the two will meet" , biology, psychology, and sociology have met. They have, however, united and brought forth a new discipline called "Biopsychosocial psychiatry" that strongly emphasizes the different aspects underpinning mental illnesses.

Yet the union in Egyptian psychiatric practice is rather not so chilly as the Egyptian psychological association was not represented by many talk therapist and a number of Egyptian psychiatrists have taken over the job and underwent years of teaching their students, trainees, followers and the minds of the media the discovery of robust mental games of helping the victims of mental sufferings. Being psychiatrists, they have carried out readily enough to prescribing medications which give them more options with patients. They did not resist drugs on the whole, but saw them as "necessary adjuncts" and now they are coming to regard them as only prerequisites to buffer the system so people can begin to work effectively on their symptoms. But, some talk therapists can not help feeling that the trend to neurochemistry threatens their long-held ideas over matters of the mind. They see a danger of psychiatrists becoming internists, who manage mental illnesses the way doctors manage infections, heart failure, or diabetes by administering a drug and monitoring its progress. They have the opinion "we don't just manage brain molecules", "being internists of the mind would miss the essence of what has been different about psychiatry".

On the other hand, and of their part biopsychiatrists regard conventional psychological hypothetical accounts as quantifiably irrelevant and asserted, "every mental disorder is going to be (seen as) a chemical or an electrical illness", "psychiatry will turn to be behavioral neurology", and neurochemical agents are as a kind of "on-off switch" of mental disorders. They alerted their students, trainees, followers, and the minds of the media of the biologization of everything from cigarette smoking to love (phenylalanine deficiency treatable by chocolate in the absence of a loved person). They act as if the talk therapists should knuckle under the new biology and trade in their couches for new brain imaging machines, pitting of the "old" psychiatry against the "new". But by time, they are accepting, even welcoming, the inevitable. They know, despite some resistance, that talk therapy would not disappear and managed to make use of some of the behavioral and cognitive approaches, to let some "non – psychiatrist" playing this role with their patients.

Officially, Egyptian psychiatrists who are psychotherapists at that stage partly approve the marriage to biology because it helps their medical identity and Egyptian psychiatrists on both sides could realize that they were inviting "Professional suicide" by shooting labels at each other and the wisdom is to have a foot in both camps. They no longer have that external quarrel but the controversy still exists largely in the minds of media and continue to surface in medical meetings and professional writings.

In medicine, diseases are related to the site, extent and character of defects in the function or structure of different organs. In neurology, the same principle is applied to the nervous system. Psychiatry has always been a division of medicine. In psychiatry as a branch of medicine concerned with the cure of PATIENTS suffering from DISORDERS OF BEHAVIOR, the purpose of defining pathology and accordingly the management is different. It relates mental disorders not only to properties of the organism, but also to circumstances and events composing its experiences.

An eye on the stars studying the sky constellations may sound too fantastic and it may be true to go believing that the world around us might reveal the unity and consistency of the mysterious and amazing creation by the "creator". The same system of the stars and planets may be conceived in individuals with an eclectic glance. A better INTEGRATIVE conceptualization of each individual will consist of subatomic particles, atoms, molecules, organelles, cells, tissues, organs and organ systems (including the central nervous system).

Around the individual, like a star or a planet, there are the spouse or couple, family, community, subcultures, cultures, society, nation, and the whole atmosphere or world.

In understanding health and diseases, all these systems are relevant. Each system of this conceptualization has a functional structure. One of its purposes is to protect the systems' integrity.

According to this integrative model, treatment advocates should be aware and require adequate attention at the various levels of the multiple systems around their patients as these systems are related but also distinct from each other. Within the integrative view, different levels of understanding the formation of a mental disorders are to be studied. Some of them may be considered as predisposing, and others may be contributing, causal, or maintaining factors (i.e. coexistence of factors).

At each level, it can be looked from different angles like; premorbid personality traits (Eysenk), locus of control (J. Water), self-destructive behavior (Meninger), genetic background, biochemically disturbed neurotransmitters, abnormal metabolites, electrolytes, abnormal psychophysiologic parameters (sleep, cortical arousal, reticular formation dysfunction), hormones, immunologic deficits, viral, biorhythmic, or brain pathology.

The intrapsychic views may be as classical psychoanalytics (Freud), individual psychology (Adler), analytic psychology (Jung), birth trauma and life fear (O. Rank), ego armors (W. Reich), feminine psychology (K. Horney), cultural psychology (H.S. Sullivan), relatedness psychology (E. Fromm), defective education of children (Anna Freud), object relation (M. Klein) and separation anxiety (Bowlby), or may be humanistic as imbalanced self-sates (C. Rogers), Gestaltic (F. Perls), transactional (E. Bern), crises of psychosocial stage of development (E. Erikson), Dasien philosophy (C. Marx, K. Guard, others), or conditioning that may be classic (Parlov), operant (Skinner), double learning (Mowrer), or cognitive (G. Kelly).

