

Editorial for *International Psychiatry*

PSYCHIATRY FOR THE PERSON AND ITS CONCEPTUAL BASES

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The 2005 General Assembly of the World Psychiatric Association established an Institutional Program on Psychiatry for the Person in response to the recognition of our profession's historical aspirations and to recent international developments in clinical care and public health. These considerations point out the high relevance of a comprehensive understanding of health and the centrality of the person in such understanding and for the planning of health actions.

The program goals can be summarized as the promotion of a psychiatry of the person (of the totality of the person's health, both ill and positive), by the person (with clinicians extending themselves as full human beings), for the person (assisting the fulfillment of the person's life project), and with the person (in respectful collaboration with the person who consults). Operationally, the program has four components, i.e., conceptual bases, clinical diagnosis, clinical care, and public health. What follows represents an initial review of the program's conceptual bases and then an outline of its emerging activities.

Initial exploration of conceptual bases

A great number of physicians lament that Modern Medicine (and Psychiatry) is dominated by fragmentation of care and hyperbolic dependence on technology.

To specialize in a specific area of science and clinical practice is both inevitable and desirable. The quantity of knowledge is so great that competence and expertise in a specific area is a sine qua non necessity in our days. So, fragmentation of care is, to a certain degree, inevitable.

Dependence on technological achievements is also inevitable in recent times and the admirable technological progress that has occurred has contributed immensely to the progress of medicine and psychiatry.

It would, therefore be naive and unproductive to deny the importance of these two developments. However, the Hippocratic dictum “*παν μέτρον ἄριστον*” (“nothing in excess”) is applicable in this case as well (Jouanna, 1999). Overspecialization has reached, in some cases, hyperbolic proportions depriving the physician of his (her) bio-psychosocial approach and excessive dependence on technology has reduced the physician from the status of “equal to God” (professed by Hippocrates) to that of a mere technologist. Issues related to ethics and to the identity of the physician are relevant here.

An approach that would integrate excellence in certain scientific areas and technological advances within a framework of holistic medicine and refocusing our attention to the person has become a necessity. The concept of person is, of course, a protean one. It changes geographically and diachronically and it is subject to cultural, political, religious, socio-economic and ethical considerations.

The need for holism in Medicine has been strongly advocated by Ancient Greek philosophers and physicians, in fact ethicists of those times. Socrates and Plato taught that “if the whole is not well it is impossible for the part to be well” (Christodoulou, 1987) and such was also the position of Aristotle.

These ideas are re-emerging in our times not only within the Western medical tradition but also in a number of other rich traditions around the world. For example, Ayurvedic and Chinese medical traditions, ancient and still practiced, with sound philosophical, experiential and experimental bases, focus on the patient’s total health rather than only on disease. Both of them articulate a comprehensive and harmonious framework of health and life and promote a highly personalized approach for the treatment of specific diseases and the enhancement of quality of life (Patwardhan et al., 2005).

Concern for the centrality of the person is also being adopted by influential international health organizations through recent major statements (US Presidential Commission on Mental Health, 2003; WHO European Ministerial Conference on Mental Health, 2005).

The psychosomatics movement, with its emphasis on the totality of the person has contributed considerably to the holistic and personified perspective and so has the emphasis on positive mental health, in other words on the factors and approaches that keep people healthy, in contrast to the factors that produce illness.

The context of each person is closely linked to identity. Nobody lives in a vacuum. This is exemplified by the philosopher Ortega y Gasset’s dictum, “I am I and my circumstance”.

The holistic approach has been extended to also include the environment. It is being increasingly recognized that, in addition to the social environment, the natural environment is a very important contributor to health, on a group basis but also on an individual basis. The teachings of Hippocrates again, with the emphasis he gave to the protective and healing powers of nature are re-emerging in our times.

Holism on an individual basis has recently been extended to also include broadness in the provision of psychiatric services, i.e., the integration of mental health in general health and public health practice (Herrman et al. 2005). This kind of perspective results from the realization that mental illness and physical illness are fundamentally similar, i.e., they differ in no other aspect than clinical expression, and consequently should be managed both in hospital and in the community in a similar manner, thus minimizing stigmatization of psychiatrically ill people and fragmentation in the provision of care.

Another trend towards personified medicine has emerged with the introduction of the concepts of recovery and resilience (Anthony, 1993; Amering and Schmolke, 2007; Allott et al. 2002) and of values-based medicine (Fulford, 1989, Woodbridge and Fulford, 2004, and Fulford, Thornton and Graham, 2006). These concepts support the involvement, active participation and responsibility of the person to protect oneself from illness, to promote and maintain health and recovery from illness.

