

QUESTIONNAIRE ABOUT ADHERENCE AND HIDDEN CONFLICTS IN PHARMACOTHERAPY BASED ON MAIN PRINCIPLES OF POSITIVE AND TRANSCULTURAL PSYCHOTHERAPY



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Abstract

The origin of one of the main hindrances of successful pharmacotherapy is the hidden gap between the mental horizon of the doctors on one side and the deep-rooted motivation of patients on the other side. Both sides are not aware of the personal and social background of this gap. A questionnaire based on main principles of Positive and Transcultural Psychotherapy is introduced as a guideline to discover this gap and thus to open up a way for new solutions. Sometimes pharmacotherapy is preferred by patients who are not aware of a hidden conflict in their lives as origin of their suffering. Using this questionnaire works with this preference and widens the horizon of the patients, which is restricted by the hidden conflict. Thus, this conflict can be discovered to find a new way for a better solution.

Keywords: adherence; hidden conflicts, pharmacotherapy, positive and transcultural psychotherapy, questionnaire

Introduction

As a psychiatrist and psychotherapist it is important for me to combine both forms of treatment, the psychopharmacotherapy and pharmacotherapy in general on one side and psychotherapy on the other side. When, during the second half of the 1980's, I visited Nossrat Peseschkian in Wiesbaden regularly for my own education in Positive and Transcultural Psychotherapy, he had just published an article on that subject: Nossrat Peseschkian: "Non-Compliance. Kein

Patient ist besser als sein Lebensplan" (No patient is better than his concept for life.) [Peseschkian, 1988, p.13-22] In this article he explained that the decision of patients using or refusing their prescribed medication depends on a great variety of attitudes towards life. Peseschkian demonstrated how the cultural values of a patient (actual abilities) [Peseschkian; Aziz, 2009, p.21-23], his preferred style of conflict reactions [Peseschkian; Aziz, 2009, p.78] and the effect of the models of the parents have influence on his behaviour [Peseschkian; Aziz, 2009, p.128/129]. Peseschkian designed a questionnaire with the size of one sheet of

DIN A4 paper and published it in a TV-newspaper. 680 persons sent their answers to the news-paper, so that a research could be made with the answers. I used this questionnaire in my hospital.

Methodology

Several years later, I picked up this questionnaire and developed a larger one. It took me several years to watch the patients in our hospital and to discuss with colleagues in seminars and international congresses to make sure that I would discover all the cultural values which have an influence on adherence to pharmacotherapy and give a hint on hidden conflicts in the background. Finally, I developed a questionnaire to ask for all cultural values. The structure of the questionnaire is based on several basic models of the PPT: balance model, differential analysis, stages of interaction in psychotherapy, key conflict model [Peseschkian; Aziz, 2009, p. 32, 40/41,70-72]. Also I developed a guide to interpreting the answers. I tested the questionnaire with my own patients and asked colleagues to do so with theirs. I cooperated not only with psychiatrists and psychotherapists, but also with anesthetists treating patients with chronic pain-syndromes. All experienced the questionnaire as a helpful tool for pharmacotherapy and psychotherapy and encouraged me to publish it.

Text of the Questionnaire, Presented to the Patients:

Purpose of the questionnaire:

Your doctor wants to use a medication for you or has already started to do so. His decision is based on ideas, which you might understand or not. Your own way of taking medicine depends on a great number of influences, which your doctor might not know completely. In order to be able to help you even more, this questionnaire was given to you. Its questions cover all aspects of using a medication. Some aspects are important for you, others seem to be not so important in your eyes, but are probably important in the eyes of your doctor. Therefore it is necessary that you answer every question.

Important condition for a benefit from answering the questions:

Do you think, this is a good moment to deal with your attitudes towards medication? Or do you prefer to wait for an occasion later on? You should answer the questions only, if you are really interested to do so!

At first questions about the present importance of medication to you:

1. Which role does medication play in your life at the moment?
2. Did you yourself or someone else, whom you know, have any good experiences with taking medicine before?

The following questions aim for your way of making decisions for or against medication:

Regarding your body:

1. What meaning does the form of medication (pills, drops, liquid, cream, injection) have for you?
2. How sensitively do your body and your nerves usually react to medication?
3. How long do you watch the reactions of your body to medication?

Using your abilities to think:

1. How long do you think about whether to take medicine or not?
2. What kind of information do you need for your decision about it?
3. What would convince you of the necessity to take medicine for a long time?

Asking other people:

1. What do you think about talking with others about medication?
2. Whom do you prefer, if you want to ask someone for advice?
3. How do you decide, if you hear opinions about specific medicines, which are opposing each other?

Importance of fantasy:

1. How important is it for you to imagine the effect of a specific medicine before you take it?
2. How important are experiences with specific medicines which you or someone you know have had before?
3. What importance does advertisements about medication have for you?

The following questions are about your way of taking medicine:**Questions about your motivation for taking medicine:**

1. What do you expect from taking medicine?
2. How about the money you have to spend for the medication?
3. How quickly should a medication show the effect you are expecting?
4. How would you react, if someone, who is very important to you, tries to convince you to take a specific medicine?
5. What kind of religious or philosophic rules concerning medication do you follow?
6. What do you think about medication which you can get without a doctor's prescription?