Socioculturally, the integrative view may see the patient as one of a group at risk, with abnormal family, social or political processes, or under cultural impacts.

Any practitioner who deals with human sufferings should understand this complexity and that there is an interplay and she or he must use everything available and REALLY TAILOR the management program accordingly. We should study deeply every case of our patients because the know - ledge thus gained whether from the psychosocial, biochemical, or different tools of alternative medicine will one day direct each other and reverse of the order of things may prove to be right.

If there is a bias these days, it could be solved in psychiatric education, with a balance between neurobiology, sociocultural, and psychodynamics in the content of teaching programs, talking with students about patients, and not only drugs and electroshocks.

Researches comparing the relative efficacy of drugs and / or psychotherapy are rather as comparing apples to oranges! The limits of each system should be stressed than to argue the differences.

Although drugs are very handy for practitioners, reach more people with quicker solutions, they seem in a way to solve the physician's problem more easily than the patients. Some push for drugs undoubtedly does come from patients, who need some palpable sign that they are being helped, the other major push comes without saying from drug companies, which not only advertise heavily in professional journals but underwrite psychiatric researches and medical meetings. These organizations must sponsor, as those of tobacco industry, activities and complementary researches on the other mentioned fields of practice and do warn the patients by labels put on their medicines' boxes that **[In psychiatric management drugs are only part of the treatment programs!]**

Drugs are already a force in the present, and may simply be the wave of the future, but we might regret that we could not have lived to see the next revolution of "Psychological Medicine" and perhaps some of us might lead it with their teams in its integrative model.

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About the New Cover of EJP

The freshness of the content and organization of the EJP is thought to be matched by its new cover with its dramatic redesign, featuring the wealth of the ancient Egyptian culture.
The background shows the papyrus paper sheets that was most notably the writing medium of the ancient Egyptian, manufactured from "puh – py' – ruhs" a swampy plant (Cyperus papyrus) flourished mainly in the Nile Valley and Delta. Its triangular stalk, which may attain the thickness of a man's wrist and grow to a height of 10 feet (3 meters), was an important raw material for manufacture of writing papers among other things. An uninscribed roll of ancient papyri was found in an Egyptian tomb of the First Dynasty (about 3100 – 2884 B.C.)!!! It continued to be the chief writing material during the pharaonic period till the 3rd century A.D. when replaced by cheaper parchment. Official documents were frequently made of papyrus for several centuries thereafter. The popes under the Merovingian kings used papyri for their bulls well into the 11th century. When new and of good quality, papyrus was pure white, and turned into brownish when old and exposed. The longest papyrus known - Paprus Harris no.1 in the British Museum, London from the 20th Dynasty - measures133 feet (40.5 meters). Reviewing the body of literature recorded on those papyri elucidated the advice of an old Egyptian man to his son saying **"Open your heart to the writing, and like it as you like your mother, as there is nothing more precious in life than it"**! The antiquity and familiarity of papyri allover the globe is supposed to represent the great Luminary effect of the ancient Egyptian authors below and above the universe.

At top, there are not only the exciting dynamic interactions focusing on men, women, children, and the elderly in their daily work activities, but the distinguished innovative Sun Boat (or Sun Barque), which is the great ship in which Ra (Re) the sun god or other gods of the ancient Egyptians and their companions sailed through the sky giving light to the world. It is also the ship in which the gods travelled from the heavens to earth and which Ra took to go back to the sky daily in a scheduled journey timed by hours, and when he became old. When the gods use it to travel between the worlds, it is called "The Boat of a Million years". One of the gods shown is Tohoti (with long arched peak) who is the heart of Ra (heart meaning the mind) who is responsible on intellectual activities as writing, recording events. Another is the wife Sekhmet of Betah (one of the deities) with a head of a lioness. Her religious team around her have formed the first association of physicians and vets allover the earth! Decorating the cover of EJP with that boat points out its ultimate objectives; to let the readers travel on its papers in scientific journeys and flow through the different fields of psychiatry, much like the Nile through Egypt, and to remain for a million years!
At left, shown is an OBELISK, Õbé – lisk (Gr. Obeliskos from obelos, a pointed pillár), that represents the sun god Ra in ancient Egyptian religion on earth as one of his two most striking and characteristic symbols with the pyramid. It is a tapering monolithic shaft of stone, square in cross section. The material chosen for it is generally red granite or syenite. Its reddish color indicates the color of solar disk at its rising and sitting. Heights of obelisks averaged 100 feet, their weight is about 200 – 455 tons, with 7 – 8 feet square at the bottom. It is thought to date from the era of Sesostris I (1971 – 1928 B.C.), a Pharaoh of the 12th dynasty. The obelisk symbolic of light and life, representing Ra daily course and the pyramid, symbolical of darkness and death of the setting sun. Some of them were moved to Rome (Piazza of San Giovanni in Latera), New York city (Central park), London (on the Thames Embankment), and Paris (Concorde square), available as ambassadors of the ancient Egyptian culture. The hieroglyphic inscriptions on these obelisks bear the legend of the Pharaohs. The sides of the columns speak of the achievement and triumphs of those kings over enemies of Egypt. Following the ancient clues of documentation and with the help of recent technology, it is aimed to give the EJP one more push to be a novel psychiatric obelisk recording basic and clinical findings.
At bottom, is the symbol of the Egyptian psychiatric association with its label "Virtue is the gift of science". These illustrations are signs of our hope to stimulate exchange of ideas and professional experiences and enhance creative approaches for the future of the field between various parts of the world and the Egyptian psychiatrists with their distinctive location that is ideally situated between the other countries worldwide, and provide unique scientific awareness of the modern activities of EPA.
The overall result is in many ways a brand-new cover – honest to the traditions of the past, but cognizant of the new directions and the best of contemporary thinking that marks the field of psychiatry.