These developments are emerging in response to many deficiencies in general health and mental health care that have been identified not only by a number of clinicians, ethicists and philosophers (Strauss, 1992; Bloch, 2005; Sharfstein, 2005) but also by health administrators and policy makers (US PHS Office of the Surgeon General, 1999; UK Department of Health, 2005a and 2005b).

Clearly, a different, more comprehensive, more humanistic, more holistic and, more person-centered perspective is needed (Antonovsky, 1987, Christodoulou, 1987, Ricoeur, 1990, Fulford et al. 1995, Sensky, 1990, Cloninger, 2004, Mezzich, 2005).

Additionally, a more person-centered approach on the part of the physician is strongly encouraged (Cox et al., 2006; Department of Health, 2005c). This touches on ethics of the medical profession. Indeed, consideration of the patient as a person and not as a carrier of illness is a fundamental ethical obligation of the physician. This is consistent with the “respect for autonomy” in the “Principle-based Ethics” theory (Beauchamp and Childress, 1994) and with each of the wide range of other ethical theories that support healthcare practice (Fulford et al, 2002).

The above considerations led to the preparation and then the establishment of a WPA Institutional Program on Psychiatry for the Person by the WPA General Assembly in 2005. Furthermore, this perspective is highlighted in this triennium’s presidential theme and is informing the overall topics of many congresses of WPA and its member societies (Mezzich, 2007). As part of this, a Person-centered Integrative Diagnostic model is being designed (Mezzich & Salloum, 2007). Another crucial development has been the engagement of patient/user groups, including those critical of psychiatry, reaffirming the dialogal bases of our profession (Mezzich, in press). The Institutional Program is emerging as a long-term initiative that aims at refocusing the objectives of Psychiatry in particular and potentially Medicine at large to the needs of persons.

First steps of the IPPP Conceptual Component

Several key concepts underlying the Institutional Program on Psychiatry for the Person (IPPP) are being analyzed as follows.

- A broad concept of health, including ill or pathological aspects as well as positive ones, such as adaptive functioning, protective factors and quality of life.
- The concept of person and its key characteristics within the IPPP including autonomy, history, context, needs, values, and life project in addition to illness experience.
- The historical evolution of person-centered concepts in psychiatry and medicine.
- The philosophy of science underlying broad conceptualizations of health and person-centered care.
- The ethical implications of a person-centered psychiatry and medicine, relevant to the *raison d’etre* of the field and the profession. This may offer a valuable approach to deal with stigmatization against persons in psychiatric care.

- The biological (genetic, molecular, physiological) bases for a psychiatry and medicine for persons including an individualized understanding of illness, health, and care processes.
- The phenomenological, learning and other psychological bases of person-centered care.
- The socio-cultural framework of a broad concept of health and the plural meaning of a person in the medical field.
- The value of and need for comprehensive diagnosis and care as well as integration of services to achieve a person-centered psychiatry and medicine.
- The conceptual basis for engaging interactively all stakeholders in the health field for the development and implementation of person-centered concepts and procedures, including persons and families in health care, health professionals and planners, industry, social advocates, etc.

The conceptual issues listed above are being investigated through the preparation of the following set of papers to be assembled as a prospective special issue or supplement of an international journal.

1. Historical Perspectives.
2. Philosophy of Science Perspectives.
3. Ethics and Values Perspectives.
4. Biological Perspectives.
5. Psychological and Phenomenological Perspectives.
6. Social, Cultural and Spiritual Perspectives.
7. Perspectives from Health Stakeholders and Partners.
8. Psychiatry of the Person in Literature.
9. Psychiatry of the Person in Art.
10. Psychiatry of the Person and Films.

Additionally, other journal papers as well as books relevant to the conceptual bases of the IPPP are being prepared.

As the general theoretical groundwork is completed, conceptual analyses will be extended to strengthen the development of the clinical diagnosis, clinical care, and public health components of the overall program.

Concluding Remarks

The initiative on Psychiatry for the Person represents a paradigmatic shift in our profession and field, refocusing its central objectives on what can be argued is psychiatry's (and medicine's) fundamental soul. The importance and complexity of this endeavor require pointed attention to its conceptual bases. This effort should not only anchor firmly our perspectives but might open creative paths to extend their reach.

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