Questions about your manner of taking medicine:

1. Where do you keep your medication?
2. What role does cleanliness play when you take medication?
3. What effect does taking medicine have on your daily timetable?
4. How exactly do you memorize the advised doses of your medication?

Questions about your reactions on the effect of medication:

1. How long do you take medicine, which shows the expected effect?
2. Under what conditions would you change the dose or exchange the medication?
3. How would you react, if a medication might have a negative effect on your ability to work?
4. What would you do, if a medication might have a negative effect on your sexual life?
5. How would you react, if someone else with symptoms similar to yours would be given a better medicine than you got?

Questions about your attitude towards a doctor:

1. How much importance do you give to the advice of a doctor?
2. What motivates you to trust in the doctor's decision to give you a specific medication?
3. How would you react, if you didn't understand the doctor's advice?
4. What would you do if you didn't like the doctor's advice?

The following questions aim for the meaning of the attitudes of the people around you about medication for yourself:

1. How important is it for you to know how many people have already taken the same medicine as you are taking or will take?
2. Who of the persons around you is allowed to know about your use of medication?
3. How do or did your parents or other important people to you deal with medication?
4. How strong is the influence of your partner on your dealing with medication?
5. What would you do, if your opinion towards a specific medicine should differ from those of the people around you?

The questionnaire ends with conclusions:

1. Which questions were interesting for you?
2. What would you like to discuss more?

Text of the Guide for the Therapist for the Evaluation of the Questionnaire:**I. The patient's present situation:**

(Evaluation of the answer to the first question)

1. How does the patient perceive himself, and which significance does he give to himself?
 2. How important are medications to the patient at present?
 3. Which conflict is already becoming evident?
- (Evaluation of the answer to the second question)
4. How does the patient perceive himself, and which significance does he give to himself?
 5. Compare this answer to the first one!
 6. Which persons of the social surroundings are mentioned?
 7. What are the patient's relationships to those persons?
 8. What role did medications play July 15, 2022 in the past?
 9. Compare this answer to the first one!

II. The patient's willingness to talk:

(Evaluation of the answers to the next to last and the last question)

10. How is the patient's willingness to talk?
11. Which topics got the patient's attention?

III. The patient's vision for the future:

(Evaluation of the answers to the next to last and the last question)

12. What is the basic attitude of the patient toward the future?
13. Which personal goals does the patient express?
14. Which methodological conceptions for further development does the patient have?
15. How do the patient's conceptions for the future fit with his present situation?

IV. The patient's behavioural patterns:

(Evaluation of the answers of the middle part)

16. Which behavioural patterns does the patient show?
17. Which behavioural patterns are new to the evaluator?

V. Perceiving the patient's background structures:

(Evaluation of the answers of the middle part)

18. Which reference persons and correlating relationships does the patient mention?
19. Compare this answer to the previous one!
20. Which questions does the patient answer in an emotional way?
21. Which values are of highest importance for the patient?
22. Which conflicts become evident?
23. Compare this answer to the previous one!
24. What is the actual relation between the now evident basic conflict and the present conflict concerning prescribed medications?
25. Which unconscious peculiarities and their relationship toward the basic conflicts become apparent to the evaluator?

VI. Preparing the therapeutic procedure:

(Evaluation of answers of the whole questionnaire)

26. Which abilities does the patient make use of in dealing with his conflicts?
27. Which sources of inner strength can be seen?

Practical hints. Interpreting the questionnaire takes about half an hour.

The aim of the questionnaire is not any kind of objective measurement, but a guideline for talking with the patient about the cultural values of the way to deal with the possibilities of pharmacotherapy. Therefore it

makes sense to use the answered questionnaire as a starting point for asking for further explanations.

Results

Based on my own experiences I have discovered that you can use the questionnaire for a great variety of psychiatric patients. If you can win a patient for that, it will be very helpful to build a good relationship.

Schizophrenic patients, particularly, tend to avoid a number of questions. Discussing with them about the questions they answered will help to come into a deep understanding of their existential problems they have to face and try to cope with in a schizophrenic manner. Using this questionnaire never convinces them about the necessity of taking drugs, but most of them will take them in spite of their mistrust towards pharmacotherapy just because of the deep and good relationship between them and you.

Many patients suffering from major depression have at the beginning no idea about the conflict causing the depression. Quite a large number of them avoid discovering this inner conflict. They put most of their hope just on taking medication. So they are open and feel warmly accepted by the psychiatrist, who spends so much time and energy talking about medication, instead of insisting on the discovery of hidden conflicts. The questionnaire helps to find little gaps in their invisible defensive wall.

Similarly a great number of patients with anxiety disorders are interested in taking medication instead of searching for the hidden conflict.

Patients with somatisation disorders or symptoms of somatisation in combination with other symptoms love medication because of its organic approach to the suffering. So they prefer to talk about their attitudes to medication more than about their attitudes towards life.

Patients suffering from chronic pain-syndromes are used to taking drugs and expect every help just from them. Yet they are very often insensitive to the psychological aspects of their syndrome. And if they are not confident with the medication, they are open for such a questionnaire, which can open up a new way of understanding and a better treatment.

Conclusion

Every culture in the world has its own concept of time and method for getting firstly in contact with the other person, before both can start talking together about any matter. The questionnaire is a respectful, slow and extensive form for building a good relationship with the patient, to come to a deeper understanding of the cultural values of the patient and to involve the

patient in a process of self-determined self-discovery.

References

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