Acknowledgement

More than two quarter century has passed since the initiatives of members of the first board of Egyptian Psychiatric Association to publish the EGP took place. The efforts of all those antecedents who organized and sponsored this journal have to be gratefully acknowledged. We are aware of their names, and titles that are cited and engraved in the previous years of publication of EJP. It would be impossible in a short account to document all the evidence that exists on the conscientious and excellent impetus for richness and progress put by the "Emeritus Editors" of this journal. Their vast experiences have been magnificently completed by remarkable knowledge and competence in terms of quality and quantity of innovations that privileged the development and handling of EJP throughout the years.
The style of the new presentation of EJP has been changed as would be expected. We would like to thank each of the participants for their cooperation inducing that change and to credit them for the strengths of this journal. Its weaknesses

are our responsibility. We feel that junior participants deserve to be afforded an opportunity to take part in scientific exchange and content changes to benefit from the potentialities, but most of the contributors are experienced psychiatrists, we are gratful for their enthusiastic cooperation. Thanks go to the reviewers for their time and valuable commentation on the articles that have resulted in a most fruitful form of EJP which should be read by many.

This publication has been made possible through an unrestricted scientific grant from the Servier Egypt Scientific Office. They supported the EJP through the difficult tasks of organizing and conducting its electronic and published versions. A word of thanks is also due to all other pharmaceutical companies for their generous help in presenting some portions of the publication.

The main reason of the editorial board of EJP getting together was friendship that produced the sense of commitment they have to what they were doing in assembling and editing the material of this new publication, for without their assistance and patience these endeavours could not have succeeded. We look forward to the participation of all our colleagues in our next issues by submitting suggestions via EJP website or to the Administrative office.

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New Editors-in chief

Articles Summaries :

- Cognitive deficits in depressives are undeniable. The study of M. Saad, et al., was to evaluate them with an electro-physiologic parameter of EPRs, looking for a useful, objective tool in not only detection of these cognitive dysfunctions but also their severity in depressive disorders denoting a relation between Cortico - Striato - Pallido - Thalamo - Cortical pathways or their connections to monoaminergic centers and pathophysiology of some depressive syndromes.

- Since the adoption of monoamine hypothesis, a biological marker for depression was the matter of a tedious research like that of Hadidy, et al. Which addresses the role of DA-ß hydroxylase activity that transforms DA into NE to establish this link. They revealed a negative relation, thought it may be a candidate for more meticulous genetic work exploring the pathophysiology of depression.

- Bearing in mind the cultural differences between OU1 societies and others, the focus of Abd-El Wahab et al. Study on the psychiatric morbidities among a sample of children who lost their parents and others' support as well as their caregivers seems to highlight the care that must be given to these unfortunate children away) from adoption that is forbidden in our culture. The investigators recorded presence of psychiatric disorders as well as mal-assertive tendencies in resolving conflicts faced by these children depending on their IQ. They recommended controlled studies with follow-ups to evaluate prognosis and coping styles.

- To encourage the implementation of health insurance coverage to mentally ill people, Abolmagd & Ezzat supported by the one - year clinical rating of psychiatric patients in a private mental hospital that coverage can lead to improvement of lives of many mental subjects and their caregivers if it was widely adopted as a service in M.H. settings.

- The millions of schizophrenics who lack personal effectiveness, who have difficulty meeting their social and material needs, and who are acted upon by others rather than playing an active part in their lives, were the concern of the work of A. Nasser et al. In a sample studied by a program put and followed-up by meticulous nursing professionals as well as his care. Their progress notes have tried to elicit problems and feelings, to rate skills and to gain attention establishing proper mood for behaviours brought up by the team work. This study is especially helpful to lead to a more detailed and lengthier responses and stimulate further research on this neglected priority.

- The long-term efficacy and safety of novel antipsychitics needs to be documented. Okasha and the RIS-INT-36 study group have tried to partly close this gap in their critical work on risperidone during 7 months, implementing evidence-based treatment data for acutely exacerbated chronic or subchronic schizophrenics that marked their final results with improvement of more than half to two thirds of these patients with an overall good safety profile, and a comment to have further studies with an active or placebo control, and longer follow-up periods.